



# COLONIAL GENERAL INSURANCE AGENCY, INC.

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## Special Event Supplemental General Liability Application

(Complete in addition to ACORD General Liability Application)

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

Web Site Address: \_\_\_\_\_

1. **Description of event** (attach any flyers, brochures, etc.): \_\_\_\_\_

\_\_\_\_\_

Maximum daily attendance: \_\_\_\_\_ Total attendance: \_\_\_\_\_ Sales: \$ \_\_\_\_\_

Length of event: \_\_\_\_\_ Estimated age group of audience: From \_\_\_\_\_ to \_\_\_\_\_

No. of Participants: \_\_\_\_\_ Do participants sign waiver of liability agreements? .....  Yes  No

2. **Applicant's experience** in conducting events of this or similar nature: \_\_\_\_\_

Is applicant an event coordinator?.....  Yes  No

### 3. **Rides:**

Will rides be provided? .....  Yes  No

If yes, type of rides: \_\_\_\_\_

Will ride operators hold applicant harmless? .....  Yes  No

Does applicant have certificates of insurance from the ride vendors? .....  Yes  No

Rides inspected? .....  Yes  No

Do rides have signs clearly marking age, height and size limitations? .....  Yes  No

Will applicant be in compliance with state laws regulating amusement ride inspections?.....  Yes  No

4. **Entertainment:**

Will live entertainment be provided? .....  Yes  No

If yes, describe: \_\_\_\_\_

If a concert, type of music:  classical  jazz  rap  blue grass  country/western  
 gospel  R&B  alternative  hard rock  heavy metal  
 hip-hop  gothic  other (describe): \_\_\_\_\_

Any special effects for the concert? .....  Yes  No

If yes, describe: \_\_\_\_\_

If fireworks are planned, is pyrotechnician licensed? .....  Yes  No

Distance between fireworks staging area and audience? \_\_\_\_\_

Spectators allowed in fireworks staging area? .....  Yes  No

Will firemen be present? .....  Yes  No

5. **Bicycle/Running Event:**

Is the route surface free of hazards and clearly marked? .....  Yes  No

Will all pedestrians and vehicular traffic be rerouted? .....  Yes  No

6. **Under 21 Dance, Grad Night or Prom:**

Are students allowed to leave and return? .....  Yes  No

7. **Haunted House:**

Describe building and construction: \_\_\_\_\_

Age: \_\_\_\_\_ Condition: \_\_\_\_\_

Are there separate entrances and exits? .....  Yes  No

Has the house been inspected by a Fire Marshall? .....  Yes  No

Does the house meet all local, city and state codes? .....  Yes  No

Describe any temporary structures: \_\_\_\_\_

Are the following present? .....  Yes  No

- Unlit stairs
- Moveable Floors
- Sinking Floors
- Slides
- Suspended Bridges
- Electric Shock Devices
- Fire or Flash Powders

Describe special effects: \_\_\_\_\_

Does applicant have lead and follow-up guides? .....  Yes  No

Ratio of attendants to the public: \_\_\_\_\_ Number of persons per group: \_\_\_\_\_

Age of clients: \_\_\_\_\_ Are children supervised? .....  Yes  No

Does applicant have a door monitor? .....  Yes  No

Does applicant have the public participate in stunts? .....  Yes  No

Does anyone touch the public? .....  Yes  No

If yes, explain: \_\_\_\_\_

Does applicant have a gift shop or concession stand? .....  Yes  No

If yes, receipts: \_\_\_\_\_

8. **Parade:**

Will souvenirs or other items be thrown into the crowd? .....  Yes  No

If yes, what is thrown: \_\_\_\_\_

Animals in the parade are: \_\_\_\_\_

Are all of the animals insured against third-party liability claims by the owner? .....  Yes  No

If yes, what are the minimum liability limits required of the owners: \_\_\_\_\_

Length of parade route: \_\_\_\_\_ Number of floats: \_\_\_\_\_ Number of Equestrians: \_\_\_\_\_

Number of bands: \_\_\_\_\_ Number of motorized vehicles and/or floats: \_\_\_\_\_

9. **Rodeo:**

Name(s) of rodeo promoter/company/stock contractor: \_\_\_\_\_

Does the rodeo board the stock in the applicant's facility overnight? .....  Yes  No

Does the rodeo company maintain responsibility for security of stalls/pens used to board the stock? .....  Yes  No

Are the transfer areas between the animal pens and the competition restricted from the general public?  Yes  No

Rodeo arena specifics:  Indoors  Outdoors  Permanent  Temporary

10. **Political Rally:**

Please describe: \_\_\_\_\_

11. **Security** (indicate type and number of each):

Independent security co.: \_\_\_\_\_  Off-duty police: \_\_\_\_\_

Employed security: \_\_\_\_\_  Chaperons: \_\_\_\_\_

Is there a written emergency plan in the event of an accident? .....  Yes  No

Does independent security company provide a certificate of insurance? .....  Yes  No

Do they hold the applicant harmless? .....  Yes  No

12. **Stadiums:**

Are bleachers or platforms to be used?.....  Yes  No

If yes, type:  portable  permanent

Back and side railings provided?.....  Yes  No

Construction:  Wood  Steel  Concrete

Height in feet: \_\_\_\_\_ Age of bleachers or platform: \_\_\_\_\_

Are patrons protected from, and warned against, potential flying objects?.....  Yes  No

Are patrons allowed on the field, track or pit area? .....  Yes  No

Is public address system clearly audible in all parts of the facility? .....  Yes  No

Is there a backup electrical supply for lighting and the public address system?.....  Yes  No

Are premises entrances/exits well lit? .....  Yes  No

13. **Traffic Control:**

Who is responsible for crowd and traffic control? \_\_\_\_\_

Are parking areas smooth with clearly marked parking areas and exit roads?.....  Yes  No

Is parade route able to handle size and height of floats and are cross streets barricaded?.....  Yes  No

**14. Liquor:**

Is liquor to be served by applicant? .....  Yes  No

If yes, explain: \_\_\_\_\_

Does applicant want Host Liquor? .....  Yes  No

Is liquor to be served by others? .....  Yes  No

If yes, do they have Liquor Liability coverage? .....  Yes  No

**15. First Aid:**

Will first aid facilities be provided at the event? .....  Yes  No

If yes, describe: \_\_\_\_\_

If yes, who will be in charge of the facilities?  Doctors  Nurses  Others: \_\_\_\_\_

**16.** If applicant is the sponsor, does the operator have liability insurance? .....  Yes  No

If yes, name of insurance carrier: \_\_\_\_\_ and policy limits of liability: \$ \_\_\_\_\_

**17. Hold-harmless Agreements:**

Is applicant held harmless by others? .....  Yes  No

Does applicant agree to hold any third party harmless? .....  Yes  No

If yes, who? \_\_\_\_\_

Is applicant naming anyone as additional insured? .....  Yes  No

If yes, who and why? \_\_\_\_\_

\_\_\_\_\_

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail