

# Gold Coast Specialty Insurance Agency, Inc

505 Northern Boulevard, Suite 308 Great Neck, New York 11021

Tel: 516-466-5302 \* Fax: 516-466-5361

## **Special Event Insurance Application**

Complete this form and hit the "Submit" Button on the bottom of form to email it to us or print it out, complete the form and fax it to our home office. We will respond to your request immediately.

**GENERAL INFORMATION**

1. Named Insured (Applicant): \_\_\_\_\_

2. a. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Describe Applicant's role & responsibility in event: \_\_\_\_\_

3. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

4.

Additional Insured Name	Address	Interest In Event

5. a. Full schedule/description and purpose of event (**Attach copy of brochure and/or flyer to this application**)

\_\_\_\_\_

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 admission per person: \_\_\_\_\_

6. a. Dates of event: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

b. Desired coverage dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

c. If event date(s) differ(s) from desired coverage date(s), explain: \_\_\_\_\_

\_\_\_\_\_

d. Hours of Event: From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm If Hours vary by Date, describe:

\_\_\_\_\_

7. Location of event (Name and address) \_\_\_\_\_

Location is:  Private Residence  Liquor-Licensed Establishment  Indoors  
 Convention Center  Stadium  Outdoors  
 Arena  Fair Grounds  Other \_\_\_\_\_

**Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent building, and landscape feature**

8. ESTIMATED ATTENDANCE PER DAY \_\_\_\_\_ TOTAL \_\_\_\_\_ Average age of attendees: \_\_\_\_\_

Maximum Capacity of facility \_\_\_\_\_ Attendance is:  by Invitation Only  Open to the Public

9. Policy Experience: Number of years event has been previously held: \_\_\_\_\_

Actual total attendance for **Prior Year's** event: \_\_\_\_\_

10. Premium/Loss Information:

Policy Year	20____	20____	20____
Total Premium			
Carrier & Policy #			
Total # of Claims			
Total \$ Paid/Reserved			

11. Has any insurance carrier cancelled or refused coverage?  Yes  No  
 If "yes", please explain: \_\_\_\_\_  
 \_\_\_\_\_

12. Does facility require a contract for usage?  Yes  No **If "Yes," provide copy of contract(s).**

13. Limits of Liability requested:  \$1,000,000  Other \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**

14. Will event feature any of the following:  
 a. Rides, mechanical devices, rebounding devices (ie: moonbounce, trampoline)?  Yes  No  
 b. Petting Zoo, animal rides?  Yes  No  
 c. Fireworks/Pyrotechnics?  Yes  No

15. a. Are Vendors, Attraction Owners and Performers required to carry their own insurance?  Yes  No  
 If "Yes," what limit is required? \_\_\_\_\_

b. Will concessionaires provide you with certificates evidencing products liability with your organization named as Additional Insured?  Yes  No  No Concessionaires

16. Who contracts security?: a.  Facility  Applicant b. Number of Security Personnel \_\_\_\_\_

17. a. Describe security measures: \_\_\_\_\_

b. Is security provided by:  Independent Contractors  Employees of the Applicant  
 On-Duty Police  Off-Duty Police  Guard Dogs

c. If security provided by Independent Contractors, are they required to carry their own insurance?  Yes  No

18. Number of grandstands, if any: \_\_\_\_\_  Permanent  Temporary  
 If temporary, list name of firm doing installation: \_\_\_\_\_

19. Seating capacity: \_\_\_\_\_ Construction Type of grandstands: \_\_\_\_\_

20. a. Emergency evacuation plan in place?  Yes  No  
 b. Qualified medical personnel in attendance?  Yes  No  
 c. Ambulance service in attendance?  Yes  No

21. If **MUSICAL/ENTERTAINMENT** event:

Performer/Entertainer Name	Type of Music/Program	Local or National ?
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National

Is dancing permitted at this event?  Yes  No

22. If **PARADE** event: a. Number of Floats: \_\_\_\_\_ b. Number of Marching Units: \_\_\_\_\_  
 c. Length of Parade: \_\_\_\_\_ d. Estimated number of spectators: \_\_\_\_\_

23. If **ATHLETIC** event: Number of Games: \_\_\_\_\_ Number of Spectators: \_\_\_\_\_  
 Professional?  Amateur? # Youth Participants/Players \_\_\_\_\_ # Adult Participants/Players \_\_\_\_\_

**If Athletic Participant Liability required, please contact Frazier Insurance Agency, Inc. for sports application.**

