

WELLINGTON SPECIALTY INSURANCE COMPANY

SPECIAL EVENTS SUPPLEMENTAL APPLICATION



Wellington
Specialty
Insurance Company

(All Questions Must be Answered and the Application Must Be Signed by the Applicant)

Agent Name: _____
Agent Address: _____
Applicant Name: _____
Mailing Address: _____
Location Address: _____

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products – Completed Ops) \$ _____
Products – Completed Operations Aggregate Limit \$ _____
Personal & Advertising Injury Limit \$ _____
Each Occurrence Limit \$ _____
Fire Damage Limit (any one fire) \$ _____
Medical Expense Limit (any one person) \$ _____
Deductible \$ _____

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Corporation Individual Joint Venture Partnership Other (Describe) _____

1. Location of the event: _____
2. Date(s) of the event: _____ Requested Term: _____ to _____
3. Description of the event (attach a copy of the brochure and/or flyer to this application): _____
4. Describe in detail all measures for the protection of the public and damage to property: _____
5. Applicant's experience in conduction events of this or similar nature (number, dates, etc.) _____
6. Indicate approximate age bracket of public attending the event: _____
7. Estimated attendance: _____ per day _____ total all days
Gross Receipts: \$ _____ Number of participants (if applicable): _____
8. The facility is: Owned Leased
9. Is parking available? Yes No
If 'Yes', is it operated by: Applicant Others Parking area square feet: _____
10. Will the event be held: Indoors Outdoors
If indoor, indicate seating: Reserved _____% General admission _____%

11. The number and types of crowd control devices: _____ Guard Dogs _____ Private Security
 _____ Off Duty Police _____ Ushers
 _____ Police Officers _____ Other

12. Will bleachers or platforms be involved? Yes No

If 'Yes', are they: Permanent Portable Constructed of: Wood Steel Concrete

Height: _____ feet Age: _____ years Back and side railing provided? Yes No

Condition: _____

13. Event Hazards: Interest of Applicant Description

Hazard Sponsor Operator

Alcoholic Beverage Sales

Amusement Rides or Devices

Fireworks

(Pyrotechnicians Certificate Required)

Food Sales

14. Hold Harmless Agreements:

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

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

If answer to either a. or b. above is "Yes", please attach copy of contracts.

15. List Additional Insureds/Certificate Holders below, indication relationship. (If additional space is needed, attach a separate sheet).

16. Enter complete prior carrier information for the preceding three years:

	Year:	Year:	Year:
Carrier Name			
Policy Number			
Limits			
Premium			

17. Enter all claims or occurrences that may give rise to claims for the prior three years.

Check here if none. Attached is a current dated loss summary.

Occurrence Date	Line	Claim Details	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed

18. During the past three years, has any company ever canceled, declined or refused to issue any similar insurance to the applicant? Yes No

If 'Yes', please explain:

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Applicant's Signature

Date

Witness