



CARRIER:

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The Main Event® — Special Event Product

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW. INSTANT QUOTE IS ONLY AVAILABLE FOR ACCOUNTS WITH NO LOSSES IN THE PAST THREE YEARS.

I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Email address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Event location address: \_\_\_\_\_

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

- 1. Applicant role: [checkbox] Host [checkbox] Vendor [checkbox] Sponsor [checkbox] Organizer [checkbox] Performer/Entertainer [checkbox] Caterer/Catering service [checkbox] Bartending service [checkbox] Other \_\_\_\_\_

2. Coverage desired (increased limits available in certain states and for select event classes):

[checkbox] Commercial general liability Limits of coverage: [checkbox] \$1 million/\$2 million [checkbox] \$1 million/\$3 million [checkbox] Other: \_\_\_\_\_ / \_\_\_\_\_

[checkbox] Liquor liability Limits of coverage: [checkbox] \$1 million/\$2 million [checkbox] \$1 million/\$3 million [checkbox] Other: \_\_\_\_\_ / \_\_\_\_\_

3. Type of event – select all that apply

- [checkbox] Wedding [checkbox] Individual vendor booth [checkbox] Beer garden/tent [checkbox] Competition or show [checkbox] Concert [checkbox] Alternative rock [checkbox] Country [checkbox] EDM [checkbox] Gospel/Opera [checkbox] Heavy metal/Hard rock [checkbox] Jazz/Reggae/Cultural [checkbox] Rap/Hip-Hop [checkbox] Other \_\_\_\_\_ [checkbox] Convention/Trade show/Exhibit [checkbox] Conference [checkbox] Craft fair [checkbox] Health fair [checkbox] Medical conference [checkbox] Other \_\_\_\_\_ [checkbox] Festival [checkbox] Food Fest [checkbox] Beer tasting/festival [checkbox] Crab/Clam bake [checkbox] Cultural festival [checkbox] Oktoberfest [checkbox] Wine festival [checkbox] Other \_\_\_\_\_ [checkbox] Fundraiser [checkbox] Beef and beer [checkbox] Charity auction [checkbox] Golf tournament [checkbox] Luncheon [checkbox] 5k race [checkbox] Other \_\_\_\_\_ [checkbox] Motor vehicle race/show [checkbox] Car show [checkbox] Demolition derby [checkbox] Tractor pull [checkbox] Other \_\_\_\_\_ [checkbox] Theatrical/Musical performance [checkbox] Parade [checkbox] Party/Social event [checkbox] Anniversary/Birthday party [checkbox] Baby shower/Bridal shower [checkbox] Block party [checkbox] Class reunion [checkbox] Cocktail party [checkbox] Other \_\_\_\_\_ [checkbox] Picnic [checkbox] Rodeo [checkbox] Sporting event/tournament [checkbox] Other \_\_\_\_\_

4. Name of the event: \_\_\_\_\_ Event website: \_\_\_\_\_

5. Full schedule/description of event (attach copy of brochure, website pages and flyer or include details on all activities taking place): \_\_\_\_\_

6. Average number of event attendees per day: \_\_\_\_\_
7. Average number of attendees consuming alcohol per day (if liquor liability coverage is desired): \_\_\_\_\_
8. If applicant is an individual exhibitor/vendor, what is the estimated number of attendees visiting their booth per day? \_\_\_\_\_

9. Coverage dates — the quote will contemplate coverage for events continuing past 12 a.m.  
Please note that if it is a one-day event, the end date should be the same as the start date.

- a. **Event date(s):** start date \_\_\_\_\_ end date \_\_\_\_\_
- b. **Set-up date(s)** (prior to the event): start date \_\_\_\_\_ end date \_\_\_\_\_
- c. **Take-down date(s)** (after the event): start date \_\_\_\_\_ end date \_\_\_\_\_
- d. Will there be any heavy machinery such as bulldozers, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable) used for set-up or take-down?  Yes  No
- e. **Rain date:** start date \_\_\_\_\_
- f. **If wedding:** rehearsal date \_\_\_\_\_ breakfast/brunch date \_\_\_\_\_

**II. ELIGIBILITY CRITERIA – For event specific underwriting questions, please see Section III. Event Types**

**Commercial General Liability**

10. In the past five years, has this event incurred a general liability loss?  Yes  No  
*If "Yes," please complete Section V., Prior Carrier and Loss History.*
11. Will there be security personnel other than on duty police and applicant's employees/volunteers?  Yes  No  
If "Yes," is the independent security provider required to carry their own general liability insurance?  Yes  No
12. Will the event feature any of the following?
- a. Mechanical rides — if "Yes," please complete the below  Yes  No
- i. Are all rides owned and operated by a third-party vendor who carries general liability limits of at least \$1 million/\$2 million?  Yes  No
- ii. Will our applicant be named as an additional insured on the third-party ride vendor's general liability policy?  Yes  No
- b. Activities where spectators will be in or on the water (e.g., swimming, boating, fishing, jet skiing)  Yes  No
- c. Firearms  Yes  No
- d. Dormitory stays, overnight camping, or bonfires  Yes  No
- e. Fireworks — if "Yes," please complete the below  Yes  No
- i. Will the fireworks display be conducted by a third party who carries general liability limits of at least \$1 million/\$2 million?  Yes  No
- ii. Will our applicant be named as an additional insured on the general liability policy of the third-party vendor conducting the fireworks?  Yes  No
- iii. Will the fireworks be discharged at a minimum of 75 feet from the attendees?  Yes  No
- f. Spectator interaction with animals (other than animals provided by third party insured vendors)  Yes  No
- i. If "Yes," please explain: \_\_\_\_\_
- g. Haunted house, hayride, or corn maze  Yes  No
- h. Entertainment  Yes  No
- i. If "Yes," please describe and include names of performers and acts: \_\_\_\_\_
- i. High profile attendees  Yes  No
- i. If "Yes," please list and explain: \_\_\_\_\_

**Liquor Liability (if liquor liability coverage is desired)**

13. The event will end by:  10 p.m.  12 a.m.  1 a.m.  2 a.m.  After 2 a.m.  
 If after 2 a.m. provide end time \_\_\_\_\_ a.m.
14. Is the applicant a hired bartender or caterer for this event?  Yes  No
15. Will alcohol be sold by applicant?  Yes  No

16. Is the applicant an individual or business that regularly sells, serves, or furnishes alcohol (e.g., bar, brewery, restaurant, caterer, etc.)?  Yes  No
17. Is the applicant the only provider or vendor of alcohol at the event?  Yes  No
- a. If "No," do all participating alcohol providers/vendors carry liquor liability limits equal to or greater than the applicant?  Yes  No
18. Is Bring Your Own Bottle (BYOB) or self-service of alcohol permitted?  Yes  No
19. Will alcohol be dispensed by a professional bartender or server who has taken a formal alcohol awareness training course?  Yes  No
20. In the past five years, has this event incurred a liquor liability loss?  Yes  No
- If "Yes," please complete Section V., Prior Carrier and Loss History.*

### III. EVENT TYPES

21. If this is an **ATHLETIC EVENT**, complete below:
- a. Describe athletic event: \_\_\_\_\_
- b.  Professional or  Amateur
- If "**Professional**", list the athletes: \_\_\_\_\_
- c. Is this an off-road, trail run, mud run or obstacle event? \_\_\_\_\_
22. If this is a **CAR SHOW/MOTOR VEHICLE SHOW**, complete below:
- a. Do vehicles remain stationary throughout the show with engines off?  Yes  No
- b. Will the event feature burnouts, drag races or flame throwing?  Yes  No
23. If this is a **CONCERT/MUSICAL EVENT**, complete below:
- a. Name(s) of performer(s): \_\_\_\_\_
- b. Performers are:  Local  National
- c. Will the event feature pyrotechnic displays?  Yes  No
24. If this is a **HEALTH FAIR/MEDICAL CONVENTION**, complete below:
- a. Will the event feature any medical or health treatment?  Yes  No
25. If this is a **MOTOR VEHICLE RACE, RODEO, TRACTOR PULL** or **TRUCK SHOW**, complete below:
- a. Is the venue designed specifically for this type of activity?  Yes  No
- b. Will there be barriers in place to protect spectators?  Yes  No
- i. If "Yes," are the barriers either metal or concrete?  Yes  No
- ii. Are the barriers permanent?  Yes  No
- iii. Will the barriers be at least 6 feet high and a minimum of 6 feet away from the spectators?  Yes  No
- If "No," please provide: Height of barriers: \_\_\_\_\_ feet Minimum distance from spectators: \_\_\_\_\_ feet
- c. Are spectators permitted in the pit or infield area?  Yes  No
- d. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public?  Yes  No
- e. Will the event feature audience participation (e.g., calf scrambles, mutton busting)?  Yes  No
- f. Is this an off-road event?  Yes  No
- g. Is this a monster truck show?  Yes  No
26. If this is a **PARADE EVENT**, complete below:
- a. Describe parade route from start to finish: \_\_\_\_\_
- \_\_\_\_\_
- b. Have local authorities approved the parade route?  Yes  No
- c. Will the parade route be secured by local police or private security?  Yes  No
- d. Are parade participants permitted to throw souvenirs, candy, or other items into the crowd?  Yes  No

**IV. ADDITIONAL INTERESTS – blanket additional insured coverage is automatically included.**

Coverage Requested	Name of Additional Insured	Relationship/ Interest	Mailing Address
Additional insured <input type="checkbox"/> Primary and non-contributory <input type="checkbox"/> Waiver of subrogation			Street: _____ City: _____ State: _____ Zip: _____
Additional insured <input type="checkbox"/> Primary and non-contributory <input type="checkbox"/> Waiver of subrogation			Street: _____ City: _____ State: _____ Zip: _____
Additional insured <input type="checkbox"/> Primary and non-contributory <input type="checkbox"/> Waiver of subrogation			Street: _____ City: _____ State: _____ Zip: _____

**V. PRIOR CARRIER AND LOSS HISTORY**

27. Previous carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Coverage Type	Status	Date of loss	Paid	Reserved	Description of loss
<input type="checkbox"/> General liability <input type="checkbox"/> Liquor liability	<input type="checkbox"/> Open <input type="checkbox"/> Closed		\$	\$	
<input type="checkbox"/> General liability <input type="checkbox"/> Liquor liability	<input type="checkbox"/> Open <input type="checkbox"/> Closed		\$	\$	

Applicant entity type:  Individual(s)  Corporation  Business Partnership  LLC  Nonprofit  Other \_\_\_\_\_

**FRAUD STATEMENTS**

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine 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

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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.

**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.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky and 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, Virginia 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 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.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) 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.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

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

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**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.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.