



BURR AND COMPANY

CONFIDENTIAL LIABILITY APPLICATION

FAIRS, FESTIVALS & SPECIAL EVENTS

Insurance Solutions Since 1972

GENERAL INFORMATION

Named Insured: _____

Phone No.: _____

Mailing Address: _____

Fax No.: _____

City/State/Zip: _____

Contact Name: _____

Township & County: _____

FEIN: _____

Expiration Date of Current Policy: _____

Set-Up/Tear-Down Dates: _____

Date(s) of Event: _____

Rain Date(s): _____

Website: _____

E-mail: _____

Individual Partnership Corporation LLC

Other (describe) _____

Coverage Desired: General Liability & Liquor Liability

General Liability Only

Liquor Liability Only

Current Insurance Carrier/Agent

Current Policy Limit: \$ _____

1st Prior Year: _____

Limit Desired: \$ _____

2nd Prior Year: _____

Current Premium: \$ _____

3rd Prior Year: _____

Current Deductible: \$ _____

Previous Year Revenue: \$ _____

Estimated Revenue: \$ _____

Previous Year Attendance: _____

Estimated Attendance: _____

Previous Year Volunteers: _____

Estimated Volunteers: _____

Please break down estimated revenue:

Admission Fees: \$ _____

Liquor/Beer Sales: \$ _____

Food Sales: \$ _____

Storage: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

TYPE OF EVENT

Beer Garden/Tent

Fair

Competition or Show

Picnic

Car Show

Festival

Parade

Sporting Event/Tournament

Concerts/Musical Performance

Fund Raiser

Party/Social Event

Wedding/Wedding Reception

Convention/Trade Show

Motor Vehicle Race/Show

Individual Vendor Booth

Other: _____

Please give a brief description of the event: _____

EXPERIENCE

Number of years event has been previously held: _____

Has applicant operated or managed this event before?

Yes*

No**

*How many years? _____

**Has applicant operated similar events before?

Yes

No

ENTERTAINMENT INFORMATION

Will event feature any of the following?

- | | | |
|---|---|---|
| <input type="checkbox"/> Amusement/Mechanical Rides | <input type="checkbox"/> Inflatable Amusement Devices | <input type="checkbox"/> Fireworks/Pyrotechnics |
| <input type="checkbox"/> Moonbounces, Trampolines | <input type="checkbox"/> Rock Climbing Wall | <input type="checkbox"/> Auto or Motorcycle Stunts/Racing |
| <input type="checkbox"/> Bungee Devices | <input type="checkbox"/> Petting Zoo/Live Animals | <input type="checkbox"/> Overnight Camping |

Describe and name the operator of any of the above: _____

Number of vendors, exhibitors and concessionaires: _____

Are vendors, exhibitors or concessionaires required by contract to carry insurance? Yes No

Are they required to provide Certificate of Insurance naming you as an Additional Insured? Yes No

Is there a swimming area or activity involved in or around water? Yes* No

*Describe this area/activity: _____

*Are certified lifeguards on duty? Yes** No **Are they CPR trained? Yes No

Concert or Musical Event

Describe type of music: _____ Types of Performers Local Regional National

Describe any special effects: _____

Parade Event

Describe and/or provide diagram of parade route: _____

Has parade route been approved by local authorities and will route be secured by police? Yes No

Are parade participants permitted to throw souvenirs, candy or other items into the crowd? Yes No

Estimated number of participants: _____ Estimated number of spectators: _____

Motor Vehicle Race, Rodeo, Tractor Pull, Truck Show or any other Wheel Event

Is the venue designed specifically for this type of activity? Yes No

Describe barriers in place to ensure spectator safety: _____

Permanent Temporary Height: _____ Distance between barriers and spectators: _____

Is there a catch fence for the event? Yes No

Will event feature audience participation? Yes* No

*Describe audience participation: _____

Are spectators ever permitted in the pit, infield, or inside barrier? Yes No

If a rodeo, are transfer areas between animal pens and competition restricted from the general public? Yes No

Do you desire Spectator Liability or Participant Accident Coverage? Yes No

Are there any bleachers and/or grandstands at your event? Temporary* Permanent* None

*Do bleachers and grandstand have back and side rails? Yes No

Car Show/Motor Vehicle Show

Do vehicles remain stationary throughout the show with the engines off? Yes No

Will the event feature burnouts, drag races or flame throwing? Yes No

Athletic Event

Describe athletic event: _____ Professional Amateur

Is athletic participant's coverage desired? Yes No

LIQUOR LIABILITY

If required, does applicant have a valid liquor license? Yes* No Not Required

*Is it an annual license? Yes No

Have you been assessed a fine or violation of a law concerning the sale, serving or providing of alcohol? Yes* No

*Please explain: _____

Has your liquor liability insurance been cancelled or non-renewed in the last 3 years? Yes* No

*Please explain: _____

Estimated number of attendees consuming alcohol daily: _____

Is applicant the sole vendor/server of alcohol at event? Yes No*

*List other vendors/servers: _____

Are all participating alcohol vendors/servers required to carry liquor liability limits for the event? Yes* No

*What is the minimum requirement? _____

How and by whom will alcohol be dispensed? _____

Describe training and experience of persons serving alcohol: _____

Procedures to prevent service to minor and/or intoxicated persons: _____

Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes* No

*Please explain: _____

Is BYOB or self-service of alcohol permitted? Yes No

Is there a Designated Driver Program or Escort Service provided? Yes No

SAFETY AND SECURITY

Will there be any of the following on-site?

Medical/First Aid Services

Fire Fighting Protection

Ambulance Service

Describe services provided: _____

Is there a formal Emergency Evacuation Plan in place? Yes No

Type and Number of Security

Independent Contractor: _____

On Duty Police: _____

Off Duty Police – unarmed: _____

Off Duty Police – armed: _____

Guard Dogs: _____

Applicant's Employees: _____

Ushers: _____

Other: _____

If contracted, is Security service required to provide you with Certificate of Insurance? Yes No

LOCATION INFORMATION

Location of event: _____

Will you have remote parking? Yes* No

*Describe any arrangements made for shuttle service: _____

Do you have camping sites? Yes* No

*How many camping sites do you have? _____ *Camping receipts: _____

Owner of facility: _____

How many acres is the facility? _____

Location is: Private Residence Convention Center Arena Liquor-Licensed Establishment
 Stadium Fair/Festival Grounds Park Racetrack
 School Office/Business Other: _____

Are golf karts used on the grounds by *event* personnel? Yes* No

*How many? _____ They are: Leased Owned

Are golf karts used on the grounds by *non-event* personnel? Yes* No

*Describe safety procedures in place: _____

ATTACH

Please attach the following with application.

Copy of current policy and/or summary of current coverages

Full Schedule and Description of Event (including hours of operation): Attached See Website

Blank Copy of Vendor/Sub Contractor Agreement

Blank Copy of Rental Agreement or Contract to Rent Venue

List of Additional Insureds (if any)

Diagram of Location

Loss Runs – Give claims history (5 years) on the attached form. You can obtain loss runs by writing your past company directly to get an accurate picture of claims reported. We may have to require 5 years hard copy loss runs.

Please check any additional coverages that you will need or would like additional information about.

Property Inland Marine Workers Compensation Auto
 Directors & Officers Liability Contingent Liability Participant Legal Liability Volunteer Medical
 Board Member Participant Bond/Crime Event Cancellation/Weather Other: _____

Print Name

Title

Sign Name

Date

The Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made to induce the Company to issue a policy, that the Company will rely on the same when issuing a policy and that all pertinent information has been fully disclosed. The Applicant understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.

Please e-mail, fax or mail your completed application to:



BURR AND COMPANY
ATTN: Dan Bonnell

3351 Claystone SE, Grand Rapids, MI 49546
Phone: (616) 977-7750 • Fax: (616) 977-7755
dbonnell@burrcompany.com