



## 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+
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 -



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: \_\_\_\_\_



## Other Additional Coverages

**Non-Appearance Liquor  
Liability  
Event Cancellation  
Weather Guard  
Hired & Non-Hired Auto  
Errors & Omissions**

To obtain these applications and to view a full list of available additional coverages please visit [www.gsportsinsurance.com](http://www.gsportsinsurance.com) and click the OTHER COVERAGES icon.



# 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)