

Special Events Liability Insurance



- Marathons
- Beauty Contests
- Picnics
- Educational Exhibitions
- Flower Shows
- Auctions
- Banquets
- Proms
- Bazaars
- Cave Exploration
- Meets
- Soap Box Derbies
- Fairs
- Fishing Derbies
- Trade Shows
- Luncheons
- Fashions Shows
- Consumer Shows
- Concerts
- Tractor Pulls
- Contests
- 4-H Clubs
- Zoo Outings
- Garden Shows
- Graduations
- Telethons
- Antique Shows
- Fraternals
- Parades
- Etc.



Special Events Liability Insurance

DHC Insurance, L.L.C.

P.O. Box 948
Warrenville, IL 60555
(888) 288-1829
FAX (630) 393-5666
www.dhcins.com

Special Event Liability Insurance Request for Quotation

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As special events vary, some questions may not be applicable. Please indicate "N/A" where necessary.

Please note that we are unable to provide coverage for the following events: Air Shows, Ballooning Events, Skydiving Events, War Games, Cattle Drives, Abortion Rights Rallies, Pro Choice Rallies, Protest Events, Dunk Tanks, Trampolines, Moonwalks, Water Slides, Auto Racing, Motorcycle Racing, Snowmobile Racing, Demolition Derbies, Hot Air Balloons, Bungee Jumping and Concerts with a Propensity Towards Violence (rap, punk rock, etc).

Name of Applicant _____

Do You Wish To Receive Your Quotation By Fax (_____) _____
 E-Mail _____ @ _____
 Mail _____

Address of Applicant _____

Phone Number _____

Dates of Event _____ Time(s) _____

Name of Event _____

Location of Event _____

Name of Facility _____

Does the Facility Carry Liability Insurance? Yes No Limits _____

Description of Event _____

Is this Event Located Indoors or Outdoors? _____

If Outdoors, Is the Area Fenced or Enclosed? Yes No

Are you Responsible for Parking? Yes No

If Yes, Square Footage of Parking Area _____

What is the Seating Capacity of the Event? _____

What is the Estimated Attendance Per Day? _____

What is the Number of Tickets Printed? _____

What is the Number of Tickets Sold to Date? _____

What is the Price of Admission? _____

What is the Estimated Gross Receipts? _____

What is the Estimated Total Payroll? _____

What are the Limits of Liability Requested? \$ _____ General Aggregate \$ _____ Medical Payments

\$ _____ Products Aggregate \$ _____ Fire Damage

\$ _____ Each Occurrence \$ _____ Personal/Adv Injury

Name, Address and Relationship of all Additional Insureds to be Added to the Policy:

1.) _____ 2.) _____ 3.) _____

Will there be any Exhibitions, Demonstrations, Parades or Pageants? Yes No

If Yes, Please Describe _____

Are Seats of Temporary or Permanent Construction? _____

Is Seating Reserved or General Admission? _____

Describe Type of Seating Provided (Bleachers, Folding Chairs, etc.) _____

If the Event is Outdoors, Does the Event End Ninety Minutes Prior to Sundown? Yes No

If No, Is there Permanent Lighting over all Spectator Areas and Parking Lots? Yes No



If a Stage is Involved, is the Stage of Temporary or Permanent Construction? _____

If Temporary, Who is Responsible For Set up of Stage? _____

If Other than the Applicant, is a Certificate of Insurance Provided? Yes No

If Other than the Applicant, is Applicant Named as Additional Insured? Yes No

Is Temporary Lighting Involved? Yes No

If Yes, Who is Responsible for Hook Up of Lighting? _____

If Other than the Applicant, is a Certificate of Insurance Provided? Yes No

If Other than the Applicant, is Applicant Named as Additional Insured? Yes No

Is a Tent Involved? Yes No

If Yes, Who is Responsible for the Set Up of the Tent? _____

If Other than the Applicant, is a Certificate of Insurance Provided? Yes No

If Other than the Applicant, is Applicant Named as Additional Insured? Yes No

Are Ushers Used for Seating Purposes? Yes No

If Yes, Who is Providing the Ushers? _____

If Other than the Applicant, is a Certificate of Insurance Provided? Yes No

If Other than the Applicant, is Applicant Named as Additional Insured? Yes No

What is the Number of Vendors or Trade Booths? _____

What Goods are to be Displayed? _____

Are all Goods Finished Products or Demonstrations? _____

Are there any Cooking Demonstrations? Yes No

Are Vendors or Trade Booths Required to Provide a Certificate of Insurance? Yes No

How is Advertising Being Used at the Event? _____

Who is Providing the Food and/or Drink? _____

If Other than the Applicant, is a Certificate of Insurance Provided? Yes No

If Other than the Applicant, is Applicant Named as Additional Insured? Yes No

Is Liquor to be Sold at this Event? Yes No

If Yes, Complete the following Questions if you would like a Quotation for Optional Liquor Liability Coverage.

Estimated Number of Attendees Consuming Alcohol Daily? _____

Is Applicant the Sole Vendor of Alcohol at the Event? Yes No

a. If No, Please List Number of Vendors Serving Alcohol _____

b. Are all Participating Alcohol Vendors Required to Carry Minimum Liquor Liability Limits for this Event? Yes No

Will Alcohol be Dispensed by a Professional Bartender? Yes No

a. If No, Describe How and By Whom Alcohol will be Dispensed _____

b. Describe Training and/or Experience of Persons Serving Alcohol _____

c. What Measures are in Place to Prevent Service of Alcohol to Minors and/or Intoxicated Persons? _____

Is a Liquor License Required for this Event? Yes No

a. Does Application have a Valid Liquor License? Yes No

Number of Bars or Areas at which Alcohol will be Dispensed at this Event _____

a. Is Alcohol Consumption Confined to this (these) Areas? Yes No

b. If No, Please Describe _____

c. Will there be an Open Bar? Yes No

d. Will Alcohol be Sold by the Drink? Yes No

e. Cost per Drink _____

f. Is BYOB Permitted? Yes No

Will Food be Sold or Served with the Alcohol? Yes No

a. If Yes, Describe Food Available _____

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Estimated Gross Receipts per Day Alcohol _____ Food _____

Total Estimated Gross Receipts for Event Alcohol _____ Food _____

Has the Applicant Received any Fines or Citations in the Last 5 Years? Yes No

a. If Yes, Please Describe _____

Has the Applicant had a Liquor Loss in the Last 5 Years? Yes No

a. If Yes, Please Describe _____

Are there Cooking Facilities on the Premises? Yes No

If Yes, What type of Fire Protection is Present? _____

Is the Applicant Providing any Overnight Accommodations such as Camping? Yes No

If Yes, Please Describe _____

Who is Responsible for Providing Security? _____

If Other than the Applicant, is a Certificate of Insurance Provided? Yes No

If Other than the Applicant, is Applicant Named as Additional Insured? Yes No

Is the Security Provided Armed or Unarmed? _____

If the Event is being held on a Street or Other Public Place of Vehicular Access, what Protection is being Used between the Street and the Sidewalk? _____

Does the Event involve a Parade? Yes No

If Yes, How many Units will there be? _____ (each float, band or car is a unit)

Will Anything be Thrown from the Units? Yes No

If Yes, What will be Thrown from the Units? _____

What is the Length of the Parade in Blocks? _____ Length of Time _____

What is the Estimated Number of Spectators? _____

Are Fireworks or Pyrotechnics to be Used? Yes No

If Yes, Please Describe _____

Is the Applicant Signing any Hold Harmless Agreements? Yes No

If Yes, with Whom and What Responsibilities? _____

(Please Attach Samples of all Hold Harmless Agreements)

Is the Applicant being Held Harmless by Others? Yes No

If Yes, by Whom and What Responsibilities? _____

(Please Attach a Copy of the Agreement if Available)

Has this Event been held in the past by the Applicant? Yes No

If Yes, for how many Years? _____

Please Attached the Premium and Loss Experience For the Past 5 Years.

Please Describe any Losses over \$5,000.00. _____

Has your Prior Insurance Ever Been Cancelled? Yes No

Has your Prior Insurance Ever Refused to Renew? Yes No

Do you have a Risk Management Plan? Yes No

Please Attach All Lease and Hold Harmless Agreements, Brochures of the Event and a Diagram of Location(s) to be Used.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by DHC Insurance, L.L.C.

Signature of Applicant _____ Date _____



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12/2012