

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

Special Event Supplemental General Liability Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. **Description of event** (attach any flyers, brochures, etc.): _____

Maximum daily attendance: _____ Total attendance: _____ Sales: \$ _____

Length of event: _____ Estimated age group of audience: From _____ to _____

No. of Participants: _____ Do participants sign waiver of liability agreements? Yes No

2. **Applicant's experience** in conducting events of this or similar nature: _____

3. **Rides:**

Will rides be provided?..... Yes No

If yes, type of rides: _____

Will ride operators hold applicant harmless? Yes No

Rides inspected?..... Yes No

Do rides have signs clearly marking age, height, and size limitations?..... Yes No

4. **Entertainment:**

Will live entertainment be provided?..... Yes No

If yes, describe: _____

If a concert, type of music: classical jazz rap blue grass country/western

gospel R&B alternative hard rock heavy metal

hip-hop gothic other (describe): _____

If fireworks are planned, is pyrotechnician licensed? Yes No

Distance between fireworks staging area and audience? _____

Spectators allowed in fireworks staging area?..... Yes No

5. **Security** (indicate type and number of each):

Independent security co.: _____ Off-duty police: _____

Employed security: _____ Chaperons: _____

Is there a written emergency plan in the event of an accident?..... Yes No

Does independent security company provide a certificate of insurance?..... Yes No

6. **Stadiums:**

Are bleachers or platforms to be used?..... Yes No

If yes, type: portable permanent

Back and side railings provided?..... Yes No

Construction: Wood Steel Concrete

Height in feet: _____ Age of bleachers or platform: _____

- Are patrons protected from, and warned against, potential flying objects? Yes No
- Are patrons allowed on the field, track or pit area? Yes No
- Is public address system clearly audible in all parts of the facility? Yes No
- Is there a backup electrical supply for lighting and the public address system? Yes No

7. Traffic Control:

- Who is responsible for crowd and traffic control? _____
- Are parking areas smooth with clearly marked parking areas and exit roads? Yes No
- Is parade route able to handle size and height of floats and are cross streets barricaded? Yes No

8. Liquor:

- Is liquor to be served by applicant? Yes No
- If yes, explain: _____
- Does applicant want: Host Liquor Liquor Liability (available in selected states only)
- Is liquor to be served by others? Yes No
- If yes, do they have Liquor Liability coverage? Yes No

9. First Aid:

- Will first aid facilities be provided at the event? Yes No
- If yes, describe: _____
- If yes, who will be in charge of the facilities? Doctors Nurses Others: _____

- 10. If applicant is the sponsor, does the operator have liability insurance? Yes No
- If yes, name of insurance carrier: _____ and policy limits of liability: \$ _____

11. Hold-harmless Agreements:

- Is applicant held harmless by others? Yes No
- Does applicant agree to hold any third party harmless? Yes No
- If yes, who? _____

APPLICABLE IN THE STATE OF 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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____