

# GRIFFIN

## UNDERWRITING SERVICES

In CA, DBA: Griffin Insurance Services, CA License #0G66558

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## SPECIAL EVENTS SUPPLEMENTAL APPLICATION

Applicant's Name: _____
Mailing Address: _____
Website Address: _____

Agency Name: _____
Agent: _____
Address: _____
E-mail: _____
Phone: _____

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**     Individual     Corporation     Partnership     Joint Venture  
                        Limited Liability Company     Other (Specify): \_\_\_\_\_

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

**1. Location address of event and venue name (if applicable):** \_\_\_\_\_

**2. Description of event (attach any flyers, brochures and/or event website address):** \_\_\_\_\_

Maximum daily attendance: \_\_\_\_\_ Total attendance: \_\_\_\_\_ Sales: \$ \_\_\_\_\_  
Length of event: \_\_\_\_\_ Estimated age group of audience: From: \_\_\_\_\_ To: \_\_\_\_\_  
Daily hours of event: \_\_\_\_\_  
No. of Participants: \_\_\_\_\_ Do participants sign waiver of liability agreements?.....  Yes  No

**3. Applicant's experience in conducting events of this or similar nature:** \_\_\_\_\_

Is applicant an event planner/coordinator? .....  Yes  No

**4. If applicant is the sponsor, does the operator have General Liability insurance?**.....  Yes  No

If yes: Name of insurance carrier: \_\_\_\_\_  
General Liability limits: \$ \_\_\_\_\_

**5. Is any Marijuana/Cannabis sold or distributed?** .....  Yes  No

**6. Entertainment:**

**a.** Is live entertainment provided? .....  Yes  No

If yes, describe: \_\_\_\_\_

**b.** Is event a rave, rave dance or rave party? .....  Yes  No

**c.** Is there a concert? .....  Yes  No

If yes: Type of music:

- |                                      |                                     |                                      |  |                                 |
|--------------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Blue grass | <input type="checkbox"/> Classical   | <input type="checkbox"/> Country/Western         | <input type="checkbox"/> Gospel |
| <input type="checkbox"/> Gothic      | <input type="checkbox"/> Hard core  | <input type="checkbox"/> Heavy metal | <input type="checkbox"/> Hip-hop                 | <input type="checkbox"/> Jazz   |
| <input type="checkbox"/> R&B         | <input type="checkbox"/> Rap        | <input type="checkbox"/> Rock        | <input type="checkbox"/> Other (describe): _____ |                                 |

Names of performers or groups: \_\_\_\_\_

Any special effects for the concert? .....  Yes  No

If yes, describe: \_\_\_\_\_

**7. Fireworks:**

**a.** Is there a fireworks display?.....  Yes  No

**b.** Is a licensed pyrotechnician igniting the fireworks? .....  Yes  No

If no, advise who will ignite: \_\_\_\_\_

**c.** Is person igniting fireworks insured for this operation? .....  Yes  No

**d.** Distance between fireworks staging area and audience: \_\_\_\_\_

**e.** Are spectators allowed in fireworks staging area? .....  Yes  No

**f.** Are firemen present? .....  Yes  No

**g.** Are fireworks being sold? .....  Yes  No

**8. First Aid:**

**a.** Are first aid facilities provided at the event? .....  Yes  No

If yes, describe: \_\_\_\_\_

**b.** Who will be in charge of the facilities?  Doctors  Nurses  Others: \_\_\_\_\_

**9. Hold-harmless Agreements:**

**a.** Is applicant held harmless by others? .....  Yes  No

**b.** Does applicant agree to hold any third-party harmless? .....  Yes  No

If yes, who? \_\_\_\_\_

c. Is applicant naming anyone as an additional insured? .....  Yes  No  
If yes, who and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Liquor:**

a. Is liquor to be sold by applicant? .....  Yes  No  
b. Is liquor to be served, but not sold, by applicant? .....  Yes  No  
If yes, explain: \_\_\_\_\_  
c. Does applicant want Host Liquor? .....  Yes  No  
d. Is liquor to be served/sold by others? .....  Yes  No  
If yes, do they have Liquor Liability coverage? .....  Yes  No  
e. Are attendees allowed to bring their own alcohol? .....  Yes  No

**11. Rides/Attractions:**

a. Are inflatables utilized? .....  Yes  No  
If yes: Number and description: \_\_\_\_\_  
\_\_\_\_\_  
Are inflatables provided by the applicant? .....  Yes  No  
Are inflatables provided by vendors? .....  Yes  No  
Advise if applicant or vendor oversee use of inflatables: \_\_\_\_\_  
b. Are rides provided? .....  Yes  No  
If yes: Number and description: \_\_\_\_\_  
\_\_\_\_\_  
Are rides inspected? .....  Yes  No  
Do rides have signs clearly marking age, height and size limitations? .....  Yes  No  
Is applicant in compliance with state laws regulating amusement ride inspections and limitations? .....  Yes  No  
c. Do ride/inflatable vendors have General Liability insurance? .....  Yes  No  
If yes: Advise limits: \_\_\_\_\_  
Is applicant included as an additional insured on the ride/inflatable vendors General Liability policies? .....  Yes  No  
Does applicant obtain certificates of insurance from the ride/inflatable vendors? .....  Yes  No  
d. Do ride/inflatable vendors hold applicant harmless? .....  Yes  No

**12. Security:**

a. Is there a written emergency plan in the event of an accident? .....  Yes  No  
b. Indicate which of the following are applicable and number provided:  
 Chaperons: \_\_\_\_\_  
 Employed armed security: \_\_\_\_\_  
 Employed unarmed security: \_\_\_\_\_  
 Off-duty police: \_\_\_\_\_  
 Independent armed security contractor: \_\_\_\_\_  Independent unarmed security contractor: \_\_\_\_\_  
Does independent security contractor provide a certificate of insurance? .....  Yes  No  
Does independent security contractor hold applicant harmless? .....  Yes  No  
Does independent security contractor name applicant as additional Insured on General Liability policy? .....  Yes  No

**13. Stadiums:**

- a. Are bleachers or platforms to be used? .....  Yes  No  
If yes, type:  Permanent  Portable
- b. Back and side railings provided? .....  Yes  No
- c. Construction:  Concrete  Steel  Wood
- d. Height in feet: \_\_\_\_\_ Age of bleachers or platform: \_\_\_\_\_
- e. Are patrons protected from, and warned against, potential flying objects? .....  Yes  No
- f. Are patrons allowed on the field, track or pit area? .....  Yes  No
- g. Is public address system clearly audible in all parts of the facility? .....  Yes  No
- h. Is there a backup electrical supply for lighting and the public address system? .....  Yes  No
- i. Are premises entrances/exits well lit? .....  Yes  No

**14. Traffic Control:**

- a. Who is responsible for crowd and traffic control? \_\_\_\_\_
- b. Are parking areas smooth with clearly marked parking areas and exit roads? .....  Yes  No

**15. Additional Insured Information:**

Name	Address	Interest

- 16. During the past three years, has any company ever cancelled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No**  
If yes, explain: \_\_\_\_\_

- 17. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No**  
If yes, explain and advise where insured: \_\_\_\_\_

**18. Prior Carrier Information:**

	Year:	Year:	Year:	Year:	Year:
<b>Carrier</b>					
<b>Coverage</b>					
<b>Policy No.</b>					
<b>Total Premium</b>					

**19. Loss History:**

**Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.**  Check if no losses last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

**Complete the following if applicable to event(s):**

**20. Bicycle/Running Event:**

- a. Advise distance of event: \_\_\_\_\_
- b. Is the route surface free of hazards and clearly marked? .....  Yes  No
- c. Are pedestrians and vehicular traffic rerouted? .....  Yes  No
- d. Does event take place on public roads? .....  Yes  No  
If yes: Are police escorts along route? .....  Yes  No  
Are lane barriers utilized? .....  Yes  No

**21. Christmas Tree Lot/Farm:**

- a. Number of Christmas Tree lots: \_\_\_\_\_
- b. Number of Christmas Tree farms: \_\_\_\_\_
- c. Are customers allowed to cut their own trees? .....  Yes  No  
If yes: Anyone under the age of eighteen (18) permitted to cut? .....  Yes  No  
Are cutting tools provided to customers? .....  Yes  No  
If yes, are power cutting tools provided? .....  Yes  No  
Are customers required to sign liability waivers? .....  Yes  No

**22. Haunted House:**

- a. Describe building and construction: \_\_\_\_\_  
\_\_\_\_\_
- b. Is there any cardboard construction? .....  Yes  No  
If yes, describe: \_\_\_\_\_
- c. Age: \_\_\_\_\_ Condition: \_\_\_\_\_
- d. Are there separate entrances and exits? .....  Yes  No
- e. Has the house been inspected by a Fire Marshall? .....  Yes  No
- f. Does the house meet all local, city and state codes? .....  Yes  No
- g. Describe any temporary structures: \_\_\_\_\_  
\_\_\_\_\_
- h. Are any of the following present? .....  Yes  No  
 Electric shock devices     Fire or Flash powders     Moveable floors     Power tools as props  
 Sinking floors     Slides     Suspended bridges     Unlit stairs
- i. Describe special effects: \_\_\_\_\_  
\_\_\_\_\_
- j. Does applicant have lead and follow-up guides? .....  Yes  No
- k. Ratio of attendants to the public: \_\_\_\_\_ Number of persons per group: \_\_\_\_\_
- l. Age of clients: \_\_\_\_\_ Are children supervised? .....  Yes  No
- m. Does applicant have a door monitor? .....  Yes  No
- n. Does applicant have the public participate in stunts? .....  Yes  No
- o. Does anyone touch the public? .....  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- p. Does applicant have a gift shop or concession stand? .....  Yes  No  
If yes, receipts: \_\_\_\_\_

**23. Motorized Vehicle Sporting Event:**

Complete GLS-APP-62s, Racing Special Events Supplemental Application.

**24. Parade:**

- a. Are cross streets barricaded? .....  Yes  No
- b. Are souvenirs or other items thrown into the crowd? .....  Yes  No  
If yes, what is thrown: \_\_\_\_\_
- c. Animals in the parade are: \_\_\_\_\_
- d. Are all of the animals insured against third-party liability claims by the owner? .....  Yes  No  
If yes, what are the minimum liability limits required of the owners: \_\_\_\_\_
- e. Length of parade route: \_\_\_\_\_ Number of floats: \_\_\_\_\_ Number of Equestrians: \_\_\_\_\_
- f. Number of bands: \_\_\_\_\_ Number of motorized vehicles and/or floats: \_\_\_\_\_
- g. Is parade route able to handle size and height of floats? .....  Yes  No

**25. Political Rally:**

Please describe: \_\_\_\_\_

**26. Pumpkin Patch** (temporary retail lot):

- a. Indicate if any of the following activities are available:  
 Hay stack/slide     Hay rides (maximum number of riders per wagon \_\_\_\_\_)  
 Petting zoo     Maze     Pony sweep     Pumpkin picking from fields  
 Other (Specify): \_\_\_\_\_
- b. Is any pumpkin patch in conjunction with farm operations? .....  Yes  No

**27. Rodeo:**

- a. Name(s) of rodeo promoter/company/stock contractor: \_\_\_\_\_
- b. Does the rodeo board the stock in the applicant's facility overnight? .....  Yes  No
- c. Does the rodeo company maintain responsibility for security of stalls/pens used to board the stock? .....  Yes  No
- d. Are the transfer areas between the animal pens and the competition restricted from the general public? .....  Yes  No
- e. Rodeo arena specifics:     Indoors     Outdoors     Permanent     Temporary

**28. Under 21 Dance, Graduation Night or Prom:**

- a. Are students allowed to leave and return? .....  Yes  No
- b. Are chaperons provided? .....  Yes  No
- c. Is security provided? .....  Yes  No  
If yes, describe and advise if armed: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any 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 such person to criminal and civil penalties. **(Not applicable to Oregon).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.