



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 -



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 and click the OTHER COVERAGES icon.



How to Reach Us

California Office

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Submission Options:

Send to California Office listed above

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Scan and email to:
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