

**CENTURY SURETY COMPANY**  
**APPLICATION FOR SPECIAL EVENTS COVERAGE**

1. Name of Applicant: \_\_\_\_\_
2. Applicant is:     Individual    Partnership    Corporation    For Profit    Non-Profit
3. Mailing Address: \_\_\_\_\_
4. Name of Event: \_\_\_\_\_
5. Location of Event: \_\_\_\_\_
6. Interest of Named Insured in Premises: \_\_\_\_\_

7. Does Event involve any of the following:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Amusement Rides               | <input type="checkbox"/> Fireworks(Sale or Demonstration) | <input type="checkbox"/> Musical Concert: |
| <input type="checkbox"/> Animal Rides                  | <input type="checkbox"/> Aircraft of any type             | <input type="checkbox"/> Country/Western  |
| <input type="checkbox"/> Athletic Contests/Exhibitions | <input type="checkbox"/> Hot Air Balloon Rides            | <input type="checkbox"/> Rap/Reggae       |
| <input type="checkbox"/> Auto/Motorcycle Races         | <input type="checkbox"/> Liquor/Beer/Wine served          | <input type="checkbox"/> Rock             |
| <input type="checkbox"/> Boat Races                    | <input type="checkbox"/> Parade                           | <input type="checkbox"/> Classical        |
| <input type="checkbox"/> Dancing                       | <input type="checkbox"/> Rodeo                            | <input type="checkbox"/> Other            |

*Explain any of the above in detail in item 8*

8. Provide complete description of Event:  
Setup time and date \_\_\_\_\_ Take down time and day \_\_\_\_\_  
Starting time and day \_\_\_\_\_ Ending time and day \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are exhibitors (if any) required to provide Certificates of Liability Insurance?     Yes     No  
If yes, Limits? \_\_\_\_\_ Is applicant to be named as additional Insured?     Yes     No

10. List Names of Performers scheduled: \_\_\_\_\_  
\_\_\_\_\_

11. Estimated Attendance:                      Total \_\_\_\_\_                      Each Day \_\_\_\_\_

12. Estimated Gross Receipts: \_\_\_\_\_

13. Will Grandstands or Bleachers be used?     Yes     No    Portable?     Yes     No    Seating Capacity \_\_\_\_\_  
Type and Construction: \_\_\_\_\_

14. What Type of security provided?                      Insured's Employees \_\_\_\_\_  
Independent Contractor \_\_\_\_\_                      Name \_\_\_\_\_  
Other \_\_\_\_\_                      Name \_\_\_\_\_  
Is security firm to provide Certificates of Liability Insurance     Yes     No    If yes, what Limits? \_\_\_\_\_  
Is applicant to be named as additional Insured?     Yes     No

15. Are any other independent contractors to be used?     Yes     No    If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Are they required to provide Certificates of Liability Insurance?     Yes     No  
If yes, what limits? \_\_\_\_\_ Is applicant to be named as additional insured?     Yes     No

16. Previous Insurer(s) \_\_\_\_\_                      Policy Number(s) \_\_\_\_\_

Were there any losses?  Yes  No (If yes, please describe in detail)

17. Has the prospective insured held an event of this type previously?  Yes  No

If yes, how many years? \_\_\_\_\_ Dates held last year \_\_\_\_\_ to \_\_\_\_\_

18. **Attach a copy of any promotional literature, advertising or event information sheet which details activities.**

### COVERAGE INFORMATION

19. Dates Coverage Required: From: \_\_\_\_\_ To: \_\_\_\_\_

20. Limits Required-New Liability Form: Each Occurrence \_\_\_\_\_ General Aggregate: \_\_\_\_\_  
**Medical Payments Coverage is excluded**

21. Coverage Required:

- |   |  |
|---|--|
| <input type="checkbox"/> Premises/Operations              | <input type="checkbox"/> Personal/Advertising Injury |
| <input type="checkbox"/> Owners/Contractors Protective    | <input type="checkbox"/> Personal Injury             |
| <input type="checkbox"/> Products/Completed Operations    | <input type="checkbox"/> Contractual                 |
| <input type="checkbox"/> Employees As Additional Insureds |  |

**(Include a copy of premises lease/rental agreement with application)**

22. Additional Insured: Name and Address \_\_\_\_\_ Interest \_\_\_\_\_  
\_\_\_\_\_

23. If coverage is provided, it will contain special exclusions (above and beyond normal policy exclusions) including, but not necessarily limited, to the following:

- |  |  |
|--|--|
| A. Riot and Civil Commotion                | E. Fireworks demonstrations or displays  |
| B. Assault and Battery                     | F. Injury to Participants or damage to their property  |
| C. Injury to persons in unauthorized areas | G. Operation of any aircraft or passenger carrying balloons  |
| D. Unscheduled Events                      | H. Operation of autos, motorized vehicles, animal rides, trampolines or mechanically operated amusement rides unless authorized by specific endorsement. |

The applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

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

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Producer Signature: \_\_\_\_\_