Gold Coast Specialty Insurance Agency, Inc.

222 Main Street, East Setauket, New York 11733 Tel: (631) 675-2529 * Fax: (631) 675-2530

Special Event Insurance Application

ERAL INFORMATION						
Named Insured (Applica	nt):					
a, Address:						
Citv:			State:		Zip:	
b. Besonbe Applicants	Tole a responsibilit	.y 111 0 v 0 / 11.				
Dh			E malle			
Additional Insured	Name	Addı	·ess	In	terest in Event	
				r		_
* ***						
a. Full schedule/descrip	ition and purpose	of event (Atta	ich copy of brochun	e and/or f	lyer to this application)	
b. Is this part of a larger	function? Yes	□No If"	Yes," describe:		-	
c. Is there an admission	ı charge? 🔲 Yes	□No If "	Yes," cost of admis	sion per p	person:	
a. Dates of event:	From: _		To:	_/	<i></i>	
 b. Desired coverage da 	tes: From: _		To:	_/	<i></i>	
c. If event date(s) differ	(s) from desired co	overage date	(s), explain:			
		- POST CONTRACTOR	• 10 • 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
		· · · · · · · · · · · · · · · · · · ·		1		
d. Hours of Event: Fi	om:am	//pm 10:	am/pm ir i	Hours var	y by Date, describe:	
Location of event (Name	and address)	T111	laanaad Catabilahaa		T lada and	
Location is:	onvention Center	Stadium	icensea Establishir	ient		
					Other	_
Attach a diagram of lo	cation. If event is	held outdoor	s, indicate fencing, a	adjacent b	uilding, and landscape	e fea
ESTIMATED ATTENDA	NCE PER DAY	7	OTAL	Average	age of attendees:	
	and the second s		Name of the last o			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Maximum Capacity of to					Open to the Publ	IC
Policy Experience:	Number of year	rs event has h	peen previously hel	d:		
Premium/Loss Informat		indance for P	rior Year's event:	-		
			20	*	20	_
			20			=
						\dashv
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 1
Total # of Claims	94.7	1767				
	Named Insured (Applicant a. Address: City: b. Describe Applicant's in Phone: Additional Insured a. Full schedule/descrip b. Is this part of a larger c. Is there an admission a. Dates of event: b. Desired coverage dat c. If event date(s) different d. Hours of Event: Fruit Cocation of event (Name Location is: Attach a diagram of location is: Price Company of the Policy Experience: Premium/Loss Information Policy Year Total Premium Carrier & Policy #	Address: City: b. Describe Applicant's role & responsibility Phone: Additional Insured Name a. Full schedule/description and purpose b. Is this part of a larger function? Yes c. Is there an admission charge? Yes a. Dates of event: b. Desired coverage dates: From: c. If event date(s) differ(s) from desired code d. Hours of Event: Private Residence Convention Center Arena Attach a diagram of location. If event is ESTIMATED ATTENDANCE PER DAY Maximum Capacity of facility Policy Experience: Number of year Actual total atter Premium/Loss Information: Policy Year 20 Total Premium Carrier & Policy #	Named Insured (Applicant): a. Address: City: b. Describe Applicant's role & responsibility in event: Phone: Additional Insured Name Addition	Named Insured (Applicant): a. Address: City: b. Describe Applicant's role & responsibility in event: Phone: Fax: E-m Additional Insured Name Address a. Full schedule/description and purpose of event (Attach copy of brochum b. Is this part of a larger function? Yes No If "Yes," describe: C. Is there an admission charge? Yes No If "Yes," cost of admis a. Dates of event: B. Desired coverage dates: From: C. If event date(s) differ(s) from desired coverage date(s), explain: d. Hours of Event: Private Residence Convention Center Stadium Arena Attach a diagram of location. If event is held outdoors, indicate fencing, and the companies of the com	Named Insured (Applicant):	Named Insured (Applicant): a. Address: City: State: Zip:

11.	If "yes", please explain:		
12.	Does facility require a contract for usage?	Yes No If "Yes," provide	e copy of contract(s).
13.	Limits of Liability requested:\$1,000,00	00Other	
CON	MERCIAL GENERAL LIABILITY SECTION		
14.	Will event feature any of the following: a. Rides, mechanical devices, rebounding devb. Petting Zoo, animal rides?c. Fireworks/Pyrotechnics?	vices (ie: moonbounce, trampoline	Yes No Yes No Yes No
15.	Are Vendors, Attraction Owners and Perfor If "Yes," what limit is required?	mers required to carry their own ir	nsurance?Yes No
	b. Will concessionaires provide you with certif named as Additional Insured?	icates evidencing products liability	with your organization No Concessionaires
16.	Who contracts security?: a Facility	Applicant b. Number of Secur	rity Personnel
17.	a. Describe security measures:	40.5	
	b. Is security provided by: Independent	Contractors Employees of	the Applicant
	On-Dut c. If security provided by Independent Contract	ty Police Off-Duty Police ctors, are they required to carry the	eir own insurance?
18.	Number of grandstands, if any:	Permane	Yes No ent Temporary
	If temporary, list name of firm doing installation	n:	
19.	Seating capacity: Construction	on Type of grandstands:	
20.	a. Emergency evacuation plan in place?b. Qualified medical personnel in attendance?c. Ambulance service in attendance?	Yes No Yes No Yes No	
21.	If MUSICAL/ENTERTAINMENT event:		
	Performer/Entertainer Name	Type of Music/Program	Local or National ?
			LocalNational
			LocalNationalLocalNational
			LocalNational
	Is dancing permitted at this event?	Yes No	
22.	If PARADE event: a. Number of Floats:	b. Number of Ma	arching Units:
	c. Length of Parade:	d. Estimated number	of spectators:
23.	If ATHLETIC event: Number of Games:	Number of S	Spectators:
	Professional? Amateur? #Youth Parti	icipants/Players # Adult	Participants/Players

	OKLIABILITY	_ Quotation Required	Quotation Not Required
24. E	ESTIMATED NUMBE	R OF ATTENDEES CONSUMING A	ALCOHOL DAILY:
	10 1000		- de la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del la contra
	If "Yes," what is the	e Minimum Requirement?	
26. a			Yes No If "No," describe how and by
	whom alcohol will b	pe dispensed:	
b	. Describe training a	nd/or experience of persons serving	alcohol:
С	. What measures are	e in place to prevent service of alcoh	ol to minor and/or intoxicated persons?
27. a	. Is Liquor License r o. Does Applicant ha	required for this event? ve a valid Liquor License?	Yes No Yes No
28. a	Number of bars or Is alcohol consum	areas at which alcohol will be disper ption confined to this (these) areas?	nsed at the Event: Yes No
e	. Will there be an op . Cost per drink:	oen bar?Yes No _d. W f. Is BYOB (I	ill alcohol be sold by the drink? Yes No Bring your own bottle) permitted? Yes No
29. V	Vill food be sold or se	erved?Yes No If "Yes,"	describe type of food available:
-			
		pts per day: Alcohol	
FRAUD FILES A FOR TH ACT, W	STATEMENT: ANY PER AN APPLICATION FOR IN HE PURPOSE OF MISLE/ HICH IS A CRIME AND S	RSON WHO KNOWINGLY AND WITH INTEN ISURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY	Food T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE
FRAUD FILES A FOR TH ACT, W STATE	STATEMENT: ANY PER AN APPLICATION FOR IN HE PURPOSE OF MISLE WHICH IS A CRIME AND S D VALUE OF THE CLAIM	RSON WHO KNOWINGLY AND WITH INTEN ISURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY SHALL ALSO BE SUBJECT TO A CIVIL PENA FOR EACH SUCH VIOLATION.	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE
FRAUD FILES A FOR TH ACT, W STATES WARRA TRUE A	STATEMENT: ANY PER AN APPLICATION FOR IN HE PURPOSE OF MISLE/ HICH IS A CRIME AND S D VALUE OF THE CLAIM ANTY STATEMENT: 1 HE AND CORRECT, AND FUI	RSON WHO KNOWINGLY AND WITH INTEN ISURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY SHALL ALSO BE SUBJECT TO A CIVIL PENAL FOR EACH SUCH VIOLATION. EREBY WARRANT AND CONFIRM THAT THE REPORT OF THAT THAT THE REPORT OF THAT I HAVE READ ALL OF THE READ A	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE E ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION.
FRAUD FILES A FOR TH ACT, W STATE! WARRA TRUE A	STATEMENT: ANY PER AN APPLICATION FOR IN HE PURPOSE OF MISLE/ HICH IS A CRIME AND S D VALUE OF THE CLAIM ANTY STATEMENT: 1 HE AND CORRECT, AND FUI RSTAND THIS APPLICA	RSON WHO KNOWINGLY AND WITH INTEN ISURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY SHALL ALSO BE SUBJECT TO A CIVIL PENAL FOR EACH SUCH VIOLATION. EREBY WARRANT AND CONFIRM THAT THE RTHER CERTIFY THAT I HAVE READ ALL CONTION IS A REQUIREMENT FOR COVERAGE	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE
FRAUD FILES A FOR TH ACT, W STATE! WARRA TRUE A I UNDE OF THI INSURA IT IS UN	STATEMENT: ANY PER AN APPLICATION FOR IN HE PURPOSE OF MISLE AND SET OF THE CLAIM ANTY STATEMENT: I HE AND CORRECT, AND FUR RSTAND THIS APPLICA'S INSURANCE, AND ANY ANCE COVERAGE.	RSON WHO KNOWINGLY AND WITH INTEN ISURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY SHALL ALSO BE SUBJECT TO A CIVIL PENALFOR EACH SUCH VIOLATION. EREBY WARRANT AND CONFIRM THAT THE CERTIFY THAT I HAVE READ ALL COTION IS A REQUIREMENT FOR COVERAGE Y FALSIFICATION OR MISREPRESENTATION.	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE E ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION. E, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE ON WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL LICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED
FRAUD FILES A FOR TH ACT, W STATE! WARRA TRUE A I UNDE OF THI INSURA IT IS UN	STATEMENT: ANY PER AN APPLICATION FOR IN HE PURPOSE OF MISLE AND SET OF THE CLAIM ANTY STATEMENT: I HE AND CORRECT, AND FUR RSTAND THIS APPLICA'S INSURANCE, AND ANY ANCE COVERAGE.	RSON WHO KNOWINGLY AND WITH INTEN ISURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY SHALL ALSO BE SUBJECT TO A CIVIL PENDIFOR EACH SUCH VIOLATION. EREBY WARRANT AND CONFIRM THAT THE RTHER CERTIFY THAT I HAVE READ ALL OF THE COVERAGE OF FALSIFICATION OR MISREPRESENTATION OF THE COMPANY OR CONTIL ACCEPTED BY THE COMPANY OR CONTINUATION OF THE COMPANY OR	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE E ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION. E, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE ON WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL LICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED
FRAUD FILES A FOR TH ACT, W STATE! WARRA TRUE A I UNDE OF THI INSURA IT IS UN	STATEMENT: ANY PERAN APPLICATION FOR IN HE PURPOSE OF MISLE/HICH IS A CRIME AND S D VALUE OF THE CLAIM ANTY STATEMENT: I HE AND CORRECT, AND FUI RSTAND THIS APPLICA'S INSURANCE, AND ANY ANCE COVERAGE. NDERSTOOD AND AGREED OR THE COMPANY U	RSON WHO KNOWINGLY AND WITH INTEN INSURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY SHALL ALSO BE SUBJECT TO A CIVIL PENAL FOR EACH SUCH VIOLATION. EREBY WARRANT AND CONFIRM THAT THE RTHER CERTIFY THAT I HAVE READ ALL OF THE COVERAGE OF THE COVERAGE OF THE COMPLETION OF THIS APPOINTLE ACCEPTED BY THE COMPANY OR COVERAGE OF	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE SEADURE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS DEFINE QUESTIONS AND ANSWERS ON THIS APPLICATION. E. A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE ON WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL LICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED OMPANIES IN WRITING.
FRAUD FILES A FOR TH ACT, W STATE! WARRA TRUE A I UNDE OF THI: INSURA IT IS UI INSURA	STATEMENT: ANY PERAN APPLICATION FOR IN HE PURPOSE OF MISLE/ /HICH IS A CRIME AND S D VALUE OF THE CLAIM ANTY STATEMENT: I HE AND CORRECT, AND FUI RSTAND THIS APPLICA'S INSURANCE, AND ANY ANCE COVERAGE. NDERSTOOD AND AGREED OR THE COMPANY U Name of Applicant Signature of App	RSON WHO KNOWINGLY AND WITH INTEN INSURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY SHALL ALSO BE SUBJECT TO A CIVIL PENAL FOR EACH SUCH VIOLATION. EREBY WARRANT AND CONFIRM THAT THE RTHER CERTIFY THAT I HAVE READ ALL OF THE ALSO BE SUBJECT TO A CIVIL PENAL OF THE ALSO BE SUBJECT TO THE ALSO BE SUBJECT TO THE APPRINTIL ACCEPTED BY THE COMPANY OR CONTRACT THE COMPANY OR CONTRACT BY THE COMPANY OR CONTRAC	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE E ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION. E, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE IN WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL LICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED OMPANIES IN WRITING.
FRAUD FILES A FOR TH ACT, W STATE! WARRA TRUE A I UNDE OF THI INSURA IT IS UN INSURA IF THE ADDRE	AN APPLICATION FOR IN HE PURPOSE OF MISLE HICH IS A CRIME AND S D VALUE OF THE CLAIM ANTY STATEMENT: I HE AND CORRECT, AND FUI RSTAND THIS APPLICA' S INSURANCE, AND ANY ANCE COVERAGE. NDERSTOOD AND AGREED OR THE COMPANY U Name of Applicant Signature of App APPLICANT IS LOCATE SS OF YOUR (INSURED)	RSON WHO KNOWINGLY AND WITH INTEN INSURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY SHALL ALSO BE SUBJECT TO A CIVIL PENAL FOR EACH SUCH VIOLATION. EREBY WARRANT AND CONFIRM THAT THE RTHER CERTIFY THAT I HAVE READ ALL OF THE ALSO BE SUBJECT TO A CIVIL PENAL OF THE ALSO BE SUBJECT TO A CIVIL PENAL OF THE ALSO BE SUBJECT TO A CIVIL PENAL OF THE COMPLETION OF THIS APPINTIL ACCEPTED BY THE COMPANY OR COUNTY OF THE CO	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE E ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION. E, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE IN WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL LICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED OMPANIES IN WRITING. Title Date TE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND
FRAUD FILES A FOR TH ACT, W STATE! WARRA TRUE A I UNDE OF THI INSURA IT IS UN INSURA IT IS UN INSURA IT IS UN INSURA INSU	ANTY STATEMENT: ANY PER AN APPLICATION FOR IN HE PURPOSE OF MISLE. HE PURPOSE OF THE CLAIM ANTY STATEMENT: I HE AND CORRECT, AND FUIL RESTAND THIS APPLICA'S INSURANCE, AND ANY ANCE COVERAGE. NODERSTOOD AND AGREED OR THE COMPANY UNDERSTOOD AND AGREED OR THE COMPANY UNDERSTAND THIS APPLICANT IS LOCATE SES OF YOUR (INSURED OF AUTHORIZED AGENTAL)	RSON WHO KNOWINGLY AND WITH INTENSURANCE OR STATEMENT OF CLAIM CO ADING, INFORMATION CONCERNING ANY SHALL ALSO BE SUBJECT TO A CIVIL PENATED FOR EACH SUCH VIOLATION. EREBY WARRANT AND CONFIRM THAT THE THER CERTIFY THAT I HAVE READ ALL OF THE COVERAGE OF THE CONFIRM THE COMPLETION OF THIS APPINITIL ACCEPTED BY THE COMPANY OR CONTROL OF THE COMPANY OR CON	T TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, NTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE E ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION. E, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE ON WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL LICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED OMPANIES IN WRITING. TITIE Date THE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND