

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Special Event Application
		SPORTS & ENTERTAINMENT Division Email to SE@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.		

SPECIAL EVENT APPLICATION

PLEASE ATTACH THE FOLLOWING:

- ACORD Application
- Five year currently valued loss runs for General & Liquor Liability (where coverage is desired)
- C.V./Resume if less than three years experience
- Diagram of location: if outdoors indicate fencing, stage(s), spectator areas, parking, adjacent buildings, and landscape features
- Brochure/Marketing Material
- Venue Rental Application
- Standard Vendor/Sub Contractor Agreement

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Event: _____

Location of Event: _____

Type of Entity:

For-Profit Not-for-Profit

Type of Event: (check all that apply)

<input type="checkbox"/> Beer Garden/Beer Tent	<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Individual Vendor Booth
<input type="checkbox"/> Car Show	<input type="checkbox"/> Motor Vehicle Race/Show	<input type="checkbox"/> Picnic
<input type="checkbox"/> Concert/Musical Performance	<input type="checkbox"/> Competition or Show	<input type="checkbox"/> Sporting Event/Tournament
<input type="checkbox"/> Convention/Trade Show/Exhibit	<input type="checkbox"/> Parade	<input type="checkbox"/> Wedding/Wedding Reception
<input type="checkbox"/> Festival	<input type="checkbox"/> Party/Social Event	
<input type="checkbox"/> Other (describe): _____		

General Information:

1. Web Address for Event: _____

2. Description of Event and Your Responsibility in the event: _____

3. Is Event part of a larger function? Yes No
 If Yes, describe: _____

4. Will event take place on applicant's premises? Yes No

5. Event will be held: Indoors Outdoors Both
6. Location is: Arena Bar/Restaurant Convention Center
 Private Residence Fairgrounds Stadium
 Racetrack Office/Business School
 Park Other (describe): _____

7. Date(s) of Event: From: ___ / ___ / ___ To: ___ / ___ / ___
 8. Desired Coverage date(s): From: ___ / ___ / ___ To: ___ / ___ / ___

9. If event date(s) differs from desired coverage date(s), explain: _____

10. Event Hours: From: _____ AM/PM To: _____ AM/PM

11. If hours vary by date, describe: _____

12. Estimated Total Number of Attendees at This Event: _____

13. Gross Receipts from:	Admission Fees:	\$	_____
	Liquor/Beer Sales:	\$	_____
	Food Sales:	\$	_____
	Merchandise:	\$	_____
	Other (describe): _____	\$	_____
	Other (describe): _____	\$	_____
	Total:	\$	_____

History/Experience:

14. Number of years event has been previously held: _____

15. Has applicant operated or managed this event before? Yes No
 If yes, how many times/years? _____

16. If no, has Applicant operated similar events before? Yes No
 If yes, please describe: _____

17. Actual total attendance for prior year's event: _____

18. Previous Insurer: _____

19. Expiring Policy Premium: _____

20. Provide Loss Information for prior 5 years (include number of claims and amount) _____

Entertainment Information:

21. Will event feature any of the following:
- | | |
|-------------------------------|--|
| Mechanical Rides/Devices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inflatable Amusement Devices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Petting Zoo/Live Animals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fireworks/Pyrotechnics? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Overnight Camping? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If yes to any above, describe exposure and who operates: _____
- _____
- _____

22. Will event feature water hazards? Yes No
- If yes, describe: _____

23. Will attendees be permitted to swim, boat, jet ski, or fish? Yes No
- If yes, describe: _____

24. Will event have third-party vendors, exhibitors and/or concessionaires? Yes No
- If yes, how many & describe operations: _____
- _____

25. Are vendors, exhibitors or concessionaires required by contract to carry insurance? Yes No
- If no, explain: _____

Do you require/review insurance documents for these entities to occupy premises? Yes No

If no, explain: _____

Are they required to name applicant as an Additional Insured? Yes No

Safety, Security, Medical and First Aid Information:

26. Type and Number of Security (check all that apply):
- | | |
|---|---|
| <input type="checkbox"/> Independent Contractor: _____ | <input type="checkbox"/> Applicant's employees: _____ |
| <input type="checkbox"/> On Duty Police: _____ | <input type="checkbox"/> Off Duty Police – Armed: _____ |
| <input type="checkbox"/> Off Duty Police – Unarmed: _____ | <input type="checkbox"/> Ushers: _____ |
| <input type="checkbox"/> Guard Dogs: _____ | <input type="checkbox"/> Other (type and number) _____ |

27. Will there be any of the following on site:
- | | |
|----------------------------|--|
| Medical/First Aid Services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fire Fighting Protection | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ambulance Service | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If yes (to any), describe services provided _____
- _____

Is there a formal Emergency Evacuation plan in place? Yes No

Liquor Liability

28. Is Applicant sole vendor of alcohol at event? Yes No
29. Will alcohol be dispensed solely by professional bartenders? Yes No
If no, describe how and by whom alcohol will be dispensed: _____

30. Describe training and experience of persons serving alcohol: _____

31. What measures are in place to prevent alcohol service to underage and/or intoxicated persons? _____

32. If required, does applicant have a valid liquor license? Yes No
33. If BYOB (Bring your own Booze) or self-service of alcohol permitted? Yes No
34. Is there a Designated Driver Program or escort service provided? Yes No
35. **If this is a Concert/Musical Event, complete below:**
a) Name(s) of Performer(s): _____
b) Type of music: _____
c) Describe any special effects: _____
36. **If this is a Parade Event, complete below:**
a) Have local authorities approved parade route and will police secure route? Yes No
If no, explain: _____
b) Are parade participants permitted to throw souvenirs, candy or other items into the crowd? Yes No
c) Describe parade route: _____
37. **If this is an Athletic Event, complete below:**
a) Describe athletic event: _____
b) Are the athletes professional or amateur? _____
38. **If there is a Motor Vehicle Race, Rodeo, Tractor Pull, or Truck Show, complete below:**
a) Is the venue designed specifically for this type of activity? Yes No
b) Describe barriers in place to ensure spectator safety (include construction, permanent/temporary, height, distance b/w barriers and spectators): _____

c) Will event feature audience participation? Yes No
If yes, describe: _____

d) Are spectators ever permitted in the pit, infield, or inside barrier? Yes No
e) Are transfer areas between animal pens and the competition restricted from the general public? Yes No

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

Producer's Signature (if applicable):

Applicant's Name (print):

Producer's Name (print):

Date (MM/DD/YY):

Date (MM/DD/YY):