

CENTURY SURETY COMPANY APPLICATION FOR SPECIAL EVENTS COVERAGE

1. Name of Applicant: _____
2. Mailing Address: _____
3. Name of Event: _____
4. Location of Event: _____
5. Interest of Named Insured in Premises: _____

6. Does Event involve any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Fireworks (Sale or Demonstration) |
| <input type="checkbox"/> Animal Rides | <input type="checkbox"/> Aircraft of any type |
| <input type="checkbox"/> Athletic Contests/Exhibitions | <input type="checkbox"/> Hot Air Balloon Rides |
| <input type="checkbox"/> Auto/Motorcycle Races | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Boat Races | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Other _____ |

Any of the following concert types?

- Country/Western
 Rap/Reggae
 Rock
 Classical

Explain any of the above in detail in item 7:

7. Provide complete description of Event:
 Setup time and date _____ Take down time and day _____
 Starting time and day _____ Ending time and day _____
 Description: _____

8. Are exhibitors (if any) required to provide Certificates of Liability Insurance? Yes No
 If yes, Limits? _____ Is applicant to be named as additional Insured? Yes No

9. List Names of Performers scheduled: _____

10. Estimated Attendance: Total _____ Each Day _____

11. Estimated Gross Receipts: _____

12. Will Grandstands or Bleachers be used? Yes No Portable? Yes No Seating Capacity _____
 Type and Construction: _____

13. What Type of security provided? _____ Insured's Employees _____
 Independent Contractor _____ Name _____
 Other _____ Name _____
 Is security firm to provide Certificates of Liability Insurance Yes No If yes, what Limits? _____
 Is applicant to be named as additional Insured? Yes No

14. Are any other independent contractors to be used? Yes No If yes, describe _____

Are they required to provide Certificates of Liability Insurance? Yes No
If yes, what limits? _____ Is applicant to be named as additional insured? Yes No

15. Previous Insurer(s) _____ Policy Number(s) _____

Were there any losses? Yes No (If yes, please describe in detail)

16. Has the prospective insured held an event of this type previously? Yes No

If yes, how many years? _____ Dates held last year _____ to _____

17. Attach a copy of any promotional literature, advertising or event information sheet which details activities.

COVERAGE INFORMATION

18. Dates Coverage Required: From: _____ To: _____

19. Limits Required: Each Occurrence _____ General Aggregate: _____

20. Coverage Required:

- | | |
|--|--|
| <input type="checkbox"/> Premises/Operations | <input type="checkbox"/> Personal/Advertising Injury |
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Liquor Liability |
| <input type="checkbox"/> Products/Completed Operations | <input type="checkbox"/> Contractual |
| <input type="checkbox"/> Employees as Additional Insured's | |

21. Additional Insured:

Name and Address

Interest

22. If coverage is provided, it will contain special exclusions (above and beyond normal policy exclusions) including, but not necessarily limited, to the following:

- | | |
|--|--|
| A. Riot and Civil Commotion | E. Fireworks demonstrations or displays |
| B. Assault and Battery | F. Injury to Participants or damage to their property |
| C. Injury to persons in unauthorized areas | G. Operation of any aircraft or passenger carrying balloons |
| D. Unscheduled Events | H. Damage to property you own, rent or occupy |
| | I. Operation of autos, motorized vehicles, animal rides
trampolines or mechanically operated amusement
Rides unless authorized by specific endorsement |

Liquor Liability Section

(Complete this section only if you are covering liquor liability)

23. Is liquor being offered on:
- a. Cash Bar Yes No
 - b. Open Bar Yes No
24. Are you providing food in addition to alcoholic beverages? Yes No
25. What type of training do you require the people serving the alcoholic beverages to have:

26. Will a trained bartender be used: Yes No
27. Are volunteers allowed to serve alcoholic beverages? Yes No
- a. If yes, are they trained in alcohol awareness: Yes No
28. Do you have a written policy in place for the bartenders/servers in regard to minimum service to minors and intoxicated persons? Yes No
29. Do you require servers/bartenders to check the ID of customers every time alcohol is served regardless of person being served? Yes No
30. Have you ever had a liquor liability loss? Yes No
- a. If yes, please describe circumstances: _____

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ _____

Date: _____ Producer Signature: _____