

# APPLICATION FOR SPECIAL EVENTS LIABILITY

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Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
*Street* *City* *State* *Zip*

Telephone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Dates of Event \_\_\_\_\_ Time(s) \_\_\_\_\_  
\_\_\_\_\_

Dates of Coverage \_\_\_\_\_ TO \_\_\_\_\_

Do the dates include set up and take down? \_\_\_\_\_ What will this include? \_\_\_\_\_

Name of Event \_\_\_\_\_

Type of Event \_\_\_\_\_

Applicant's Role In  
The Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Name of Facility \_\_\_\_\_

Is the Location Owned  
by the Applicant?  Yes  No

Does the Facility Carry Liability Insurance?  Yes  No Limits \_\_\_\_\_

Description of Event \_\_\_\_\_  
\_\_\_\_\_

Type of Coverage Desired \_\_\_ Commercial General Liability Only \_\_\_ Commercial General Liability and Liquor Liability

What are the Limits of Liability Requested?	\$ _____	General Aggregate
	\$ _____	Products Aggregate
	\$ _____	Each Occurrence
	\$ _____	Personal/Adv Injury
	\$ _____	Fire Damage
	\$ _____	Medical Payments
	\$ _____	Liquor Liability

**Will There be Entertainment?**  Yes  No **If so, please describe** \_\_\_\_\_

**Is this Event Located Indoors or Outdoors?** \_\_\_\_\_  
**If Outdoors, Is the Area Fenced or Enclosed?**  Yes  No  
**Will there be Temporary Bleachers or Grandstands?**  Yes  No

**What is the Seating Capacity of the Event?** \_\_\_\_\_

**What is the Estimated Attendance Per Day?** \_\_\_\_\_

**What is the Number of Tickets Printed?** \_\_\_\_\_

**What is the Number of Tickets Sold to Date?** \_\_\_\_\_

**What is the Price of Admission?** \_\_\_\_\_

**Number of Years the Event's Been Held?** \_\_\_\_\_

**Prior Years Total Attendance** \_\_\_\_\_

**Previous Carrier's Policy Number and Premium** \_\_\_\_\_

**Please Describe Previous Claims Over \$5,000.00** \_\_\_\_\_

**Has your Prior Insurance Ever Been Cancelled?**  Yes  No

**Has your Prior Insurance Ever Refused to Renew?**  Yes  No

**Will the Event have any of the following?** \_\_\_\_\_ **Petting Zoo** **Can a Certificate of Insurance be obtained?** \_\_\_\_\_

\_\_\_\_\_ **Rides** **If so, describe** \_\_\_\_\_

\_\_\_\_\_ **Can a Certificate of Insurance be obtained?** \_\_\_\_\_

\_\_\_\_\_ **Inflatables** **If so, describe** \_\_\_\_\_

\_\_\_\_\_ **Dunk Tanks**

\_\_\_\_\_ **Fireworks or Firearms**

\_\_\_\_\_ **Overnight Camping**

**Will there be vendors or exhibitors?**  Yes  No **If so, will they have their own insurance?**  Yes  No

**If the applicant is a vendor or exhibitor how many people are expected at their booth?** \_\_\_\_\_

**Is the event an Athletic Event?**  Yes  No **If so, What Type?** \_\_\_\_\_ **How many games?** \_\_\_\_\_

**Is this an Adventure Race?**  Yes  No **If so, please provide a list of all obstacles**

**Professional or Amateur?** \_\_\_\_\_ **Is coverage requested for athletic participants?**  Yes  No

**Is this a Concert or Music Event?**  Yes  No **Type of Music** \_\_\_\_\_

**Name of Performer(s)** \_\_\_\_\_

**Is the event a Parade?**  Yes  No

**Will Participants be throwing objects to the crowd?**  Yes  No **If so, what?** \_\_\_\_\_

Length of the Parade? \_\_\_\_\_ Number of Marching Bands? \_\_\_\_\_ Number of Floats? \_\_\_\_\_

If the Event a Tractor Pull, Truck Show, Motor Vehicle Race or Rodeo will there be barriers between the spectators

And the Activity?  Yes  No How much distance between the spectators and the barriers? \_\_\_\_\_

Are the barriers permanent?  Yes  No Will spectators be permitted in the infield or pit area?  Yes  No

**LIQUOR LIABILITY (IF APPLICABLE)**

Is Liquor to be Sold at this Event?  Yes  No

If Yes, is there a Liquor Liability Policy In-Force?  Yes  No

Is the Applicant Named as an Additional Insured?  Yes  No

Number of People Consuming Alcohol at the Event? \_\_\_\_\_

How many Vendors, including the Applicant, will be selling Liquor? \_\_\_\_\_

Are Liquor Vendors required to Carry Minimum Liquor Liability Limits?  Yes  No

If yes, how much? \_\_\_\_\_

Please describe who will be dispensing the liquor and how it is to be done \_\_\_\_\_

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Describe the training of the person who will be dispensing the alcohol \_\_\_\_\_

Does the Applicant have a valid Liquor License?  Yes  No

How many areas will be dispensing Liquor? \_\_\_\_\_

Is Liquor Consumption limited to a confined area?  Yes  No If yes, describe \_\_\_\_\_

Will there be an Open Bar?  Yes  No

Is self service of alcohol or bring your own bottle permitted?  Yes  No

Will alcohol be sold on a per drink basis?  Yes  No If yes, the Price of Each Drink \_\_\_\_\_

What steps are being taken to ensure no minors or intoxicated persons will be served? \_\_\_\_\_

Is Food to be Sold at this Event?  Yes  No

Estimated Gross Food Receipts \_\_\_\_\_

**ADDITIONAL INSUREDS**

Name, Address and Relationship of all Additional Insureds to be Added to the Policy:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

**Please Attached All Lease and Hold Harmless Agreements, Brochures of the Event and a Diagram of Location(s) to be Used.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Applicant** \_\_\_\_\_