

INSURANCE CENTER SPECIAL RISKS, LTD.
 246 Park Street, PO Box 1185
 West Springfield, MA 01090
 Fax#1-413-781-0050

**REQUEST FOR
 SPECIAL EVENT QUOTE**

1. Named Insured _____
 (The first Named Insured is responsible for premium payment, cancellation, and changes – refer to policy wording.)
2. Mailing Address _____
 Street City County State Zip Code
3. Effective Date Desired _____ Term Desired _____
4. If applicable, hours of event: From _____ To _____

5.

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS					
Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 ___ No ___ Yes – If so, give name of company, date, and reason.

6.

COVERAGES	LIMITS
Products – Completed Operations	General Aggregate \$ _____
Premises Operations	Products-Completed Operations Aggregate \$ _____
Medical Payments	Personal Injury Limit \$ _____
Contractual Liability	Each Occurrence Limit \$ _____
Fire Damage Legal Liability	Fire Damage Legal Liability Limit \$ _____
Personal Injury	Medical Expense Limit \$ _____

7. Additional Insured(s) required? ___ Yes ___ No Provide name and describe interest.

8. Location of Primary Event _____
 Street City County State Zip Code

9. Provide a complete description of all events including location and dates. _____

(Attach any brochures or any other advertising)

10. Will alcohol be served? ___ Yes ___ No
 If yes, explain. _____

11. Will first aid services be available? Yes No
If yes, explain. _____

12. Describe all security and crowd control protections. _____

13. Are any water hazards present? Yes No
If yes, explain. _____

14. Will fireworks be displayed? Yes No
If yes, would you like coverage as a sponsor of the fireworks? Yes No
If yes, who will be igniting the fireworks? Fire Dept. Licensed Pyrotechnician
 Other (explain in detail) _____
Igniter is an: Employee Independent contractor
What are the policy limits on the igniter's policy? _____
Attach certificate of insurance for the party responsible for igniting the fireworks.

15. Number of grandstands (if any) _____ Permanent Temporary

16. Seating capacity _____ Type of seats _____

17. Estimated attendance _____ Ticket price _____ Est. gross receipts _____

18. Is contractual liability required? Yes No
If yes, describe all contracts and/or hold harmless agreements, whether written or oral (including dates, contracting parties, and cost.) _____

19. How many times has this event been held in the past? _____

20. Do you use independent contractors? Yes No
If yes, describe how. _____

CONCERTS ONLY

1. Location of concert(s) _____ Date(s) _____

2. Estimated attendance for the concert(s) only? _____

3. Seating is: Assigned Unassigned Capacity of facility used for the concert: _____

4. Type of music being performed: Country Pop (Top 40) Rap Hard Rock
 Punk Rock Classical Easy Listening Other _____

5. List all performers or groups. _____

Signature of Agent or Broker

Signature of Applicant

Address

Date

Date