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The Main Event® — Special Event Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please detail the losses below.

TYPE OF EVENT

- ❑ Beer garden/Beer tent
- ❑ Car show
- ❑ Concerts/Musical performance
- ❑ Conventions/Trade show/Exhibit
- ❑ Festival
- ❑ Fundraiser
- ❑ Motor vehicle race/Show
- ❑ Competition or shows
- ❑ Parade
- ❑ Party/Social event
- ❑ Individual vendor booth
- ❑ Picnic
- ❑ Sporting event/Tournament
- ❑ Wedding/Wedding reception
- ❑ Other (describe): _____

Name of applicant: _____

(List only one legal & dba name. Do not include "etal", "etc." or other similar wording in the name.)

Describe applicant's role and responsibility in event: _____

_____

Location address: _____ ❑ Same as mailing address

City: _____ State: _____ Zip: _____

Dates of event: From: _____/_____/_____ To: _____/_____/_____

(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12:00 AM)

Desired coverage date(s): From: _____/_____/_____ To: _____/_____/_____

If event date(s) differs from desired coverage date(s), explain: _____

Is set-up and take-down coverage needed for additional dates? ❑ Yes* ❑ No

*If "Yes," what are the dates and what will this exposure include?

_____

*Will there be any heavy machinery used such as bulldozer's, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable)? ❑ Yes ❑ No

Would you like to include a rain date? ❑ Yes* ❑ No *If "Yes," what date? _____

FULL SCHEDULE/DESCRIPTION AND PURPOSE OF EVENT (Attach copy of brochure, website pages and flyer to this application or include details on all activities taking place): _____

_____

Will there be any entertainment? ❑ Yes* ❑ No

*If "Yes," describe and include name of performers and acts: _____

Is there a Web site for this event? ❑ Yes* ❑ No

*If "Yes," provide Web site address: _____

Name of additional insured: _____

Mailing address: _____

Additional insured's interest in event: _____

Coverage desired:

❑ Commercial general liability and liquor liability ❑ Commercial general liability only ❑ Liquor liability only

Limits of coverage desired: _____

COMMERCIAL GENERAL LIABILITY

ESTIMATED TOTAL ATTENDEES PER DAY: _____

If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth? _____

Average age of attendees: _____

LIQUOR LIABILITY (IF COVERAGE IS DESIRED)

Hours of event: From: _____ AM/PM To: _____ AM/PM

If hours vary by date, describe: _____

ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY: _____

Is the applicant in the business of selling, serving or furnishing alcoholic beverages? ❑ Yes ❑ No

Is the applicant required to have a liquor license for the event (excluding licenses that are restricted to a host liquor exposure where event sales are not for personal monetary gain)? ❑ Yes ❑ No

II. HISTORY

1. Previous carrier: _____ Policy number: _____
2. Losses or claims during the past five years: _____

III. LIQUOR LIABILITY

1. a. Is applicant the sole vendor/server of alcohol at event? ❑ Yes ❑ No*
   *If "No," list number of other vendors/servers serving alcohol: _____
   b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant? ❑ Yes ❑ No
2. Will alcohol be dispensed by a professional bartender or server that has taken a formal alcohol awareness training course? ❑ Yes ❑ No
3. Will alcohol be sold by applicant? ❑ Yes ❑ No
4. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted? ❑ Yes ❑ No

IV. COMMERCIAL GENERAL LIABILITY

1. Will event feature any of the following:
   a. Mechanical rides/devices? ❑ Yes ❑ No
   b. Moon bounce, rock climbing wall, trampoline or similar rebounding devices, petting zoo or animal rides? ❑ Yes * ❑ No
   *(Please Note: Our policy specifically excludes injuries arising from moon bounces, trampolines, rock walls, petting zoos and pony rides).
   c. Firearms or fireworks? ❑ Yes ❑ No
   d. Overnight camping? ❑ Yes ❑ No
   e. Water hazards? ❑ Yes* ❑ No
   *If "Yes," describe: _____
   Will attendees be permitted to swim, boat, jet ski or fish? ❑ Yes ❑ No
   *If "Yes," describe: _____
2. Will the event use exhibitors, vendors, performers, contractors, sub-contractors or independent contractors? ❑ Yes* ❑ No
   *(Please note, injuries arising from exhibitors, vendors, performers, contractors, sub-contractors or independent contractors are excluded from our policy).
3. a. Describe security measures: _____
   b. If security is provided by independent contractors, are they required to carry their own insurance? ❑ N/A ❑ Yes ❑ No
4. If this is a CONCERT/MUSICAL EVENT, complete below: (Please note, coverage for injury to performers and entertainers is excluded from our policy).
   a. Name(s) of performer(s): _____ Describe type of music: _____
   b. Performers are: ❑ Local ❑ National
   c. Will pyrotechnics be featured? ❑ Yes ❑ No
   d. Any special effects? ❑ Yes* ❑ No
   *If "Yes," describe: _____
5. If this is a PARADE EVENT, complete below: (Please note, coverage for injury to parade participants is excluded from our policy).
   a. Has parade route been approved by local authorities and will route be secured by police? ❑ Yes ❑ No*
   *If "No," explain: _____
   b. Are parade participants permitted to throw souvenirs, candy or other items into the crowd? ❑ Yes ❑ No
   c. Describe parade route from start to finish: _____
6. If this is an ATHLETIC EVENT, complete below: (Please note, coverage for injury to athletic participants is excluded from our policy).
   a. Describe athletic event: _____ b. ❑ Professional or ❑ Amateur
7. If this is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy).
   a. Is the venue designed specifically for this type of activity? ❑ Yes ❑ No
   b. Are metal or concrete barriers in place to ensure spectator safety? ❑ Yes ❑ No*
   *If no, describe: _____
   c. Are the barriers permanent? ❑ Yes ❑ No
   d. How high are the barriers? _____ What is the distance between the barriers and spectators? _____
   e. Are spectators ever permitted in the pit or infield area? ❑ Yes ❑ No
   f. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public? ❑ Yes ❑ No
   g. Will the event feature audience participation (i.e. calf scrambles)? ❑ Yes ❑ No

8. If this is a HEALTH FAIR/CONVENTION, complete below:
   a. Will the event feature any medical or health treatment? ❑ Yes ❑ No
9. If this is a CAR SHOW/MOTOR VEHICLE SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy)
   a. Do vehicles remain stationary throughout the show with the engines off? ❑ Yes ❑ No
   b. Will the event feature burnouts, drag races or flame throwing? ❑ Yes ❑ No

V. ADDITIONAL APPLICANT INFORMATION

Form of business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Other _____

Applicant's mailing address:_____ (if different than the location address above)

City:_____ State: _____ Zip: _____

E-mail address of primary contact: _____ Phone: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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 Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip code: _____