

MARKET ACCESS GROUP

50 N. BROCKWAY ST. - SUITE 3-2 - PALATINE, IL 60067

PHONE (847) 221-2100 FAX (847) 221-2520

Correspondents at Lloyd's, London

SPECIAL EVENT APPLICATION

1. Applicant: _____
Experience (describe in detail)* _____
 2. Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 3. Event: _____ Description: * _____
List entertainers who will perform* _____
Location: _____ City: _____ State: ___ Zip: _____
 4. Dates of coverage (incl. setup/tear down): _____ Opening/closing hours: _____
 5. Estimated attendance: _____ Ticket price: _____ Gross Receipts (all sources): _____
 6. Type seating: Assigned _____ Bleachers _____ Unassigned("stadium seating") _____ Mixed _____
 7. Will liquor/beer/wine be sold or fireworks displayed? _____ (If yes, the applicant should be named as an

"Additional Insured" on the liability policy of the purveyor)
 8. Estimated amount of other concession sales (food, souvenirs, crafts, etc): _____
 9. If event is outdoors, describe methods used to prohibit entry by non-ticket holders: * _____
 10. Describe security arrangements in detail:* _____
 11. Describe medical facilities available for event:* _____
 12. Limits requested: \$500,000 _____ \$1,000,000 _____ Other * _____
 13. Previous Insurance Carrier: _____
 14. Prior Loss Information(list all losses for the last three years): * _____
 15. Has any Insurance Carrier canceled or refused coverage? Yes _____ No _____ If Yes, explain: * _____
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16. Attach a diagram of facility:(indicate event area, spectator areas, fences, stage(s), parking, adjacent buildings, and other features).*

***ALL QUESTIONS MUST BE ANSWERED.**

IF ADDITIONAL INFORMATION IS NEEDED FOR A MORE ACCURATE DESCRIPTION OF THE RISK, PLEASE PROVIDE A SEPARATE SHEET.

PRODUCER'S NAME: _____

APPLICANT'S SIGNATURE: _____ **DATE** _____

CAUTION: POLICY CONTAINS CERTAIN COVERAGE RESTRICTIONS AND LIMITATIONS