CATLIN SPECIALTY INSURANCE COMPANY



SPECIAL EVENTS SUPPLEMENTAL APPLICATION

(All Questions Must be Answered and the Application Must Be Signed by the Applicant)

Agent Name:	
Agent Address:	
Applicant Name	
Mailing Address:	
Location Address:	
LIMITS OF INSURANCE	
General Aggregate Limit (Other than Products – Completed Ops)	\$
Products – Completed Operations Aggregate Limit	\$
Personal & Advertising Injury Limit	\$
Each Occurrence Limit	\$
Fire Damage Limit (any one fire)	\$
Medical Expense Limit (any one person)	\$
Deductible	\$
BUSINESS DESCRIPTION AND LOCATION OF PREMISES	
□ Corporation □ Individual □Joint Venture □Partnership	Other (Describe)
1. Location of the event:	
2. Date(s) of the event:	
Description of the event (attach a copy of the brochure and/or fly	er to this application):
Describe in detail all measures for the protection of the public an	d damage to property:
5. Applicant's experience in conduction events of this or similar nat	ure (number, dates, etc.)
6. Indicate approximate age bracket of public attending the event: _	
7. Estimated attendance: per day	total all days
Gross Receipts: \$	lumber of participants (if applicable):
8. The facility is: ☐ Owned ☐ Leased	
9. Is parking available? ☐ Yes ☐ No	
	ing area square feet:
10. Will the event be held: ☐ Indoors ☐ Outdoors	
If indoor, indicate seating: Reserved% General add	mission%

07/06 Page 1 of 3

Off Duty Police Ushers Other O	11.	The number and t	types o	of crowd co	ontrol devices:		Guard Dogs		l	Private Security
12. Will bleachers or platforms be involved?							Off Duty Pol	ice 🗆	ι	Jshers
If 'Yes', are they:						□	Police Office	ers 🗆	(Other
Height: feet _ Age: years _ Back and side railing provided?	12.	Will bleachers or _l	platfor	ms be invo	lved?				□ Yes	s□ No
Condition:		If 'Yes', are they:	□Р	ermanent	□ Portable	Constructe	d of: □ Wood	☐ Steel	□Conc	rete
Interest of Applicant Description Hazard Sponsor Operator		Height: fe	et	Age:	years	Back and	side railing provi	ded?	☐ Yes	□ No
Hazard Sponsor Operator		Condition:								
Alcoholic Beverage Sales Amusement Rides or Devices	13.	Event Hazards:			Interest of A	Applicant	Description	n		
Amusement Rides or Devices	,	<u>Hazard</u>			<u>Sponsor</u>	<u>Operator</u>				
Fireworks (Pyrotechnicians Certificate Required) Food Sales		Alcoholic Beveraç	ge Sal	es						· · · · · · · · · · · · · · · · · · ·
Pyrotechnicians Certificate Required Food Sales		Amusement Ride	s or D	evices						<u> </u>
14. Hold Harmless Agreements: a. Does applicant agree to hold harmless any third party?			tificate F	Required)						
a. Does applicant agree to hold harmless any third party? b. Is the applicant held harmless by others? If answer to either a. or b. above is 'Yes", please attach copy of contracts. 15. List Additional Insureds/Certificate Holders below, indication relationship. (If additional space is needed, attach a separate sheet). 16. Enter complete prior carrier information for the preceding three years: Year:		Food Sales								
b. Is the applicant held harmless by others? If answer to either a. or b. above is 'Yes", please attach copy of contracts. 15. List Additional Insureds/Certificate Holders below, indication relationship. (If additional space is needed, attach a separate sheet). 16. Enter complete prior carrier information for the preceding three years: Year:	14.	Hold Harmless Ag	greem	ents:						
If answer to either a. or b. above is 'Yes", please attach copy of contracts. 15. List Additional Insureds/Certificate Holders below, indication relationship. (If additional space is needed, attach a separate sheet). 16. Enter complete prior carrier information for the preceding three years: Year:		a. Does applicant	agree	to hold ha	armless any third	d party?			□ Y	es □ No
15. List Additional Insureds/Certificate Holders below, indication relationship. (If additional space is needed, attach a separate sheet). 16. Enter complete prior carrier information for the preceding three years: Year:		b. Is the applicant	t held	harmless b	y others?				□ Y	es □ No
Separate sheet .		If answer to eithe	r a. or	b. above is	s 'Yes", please a	attach copy o	of contracts.			
Year: Year: Year: Year: Carrier Name Policy Number Limits Premium Pr									pace is ne	eded, attach a
Carrier Name Policy Number Limits Premium 17. Enter all claims or occurrences that may give rise to claims for the prior three years. Check here if none. Attached is a current dated loss summary. Cocurrence Date Line Claim Details Date of Amount Paid Reserved Open Closed Open	16.	Enter complete pr	rior ca	rrier inform	ation for the pre	eceding three	years:			
Policy Number Limits Premium 17. Enter all claims or occurrences that may give rise to claims for the prior three years. Check here if none.			Y	ear:		Year:		Ye	ar:	
Limits Premium 17. Enter all claims or occurrences that may give rise to claims for the prior three years. Check here if none. Attached is a current dated loss summary. Occurrence Line Claim Details Date of Claim Paid Claim Status		Carrier Name								
Premium 17. Enter all claims or occurrences that may give rise to claims for the prior three years. Check here if none. Attached is a current dated loss summary. Coccurrence Date Claim Details Date of Claim Paid Claim Status Closed Closed Closed		Policy Number								
17. Enter all claims or occurrences that may give rise to claims for the prior three years. Check here if none. Attached is a current dated loss summary. Claim Details Date of Claim Paid Claim Status Closed Closed Closed		Limits								
□ Check here if none. □ Attached is a current dated loss summary. Occurrence Date Claim Details Date of Claim Paid Claim Status □ Open □ Closed □ Open □		Premium								
Date Claim Details Claim Paid Reserved Claim Status Open Closed	17.				, ,			/ears.		
□ Open □ Closed □ Open			Line	Clair	n Details					Claim Status
□ Open										□ Open
										□ Closed
										•

07/06 Page 2 of 2

18. During the past three years, has any company the applicant?	ever canceled, declined or refused to iss	ue any similar insu □ Yes	
If 'Yes', please explain:			
This application shall not be hinding uple	as and until confirmation by the Con	anany ar ita duly	appointed
This application shall not be binding unles representatives has been given, and that a po the commencement date of said policy and covenants and agrees that the foregoing state circumstances with regard to the risk to be insinsurance and a warranty on the part of the instance.	olicy shall be issued and a payment shall d in accordance with all terms thereof. ements and answers are a full and true sured, and the same are hereby made the	be made, and ther The said applica statement of all the	n only as of ant hereby e facts and
Applicant's Signature	Date	Witness	

07/06 Page 3 of 2