



**Western Specialty Insurers, LLC**  
 An Affiliate of Creative Planning Risk Services  
 888-866-3550 (Direct) 913-341-0901 (Fax)  
[www.eventprotect.net](http://www.eventprotect.net)

# FAIR & FESTIVAL LIABILITY APPLICATION

## APPLICANT INFORMATION

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_
5. Business Entity Type: \_\_\_\_\_ FEIN #: \_\_\_\_\_

## EVENT INFORMATION

6. Name of Event: \_\_\_\_\_
7. Location of Event: \_\_\_\_\_
8. Estimated Attendance (all events) \_\_\_\_\_ Estimated Gross Receipts: \_\_\_\_\_
9. Is the Premises:
 

<input type="checkbox"/> Owned	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Long Term/Annual Lease
<input type="checkbox"/> Fenced	<input type="checkbox"/> Otherwise Enclosed	<input type="checkbox"/> Not Enclosed

  
 Total Number of Acres: \_\_\_\_\_
10. Event Dates: \_\_\_\_\_  
 Set up & Tear Down Dates: \_\_\_\_\_

11. Schedule of Operations	<u>To Be Covered</u>	<u>Insured Elsewhere</u>	<u>N/A</u>
Motorsports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carnival/Amusement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodeo/Equestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concert/Dances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Exhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireworks Displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petting Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming/Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of other activities: \_\_\_\_\_  
 \_\_\_\_\_

12. Motorsports Type: \_\_\_\_\_ Desc: \_\_\_\_\_  
 Rodeo Type: \_\_\_\_\_ Desc: \_\_\_\_\_  
 Liquor Type: \_\_\_\_\_ Desc: \_\_\_\_\_

**SAFETY & RISK MANAGEMENT**

13. Security provided by:  City  County  State  Employees/Volunteers  
 If private security:  Company is Insured/provides certificate of insurance  
 Armed  
 Description: \_\_\_\_\_

14. Minimum number of Medical Personnel: \_\_\_\_\_ Paramedics \_\_\_\_\_ EMT/EMS  
 \_\_\_\_\_ Nurse \_\_\_\_\_ Other  
 Is there an ambulance on site:  Yes  No How Many? \_\_\_\_\_  
 Describe medical facilities on site: \_\_\_\_\_  
 \_\_\_\_\_

15. Are ATVs/Golf Carts used by event personnel?  Yes  No  
 Leased  Owned  
 How Many? \_\_\_\_\_

16. Do you provide shuttle services from parking areas to event location?  Yes  No  
 Description: \_\_\_\_\_  
 \_\_\_\_\_

17. Do you have a formal safety manual?  Yes  No  
*\*please attached a copy*

18. Do you have a catastrophic emergency evacuation plan?  Yes  No  
*\*please attach a copy*

19. Do you collect insurance certificates from all subcontractors?  Yes  No

20.	Coverage Information	Limits of Coverage	Company	Premium
<input type="checkbox"/>	General Liability:			
<input type="checkbox"/>	Commercial Property:			
<input type="checkbox"/>	Umbrella/Excess Liability:			
<input type="checkbox"/>	Business Auto:			
<input type="checkbox"/>	Inland Marine/Equipment:			
<input type="checkbox"/>	Directors & Officers Liability:			
<input type="checkbox"/>	Volunteer/Participant Accident Insurance:			
<input type="checkbox"/>	Weather/Event Cancellation:			

## ADDITIONAL ITEMS

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 3 Years Loss Experience    | <input type="checkbox"/> Current Financial statement | <input type="checkbox"/> Exhibitor Agreement           |
| <input type="checkbox"/> Fireworks Certificate      | <input type="checkbox"/> Site Diagram                | <input type="checkbox"/> Facility Photos               |
| <input type="checkbox"/> Schedule of Owned Equipt   | <input type="checkbox"/> Contracts/Hold Harmless     | <input type="checkbox"/> Facility Lease Agreement      |
| <input type="checkbox"/> Copy of Insurance Policies | <input type="checkbox"/> Event Flyers/Brochures      | <input type="checkbox"/> Athletic Participation Waiver |
| <input type="checkbox"/> Carnival Certificate       | <input type="checkbox"/> List of Additional Insureds | <input type="checkbox"/> Safety/Risk Mgmt Manual       |

**Signature of Applicant** \_\_\_\_\_

**Signature of Agent/Broker** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**Dated Signed** \_\_\_\_\_

## FRAUD WARNINGS

Arizona: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas, New Mexico and Texas: 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 civil fines and criminal penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to any 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.

Delaware, Idaho and Indiana: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false or misleading information is guilty of a felony.

DC and Maine: **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: Any person who knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self insured program files a statement of claim or application containing any false or misleading information commits insurance fraud, is punishable as provided in section 817.234.

Kentucky and Pennsylvania: 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.

Louisiana and Rhode Island: 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.

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

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

New York: 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 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 violation.

Ohio: 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: **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.

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