



Blackmoor General Insurance Agency
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SPECIAL EVENT LIABILITY APPLICATION

1. APPLICANT INFORMATION EFFECTIVE DATE: _____
- NAME: _____
- STREET ADDRESS: _____
- CITY, STATE, ZIP: _____
- TELEPHONE: _____ WEBSITE: _____
- TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO
2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____
3. LOCATION OF EVENT: _____ TERM REQUESTED: FROM _____ TO _____
4. DETAILED DESCRIPTION OF EVENT (ATTACH PRINTED MATERIAL, IF AVAILABLE): _____
- _____
5. LIMITS REQUESTED:
- | | | | | | |
|-------------------------|----|-------|-----------------------------|----|-------|
| PER OCCURRENCE | \$ | _____ | PERSONAL INJURY/ADVERTISING | \$ | _____ |
| GENERAL AGGREGATE | \$ | _____ | DAMAGE TO PREMISES RENTED | \$ | _____ |
| PROD/COMP OPS AGGREGATE | \$ | _____ | MEDICAL EXPENSES | \$ | _____ |
6. OTHER COVERAGES REQUESTED: _____
- UNDERWRITING INFORMATION
7. # OF DAYS OF EVENT: _____ ESTIMATED ATTENDANCE: _____ PER DAY: _____
- TOTAL ALL DAYS: _____ NO. OF PARTICIPANTS: _____ GROSS RECEIPTS \$ _____
8. DESCRIBE SEATING ARRANGEMENTS: (TYPE, CAPACITY, ETC.) _____
- _____
9. DESCRIBE ALL SET UP EXPOSURES: (ELECTRICAL, SPECIAL EFFECTS, ETC.) _____
- _____
10. DESCRIBE SECURITY ARRANGEMENTS: _____
- ARE GUARDS ARMED? YES NO DO THEY HAVE THEIR OWN INSURANCE? YES NO
11. FOOD OR BEVERAGE SOLD OR SERVED BY APPLICANT? YES NO
- IF YES, GIVE DETAILS: _____
12. ADDITIONAL INSURED/CERTIFICATE HOLDERS - LIST BELOW INDICATING RELATIONSHIP:
- _____

LOSS INFORMATION (LAST 3 YEARS)

13. IF THIS EVENT HAS BEEN HELD IN THE PAST, PLEASE COMPLETE THE FOLLOWING:

YEAR	CARRIER	LIMITS	PREMIUM	DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT INCURRED

14. APPLICANT SIGNATURE: _____ DATE: _____

15. PRODUCER NAME: _____

ADDRESS: _____