

# Special Event Application

Des Moines, IA | Scottsdale, AZ | St. Louis, MO



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The Agent Agency

1. Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

## COVERAGE DESIRED

2.  Liquor and GL  Liquor only  GL only

Liquor Limit  \$150,000  \$300,000  \$500,000  \$1,000,000  N/A

GL Limit  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000  \$1,000,000/\$1,000,000  N/A

A&B Limit  \$25,000  \$50,000

## GENERAL INFORMATION

3. Name of Event: \_\_\_\_\_ Event will be held:  Indoors  Outdoors

Location of Event: \_\_\_\_\_  
(Street) (City) (State) (Zip)

4. Date(s) of Event: \_\_\_\_\_ to: \_\_\_\_\_

5. Hours of Event: \_\_\_\_\_

6. Entertainment:  Yes  No

If **YES**, please describe: \_\_\_\_\_

Type of Event (Please check one)

Beer Garden/Beer Tent

Motor Vehicle Race

Car Show

Competition or Show

Concerts/Musical Performance

Sporting Event/Tournament

Conventions/Trade Show

Wedding or Reception

Festival/Parade/Party/Picnic

Other, describe: \_\_\_\_\_

7. Charging Admission:  Yes  No Cost per Person: \_\_\_\_\_

8. Estimated attendance per day: \_\_\_\_\_ Max capacity of venue: \_\_\_\_\_

Average Age: \_\_\_\_\_ Event open to the public  Yes  No

9. Total Estimated Receipts:

Liquor \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Admission \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Receipts \$ \_\_\_\_\_

10. Additional Insured Needed  Yes  No

If **YES**, Additional Insured Name: \_\_\_\_\_

Additional Insured Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

(If more Additional Insured list name and address on separate sheet)

**HISTORICAL INFORMATION**

11. Number of years event has been held: \_\_\_\_\_

Provide Loss History for up to last five years of events:

12. Actual total attendance for last year's event: \_\_\_\_\_

**LIABILITY INFORMATION**

**PARADE INFORMATION**

13. Is there a parade for this event?  Yes  No

Number of floats: \_\_\_\_\_ Number of Marching Units: \_\_\_\_\_

Estimated number of spectators: \_\_\_\_\_

**FIREWORKS INFORMATION**

14. Will fireworks be part of the event?  Yes  No

If **YES**, is applicant:  Sponsor  Operator

If Sponsor, provide operators liability insurance information

Limits: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Have Certificates of Insurance been obtained from the operator?  Yes  No

**SEATING INFORMATION**

15. Will Bleachers or Platforms be used?  Yes  No

If **YES**, are bleachers/platforms  Permanent  Portable

Construction:  Wood  Steel  Concrete

Height: \_\_\_\_\_ feet

Age: \_\_\_\_\_ years

Back and side railings  Yes  No

Condition of seating: \_\_\_\_\_

**MUSIC**

16. Is this a Musical Event?  Yes  No

If **YES**, please provide performance details:

Name	Genre	Local or National

(Add additional on separate sheet if necessary)

**AMUSEMENT**

17. Are there amusement rides?  Yes  No

If **YES**, list number of rides and brief description of rides provided:

Number of Rides	Description

If **YES**, is applicant:  Sponsor  Operator

If Sponsor, provide operators liability insurance information

Limits: \_\_\_\_\_ Name of Company: \_\_\_\_\_

18. Are inflatable or bounce slides, rides or other similar amusement inflatables provided at this event?  Yes  No

If **YES**, list number of rides and brief description of rides provided:

Number of Rides	Description

If **YES**, is applicant:  Sponsor  Operator

If Sponsor, provide operators liability insurance information

Limits: \_\_\_\_\_ Name of Company: \_\_\_\_\_

19. Are there slides?  Yes  No

If **YES**, height of slide: \_\_\_\_\_

If **YES**, is applicant:  Sponsor  Operator

If Sponsor, provide operators liability insurance information

Limits: \_\_\_\_\_ Name of Company: \_\_\_\_\_

20. Will the event feature animal rides or a petting zoo?  Yes  No

If **YES**, is applicant:  Sponsor  Operator

If Sponsor, provide operators liability insurance information

Limits: \_\_\_\_\_ Name of Company: \_\_\_\_\_

**ALCOHOL SERVICE**

21. Does applicant have a valid liquor license?  Yes  No

22. Liquor License Number: \_\_\_\_\_  Pending

23. Can attendees bring their own alcohol at this event?  Yes  No

24. Is applicant sole vendor of alcohol at this event?  Yes  No

If **NO**, how many other vendors will be serving alcohol? \_\_\_\_\_

25. Describe how alcohol is being dispensed: \_\_\_\_\_

26. Will area of alcohol service/consumption be enclosed?  Yes  No

27. Will customers be allowed to take alcohol outside designated service/consumption area?  Yes  No

28. Describe measures to prevent service of alcohol to minors:

29. Describe measures to prevent service to intoxicated persons:

30. Will servers provide alcohol to a person who appears to be intoxicated?  Yes  No

**SECURITY**

31. Is security provided?  Yes  No

If **YES**, Type of Security:  Employees of Applicant  Private Security  On-Duty Police  Off Duty Police

Other Describe: \_\_\_\_\_

32. Is security:  Armed  Unarmed

33. Is there an Emergency Evacuation Plan in place?  Yes  No

34. Will qualified medical personnel be in attendance?  Yes  No

35. Will ambulance service be in attendance?  Yes  No  Unknown

**DISCLOSURE 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 may be subject to criminal and civil penalties.

**WARRANTY STATEMENT:** I have read this application, and I declare that to the best of my knowledge and believe all of the foregoing statements are true and accurate, and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance by issuance of a policy.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_