

Special Event Application

Email completed application to submit@midman.com

Requested Effective Date: _____

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

INSURED INFORMATION					
Insured Company Name:					
Contact Name:					
Address:					
City:		State:		Zip Code:	
Phone:		Fax:		Email:	

EVENT INFORMATION						
Attach a copy of event brochure and/or flyer to this Application						
Event Name:		Event Website:				
Describe the Event:						
Venue Name:						
Venue Address:						
City:		State:		Zip Code:		
Event Start Date:		Event End Date:				
Coverage Start Date:		Coverage End Date:				
If the coverage start date is more than 5 days before the event start date, or the coverage end date is more than 5 days after the event date, please explain.						
Is the event outdoors?					Yes	No
How many years has this event been held under the present management (if never, enter 0)?						
During this time has the insured had any claims regarding this event?					Yes	No
Type of Event: (check below as applicable)						
Art & Craft Festival	Auction		Beauty Pageant/Fashion Show			
Concert	Chamber of Commerce		Consumer Show			
Convention	Exhibition		Fair/Festival			
Fundraiser	Graduation		Meeting/Luncheon/Seminar			
Music Festival	Party		Picnic			

Political Rally	Reception	Sporting Event
Walk-a-ton	Wedding/Reception	
If other event type than listed above:		
If concert, check below as applicable:		
Classical	Comedy	Contemporary
Gospel/Jazz	Opera	Orchestra
Rock	Symphony	Country
R&B		
Name of Performer(s):		
Is seating assigned?		Yes No
Please provide a complete description of events and activities associated with the insured event type.		
Maximum Daily Attendance:		Total Attendance:
Gross Revenue:		Expenses:
Will the event include any of the following? Check all that apply, indicating whether the applicant, vendor or subcontractor will be the responsible party.		
Applicant	Vendor/Exhibitor	Subcontractor
Aircraft		
Animals (other than pet contests)		
Camping		
Cattle Drives		
Childcare Operations		
Firearms/Ammunition/Weapons of any kind		
Fireworks		
Food Vendors		
Inflatables		
Mechanical Amusement Rides		
Motorsports		
Open Water Exposure		
Paintball		
Parade		
Rock Climbing Walls		
Rodeo		
Tattooing/Body Piercing		
Temporary Skating/Skiing/Skateboarding		
Structures		
Trail Rides		
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?	Yes	No
Will any of the events occur in a bar or nightclub?	Yes	No

If yes, are those event 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?		Yes	No
Will there be security at the insured event(s)?		Yes	No
Who is responsible for providing the security?	Venue	Applicant	Other
If other: does the security company carry its own insurance naming you as additional insured?		Yes	No
If no, please explain:			
Will there be temporary structures installed/built for your event?		Yes	No
If yes, who is responsible for installing the temporary structures?			
Insured		Third party that names the insured as additional insured	
Required Limits:			
\$1M Per Occurrence / \$2M Aggregate			
\$2M Per Occurrence / \$2M Aggregate			
\$3M Per Occurrence / \$3M Aggregate			
\$4M Per Occurrence / \$3M Aggregate			
\$5M Per Occurrence / \$5M Aggregate			
If larger limits are required, please specify:			

LIQUOR LIABILITY COVERAGE

Note, if the insured is not serving or selling the liquor, the additional liquor coverage is not required.

Is Liquor Liability required? <i>If yes, complete section below.</i>		Yes	No
Will alcohol be served by a licensed bartender?		Yes	No
If no, who will be serving the alcohol?			
Describe training and/or experience of persons serving the alcohol.			
Average age of attendees:			
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
Estimated alcohol gross receipts?			

HIRED/NON-OWNED AUTO COVERAGE

If Hired/Non-Owner auto required? <i>If yes, complete the section below.</i>		Yes	No
If you are required by contract to acquire Hired/Non-Owned auto and you are not being loaned, rented or leased any vehicles <i>(if checked, please do not complete the rest of this section).</i>			

Amount being charged to rent or lease the vehicle(s):			
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 vehicles be used for?			

ADDITIONAL INSURED(S)					
Are additional insured(s) required? <i>If yes, complete the section below.</i>				Yes	No
Additional Insured Name:					
Address:					
City:		State:		Zip Code:	
Associated Event(s):					
Additional Insured Name:					
Address:					
City:		State:		Zip Code:	
Associated Event(s):					

WAIVER OF SUBROGATION			
Does the company require a waiver of subrogation? <i>If yes, complete the section below.</i>		Yes	No
What is the name of the entity requesting the waiver of subrogation?			
What is their involvement in the event?			

INLAND MARINE COVERAGE			
Is Inland Marine coverage required? <i>If yes, complete the section below.</i>		Yes	No
What type of property do you need coverage for?			
What is the value for this property?			
Will the property be stored overnight? <i>If yes, please describe on how it will be stored.</i>		Yes	No
Will the insured be responsible for transporting the property? <i>If yes, please describe how it is transported.</i>		Yes	No
If no, who is transporting the property?			
Will the property stay in the possession of the insured at all time prior to returning to rental company?		Yes	No
If no, describe below.			

DISCLOSURE

I declare that after proper inquiry the statements and particulars given in this applications are true and that I have not mis-stated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.

*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.

This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signature of Applicant:		Dated:	
Printed name of Applicant:			
Company:		Title:	
Signature of Agent/Broker:		Dated:	

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