



## Special Events Application for Quote

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**Broker Information**

(If Not Applicable, Skip This Section)

Name of Agency / Brokerage: \_\_\_\_\_

Name of Contact / Agent: \_\_\_\_\_

Mailing Address of Agency / Brokerage: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Client Information**

(Please Fill-in All Applicable Fields)

Organization / Policy Holder Name: \_\_\_\_\_

This is the name that will appear on insurance policy

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Individual Responsible For Insurance: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ to \_\_\_\_\_

**Venue Information**

- PLEASE ATTACH A COPY OF THE VENUE CONTRACT -

Venue Name: \_\_\_\_\_

Venue Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What is the seating capacity of Venue: \_\_\_\_\_

Who is responsible for setting up the stage & temporary seating? \_\_\_\_\_

If the above is handled by independent firm and you are indemnified and held harmless please provide a certificate adding you as an Additionally Insured

Is venue responsible for parking? Yes No If No, have certificates been issued? Yes No

Type of Entry for Spectators (i.e. Turnstiles, Double Doors, etc.): \_\_\_\_\_

Type of Security? \_\_\_\_\_

Number of Security: \_\_\_\_\_ Armed: \_\_\_\_\_ Guard Dogs: \_\_\_\_\_

Security Personnel: Company Employees: \_\_\_\_\_ or Independent Contractors: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Type of Medical Personnel: \_\_\_\_\_

Number of Personnel: \_\_\_\_\_ Additional Insured certificates supplied? Yes No



## Event Information

Briefly Describe the Event: \_\_\_\_\_

What is the estimated number of Attendance: \_\_\_\_\_ Budget (Cost of Event): \$ \_\_\_\_\_

Will Event take place:      Indoor          Outdoor          Both

Type of Event (Festival, Concert, etc.): \_\_\_\_\_

Will there be any celebrities at this event?                      Yes                  No

If "Yes", please provide name(s): \_\_\_\_\_

Any prior event with any losses of any kind?                      Yes                  No

Does your event involve any overnight exposures?              Yes                  No

If "Yes", Please describe: \_\_\_\_\_

Non-Food products such as; CD,s, T-Shirts, Posters, Badges, Pens, Hats and other similar products: \_\_\_\_\_

Food & Beverage products: \_\_\_\_\_

Please describe products sold other than above: \_\_\_\_\_

Will you have any Stunts, Animals, Pyrotechnics, Aircrafts, Watercrafts/Water activities, Sporting or Athletic Event, Hazardous Activities, Car Races, Precision Driving, Mechanical Devices, Film Production, Rap/Hip-Hop, Rock/Metal, Rides, Water Activities?              Yes                  No

If "Yes", Please describe: \_\_\_\_\_

### General Liability

**Aggregate**  
(Maximum Payment Per All Claims)

\$1,000,000: \_\_\_\_\_

\$2,000,000: \_\_\_\_\_

**Occurrence**  
(Maximum Payment Per Occurrence)

\$1,000,000: \_\_\_\_\_

None: \_\_\_\_\_

\$1,000,000: \_\_\_\_\_

### Excess Liability

(Increase in Aggregate and Occurrence)

\$1,000,000:

\$2,000,000:

\$3,000,000:

\$4,000,000:



### Accident Medical

If you would like to purchase Accident Medical Coverage, please fill out this section for quote

Sport/Activity/ Performance Type	Participants Per Age Group			
	12U	13-15	16-19	20+
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- If you need additional lines for other sports, activities or performance type please continue listing the items on page 5 -

Desired Limit:      \$25,000: \_\_\_\_\_      \$50,000: \_\_\_\_\_      \$100,000: \_\_\_\_\_      Other: \_\_\_\_\_

Desired Deductible:      \$0: \_\_\_\_\_      \$100: \_\_\_\_\_      \$250: \_\_\_\_\_      Other: \_\_\_\_\_

### Medical Expense

If you would like to purchase Medical Expense Coverage, please fill out this section for quote

Yes                      No

### Rented Equipment Coverage

If you would like to purchase Rented Equipment Coverage, please fill out this section for quote

Replacement Value of all Equipment being rented: \_\_\_\_\_  
(Including Sales Tax)

Rental Pick Up Date: \_\_\_\_\_                      Rental Pick Up Date: \_\_\_\_\_

Brief Description of Equipment being rented: \_\_\_\_\_  
\_\_\_\_\_

Continuing Rental Fees Coverage:                      None                      \$2,500                      \$5,000  
If you have a covered claim, this coverage reimburses your rental company for loss of rental income during your claim handling. This coverage has a 72 hour waiting period from the time the claim is reported in writing to the insurance agent or carrier

Please complete the below and include all items valued at \$1,000 or more.  
- Items that are valued at \$1,000 or more are required to be scheduled to obtain this coverage -

Make	Model	Serial Number	Replacement Cost (Including Sales Tax)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- If you need additional lines for items valued at \$1,000 or more please continue listing the items on page 5 -



If you need add additional Sports, Activities or Performance Types to your Accident Medical Coverage, please continue listing the items below

Sport/Activity/ Performance Type	Participants Per Age Group			
	12U	13-15	16-19	20+
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you need add additional items valued at \$1,000 or more to your Rental Equipment Coverage, please continue listing the items below

Make	Model	Serial Number	Replacement Cost (Including Sales Tax)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Items that are valued at \$1,000 or more are required to be scheduled to obtain this coverage -



## Liquor Liability

**If you do not wish to purchase Liquor Liability Coverage,  
please skip pages 6 through 8**

### THIS APPLICATION IS FOR QUOTE

#### Underwriting Information

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_ Days open a week: \_\_\_\_\_

Operating Hours - Mon-Thurs: \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Number of Hours a Full-Time Manager is on Duty: \_\_\_\_\_

Liquor License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

Name on Liquor License: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Annual Concession Sales: Food \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Type of Liquor Sold:    Hard Liquor            Beer            Wine            Wine Cooler

Median Age of Customers:    18-25            26-30            31-45            46 and over

Is any underlying coverage provided through the concessionaire or vendor? Yes            No

If so, what are the limits? \_\_\_\_\_

Who is the Vendor? \_\_\_\_\_

Is there a contract in place with any concessionaire or vendor?    Yes            No

- Please attach copy of concessionaire and/or vendor contract if applicable -

Limit Requested: \_\_\_\_\_

Distance to the nearest college campus: \_\_\_\_\_

Does your operation target college students?    Yes            No

Does the Insured offer any of the following promotions?

Happy Hour:    Yes            No            Multiple Drink Incentives (Two for one, etc):    Yes            No

Drink Specials:    Yes            No            "All you can drink" Specials:    Yes            No

Ignited Beverages:    Yes            No

If "Yes" to any of the above, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Liquor Liability Application Continued

**Fire Safety**

Do you have Automatic Sprinklers? Yes No  
Distance to the nearest fire station: \_\_\_\_\_  
Number of Stories: \_\_\_\_\_ Facility Maximum Capacity: \_\_\_\_\_  
Have you ever been cited for exceeding capacity? Yes No

**Licensing Questions**

Have you incurred any liquor claims in the past 5 years? Yes No  
If yes, why? \_\_\_\_\_  
Has your coverage ever been non-renewed? Yes No  
If yes, why? \_\_\_\_\_

**Serving Questions**

Liquor is served at: One fixed location Multiple locations  
The Servers are: Professionals Volunteers  
Average Number of servers per event: \_\_\_\_\_  
Are the servers trained in alcohol awareness? Yes No  
How often are the servers trained per year? \_\_\_\_\_  
Type of Training: \_\_\_\_\_  
Is a limit placed on the number of beverages that can be sold to a patron? Yes No  
Are I.D's checked for patrons purchasing alcohol? Yes No  
Please briefly explain procedure for checking ID's: \_\_\_\_\_

**Entertainment**

Is any entertainment provided (other than normal operations)? Yes No  
Please list what types of entertainment and how many times a year: \_\_\_\_\_

**Security**

Are uniformed officers present at the alcohol concession area(s)? Yes No  
If yes, how many officers? \_\_\_\_\_  
Are undercover police officers present at the alcohol concession area(s)? Yes No  
If yes, how many? \_\_\_\_\_  
Are security personnel at checkpoints? Yes No  
Are personal items searched? Yes No  
Briefly explain how the public made aware of this procedure: \_\_\_\_\_  
Is the parking area patrolled for intoxicated drivers? Yes No  
Is there a designated driver program? Yes No  
Are bouncers employed? Yes No If yes, how many? \_\_\_\_\_



Liquor Liability Application Continued

**Liquor Liability Acknowledgment**

Gagliardi Insurance Services, Inc. on behalf of 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 INSPECTION nor the making there of any report there of 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, UNDERWRITING AND/OR LOSS CONTROL INSPECTIONS 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 Underwriting and/or Loss Control Inspections or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practice and procedures.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, benefits may be denied).

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Brokers Signature (If applicable)

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Brokers Name (Print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)







## Event Cancellation Application Continued

### Limits Of Indemnity

Please provide the following financial information for your Event:

100% Gross Revenue: \_\_\_\_\_ 100% Costs and Expenses: \_\_\_\_\_

Please select the basis of Indemnity you require: Gross Revenue Cost and Expenses

### Non-Appearance

Is coverage required for Non-Appearance? Yes No

- Please note the policy contains a 30 day health warranty and a pre-existing medical condition exclusion -

Type of Non Appearance coverage required:

Key Speakers

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is any Key Speaker a member of a royal family  
or serving/former head of state? Yes No

Individuals or Group of Individuals

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Simultaneous Non-Appearance for 25% or more of  
Participants due to Common Accident or Common Illness Yes No

Please confirm there are 20 or more performers in total Yes No

### General Information

Will all contractual arrangements necessary for the successful  
fulfillment of each Event be made and confirmed in writing  
in a prudent timely manner prior to the start of the Event? Yes No

Has any Event to be insured had any incidents that could  
have resulted or did result in a loss which would have been  
covered under this Insurance during the past three years? Yes No

Is the Insured aware of any matter, fact, circumstance or  
incident existing or threatened that could possibly affect any  
Event and might result in a claim under the proposed Insurance? Yes No

### Specific Non-Standard Coverage

Does the Insured have any specific  
non-standard coverage requirements Yes No



# Hired & Non-Owned Auto

If you do not wish to purchase Hired & Non-Owned Auto Coverage,  
please skip this page

## THIS APPLICATION IS FOR QUOTE

If your organization owns or leases (long-term) vehicles you are not eligible for this program  
Any vehicle designed for 15 or more passengers is excluded from this coverage

### Non-Owned Vehicles

1) Do employees or volunteers regularly use their autos for company business? Yes No

If yes, please explain usage: \_\_\_\_\_  
\_\_\_\_\_

2) Do you verify that insurance is in place with limits of at least \$300,000 before employees or  
volunteers can use their personal vehicle? Yes No

Number of Volunteers (Driving Personal Autos): \_\_\_\_\_

Total # of Employees: \_\_\_\_\_

### Hired Auto Liability

3) Do you hire or rent vehicles during your fair/festival/event? Yes No

If yes, please describe vehicle types, estimated number, duration and usage: \_\_\_\_\_  
\_\_\_\_\_

Please remember that any vehicle designed for 12 or more passengers is excluded from this coverage

4) Are any vehicles provided/donated for your use as a part of  
a sponsorship or promotional agreement? Yes No

If yes, please include a copy of the agreement and describe vehicle types, estimated number,  
duration and usage: \_\_\_\_\_  
\_\_\_\_\_

5) Do vehicle owners in either #2 or #3 above  
require you to provide primary liability? Yes No

If yes, please provide owner(s) name: \_\_\_\_\_  
\_\_\_\_\_



Desired Policy Effective Date: \_\_\_\_\_

**All of the following are required upon submission to obtain quote:**

- Copy of Waiver
- Gross Receipts
- Carrier Generated loss runs  
for the past five years  
(if applicable)
- Venue Contract

**Disclaimer & Signature**

- Signing this application does not bind the application to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued.
- I understand that providing false information may affect my coverage and even void coverage in the event of a claim.
- I have reviewed and understand the above statements. I certify that the information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Date: \_\_\_\_\_



# How to Reach Us

## California Office

950 S. Bascom Ave.  
Suite 3010  
San Jose, CA 95128

## Pennsylvania Office

109 S. 13th St.  
Suite 117B  
Philadelphia, PA19107

### Submission Options:

Send to Pennsylvania Office listed above

*or*

Scan and email to:  
[sales@gsportsinsurance.com](mailto:sales@gsportsinsurance.com)

*or*

Fax to: 408-414-8199

**Website:** [gsportsinsurance.com](http://gsportsinsurance.com)

**Phone:** +1 (800)-995-9768

**Email:** [sales@gsportsinsurance.com](mailto:sales@gsportsinsurance.com)