



THINKING AHEAD

Special Event
Application

Contact Information

Name of Organization:			
Address: (Not P.O. Box)			
City:	State:	Zip:	
Contact Person:	Email:		
Business Phone:	- -	Cell Phone:	- -
Entity Type:	Individual Partnership Corporation Non-Profit Other:		
Website Address:			

Event Information Detail

Does the event include any Stunts, Pyrotechnics, Aircrafts, Car Races, Precision Driving, Mechanical Devices, Owned Equipment, Events outside U.S., Rides, Water Activities, or any other hazardous activities? ***If so Please Describe	Yes	No
Any Armed Private Security Guards Hired By You or Your Company? *Describe	Yes	No
Have You Had Any Liability or Property Losses in the Past 5 years? If yes, please describe on separate sheet of paper	Yes	No
Will alcohol be served at the event?	Yes	No
a) What are the anticipated Liquor receipts?	\$	
b) What controls are used?	Wristbands Used	Check ID's
	Other (Describe below)	
What training have the bartenders had in serving alcohol?		

For Live Music/Concerts

Type/Genre of Music:
(Check all that apply)

DJ Only

Rap & Hip Hop R&B / Soul Rock Heavy Metal Pop Punk
Jazz Country Classical Blue Grass Blues Alternative
Christian Gospel Electronic Other

Artists Name(s)	



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Event Details

Event Dates	/ / to / /		Number of Days:
Set up / Tear down days?			Years Holding Event:
Avg Daily Attendance:		Total Attendance for Event:	
Athletic Participants:		Total Athletic Participants for Event:	
Venue/Facility Name:			Is Seating Assigned?
Venue/Facility Address:			
City:		State:	Zip:
Event Name:			
Event Description:			
Budget: (Total cost of event): \$		Gross Revenue \$	Cost of Admission \$
Event will be: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors & Outdoors <input type="checkbox"/> Outdoors - Partially Covered			
Premises is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Other Overnight Camping or Dormitory Operations? Yes No **If Yes, please refer to company			
Will there be temporary structures installed? Yes No - By Who: <input type="checkbox"/> Insured <input type="checkbox"/> Subcontractor			
If Subcontractor, will the subcontractor be naming your company as an additional insured on their insurance policy? Yes No			
Who is in charge of the security? <input type="checkbox"/> Insured <input type="checkbox"/> Venue <input type="checkbox"/> No Security <input type="checkbox"/> Other			
Number of: <input type="checkbox"/> Armed <input type="checkbox"/> Un-Armed <input type="checkbox"/> Volunteer <input type="checkbox"/> Police <input type="checkbox"/> EMT <input type="checkbox"/> Other			
If a hired 3 rd party security company - Does the security company carry its own insurance naming you as Additional Insured? Yes No			
Previous Insurance Company & Policy Number:			

Responsibility Chart

	N/A	The Venue	Applicant (You)	A Subcontractor	Did they provide a certificate of insurance?
Security					Yes No
Liquor					Yes No
Vendors/Concessionaires					Yes No
Pyrotechnics					Yes No
Amusement Rides					Yes No
Tents					Yes No
Temporary Lighting					Yes No



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Live Animals				
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Do you require all vendors/exhibitors managing any of the above indicated activities to have their own liability insurance in place listing you as Additional Insured?			
Will any of the events occur in a bar or nightclub?		Yes	No
**If yes, are those events occurring in a bar or nightclub open to the public?	Yes	No	
Does the applicant hire any subcontractors for these insured event(s)?		Yes	No
Do these subcontractors carry their own insurance naming you as Additional Insured on their insurance policies?		Yes	No

Additional Coverage (Optional)

Excess Coverage/Umbrella: \$1,000,000 \$2,000,000 \$3,000,000 4,000,000 \$5,000,000			
Event Cancellation:	Adverse Weather	Non-Appearance	
What will cancel this event?	Covered Amount: \$	Cost/Expenses	Gross Revenue
Rented Equipment:	Include		
<ul style="list-style-type: none"> - What is the replacement value of all of the rented equipment combined? - What type of property do you need coverage for? - Will the property be stored overnight? Yes No <ul style="list-style-type: none"> - If Yes, please provide details of how it will be stored: - Will the Insured be responsible for transporting the property? <ul style="list-style-type: none"> - If Yes, please describe how it is transported: - If No, who is transporting the property? - Will the property stay in the possession of the Insured at all times prior to returning to rental company? Yes No 			
Non-Owned & Hired Auto:	Include		
Is hired/non-owned auto required?		Yes	No
Amount being charged to rent or lease the vehicle(s)?		Yes	No
Are all drivers at least 25 years of age?		Yes	No
Do all drivers have a valid United States driver's license?		Yes	No
Do any of the hired vehicles seat more than 12 people?		Yes	No
What will the vehicle(s) be used for?			
Waiver of Subrogation:	Include	What is the name of the entity requesting the waiver of subrogation?	
Primary & Non-Contributory Wording:	Include		
Liquor Liability Coverage:	Include		
<ul style="list-style-type: none"> - Estimated alcohol gross receipts? \$ - Will alcohol be served by a licensed bartender? Yes No <ul style="list-style-type: none"> - If No, who will be serving the alcohol? - Describe training and/or experience of persons serving the alcohol: - Average age of attendees? 			



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- What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons?

Does the Applicant have a valid liquor license? **Yes** **No**

Will there be an open bar? **Yes** **No**

Will alcohol be sold by the drink? **Yes** **No**

Is BYOB (bring your own bottle) allowed? **Yes** **No**

Additional Insured's Use space provided below if custom wording or requirements are needed

Additional Insured / Loss Payee

NAME		
Mailing Address		
City	State	Zip Code
Premises Owner Rental House City / Gov Entity Individual Sponsor Other _____		

Additional Insured / Loss Payee (use additional sheet if needed)

NAME		
Mailing Address		
City	State	Zip Code
Premises Owner Rental House City / Gov Entity Individual Sponsor Other _____		

***Please list any additional information that may be important or helpful:**

Agent/Broker:	Holmes Murphy	Date of Application	
Address:	13810 FNB Parkway, Suite 300, Omaha, NE 68154		
E-Mail	fraternalinsuranceapp@holmemurphy.com	Fax Number:	800.328.0522

Allen Financial Insurance Group, Inc. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL VALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.



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**I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO C
PENALTIES.**

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and I
read all of the questions and answers of these applications. I acknowledge and understand that any person or pe
with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to
penalties. I/We understand any policy issued will not provide Worker's Compensation.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED
INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING

Applicant:	
Signature:	
Print Name:	
Title:	Date: