

# Special Events Application

## Contact Information

Name of Company / Organization: \_\_\_\_\_  
Entity Type: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Qualification Questions

Any: Stunts, Pyrotechnics, Aircrafts, Hazardous Activities, Car Races, Precision Driving, Mechanical Devices, Film Production, Rap/Hip-Hop, Rock/Metal, Rides, Water Activities  Yes  No

The event will take place in the United States  Yes  No

Any armed private security guards?  Yes  No

Any Prior Event With Any Losses of Any Kind?  Yes  No

## Event Details

Type of Event \_\_\_\_\_  
Event Name \_\_\_\_\_  
Budget (Cost of Event) \_\_\_\_\_  
Brief Description of Event \_\_\_\_\_  
\_\_\_\_\_  
Venue Name, Address, City, State, Zip \_\_\_\_\_  
\_\_\_\_\_  
Location Information  Indoors  Outdoors  
List Celebrities (if any) at Event \_\_\_\_\_

## For Concerts Only

Type of Music \_\_\_\_\_  
Music Decade \_\_\_\_\_  
Artist Name \_\_\_\_\_

Allison Steeves - Shoff Darby Companies  
100 Technology Dr, Suite 200  
Trumbull, CT. 06611

T #203-445-2123 F# 203-268-0687  
email: steeves@shoffdarby.com

# Special Events Application

## Coverage Options

### Attendance

Average Daily Spectators

Average Daily Participants

### General Liability

Blanket Additional Insureds & Certificates, including City Certs

Automatically Included

Aggregate / Occurrence Limit

\$1,000,000 / \$1,000,000

\$2,000,000 / \$2,000,000

\$3,000,000 / \$3,000,000

\$4,000,000 / \$4,000,000

\$5,000,000 / \$5,000,000

Waiver of Subrogation

Include  Exclude

### Additional Coverages

Rented Equipment Limit (\$100,000 maximum)

\$

Third Party Property Damage

None

25,000

50,000

100,000

Liquor Liability (\$1,000,000 limit)

Include

Exclude

Event Cancellation

Include

Exclude

Participants Medical

Include

Exclude

Spectators Medical

Include

Exclude

Hired & Non-Owned Auto Liability (\$1,000,000 limit)

Include

Exclude

### Vendor's Coverage

*(Only if you want your coverage to extend to the vendors)*

Number of Exhibitors (no sales)

Concessionaires (non-food sales)

Concessionaires (food sales)

Performers & Attractions

### Coverage Dates of the Event

Signature:

Date: