



HCM EVENT INSURANCE SERVICE

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SPECIAL EVENT INSURANCE APPLICATION

1. Named Insured/Organization: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Phone: _____ Fax: _____ E-mail: _____

4. Contact Person: _____ Title: _____

5. Name and address of Additional Insured(s) and their interest:

6. Complete description of event/activity: _____

7. Estimated attendance per day: _____ Total: _____

8. Ticket price: _____ # of events: _____

9. Desired effective date: _____ Desired termination date: _____

10. DESIRED COVERAGE

LIMITS REQUESTED

- General Liability \$ _____
- Participants Legal Liability \$ _____
- Blanket Accident Medical \$ _____
- Other: _____ \$ _____

11. Does the applicant now carry insurance of this type?: Yes No

If "yes", please advise name of insurance company: _____,
and attach copy of policy, certificate, or brochure.

12. Has any insurance carrier cancelled or refused coverage? Yes No

If "yes", please explain: _____

13. Loss information for the past three years:

Policy Year	20____	20____	20____
Total Premium			
Total Insured Claims			
Description of Claims			

14. If **MUSICAL/ENTERTAINMENT** event:

<i>Performer Name</i>	<i>Type of Music/Program</i>	<i>Local or National</i>

Is dancing permitted at this event: _____

15. Describe security protection: _____

Who contracts security?: Facility Applicant

Hold Harmless? Yes No If "yes", please provide copy

16. Number of grandstands, if any: _____ Permanent Temporary

Type of construction: _____ Seating capacity: _____

Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent building, and landscape features.

Emergency evacuation plan in place? Yes No

Qualified medical personnel in attendance? Yes No

Ambulance service in attendance? Yes No

17. What concessions will be sold? _____

18. Will alcoholic beverages be served? Yes No

19. Will alcoholic beverages be sold? Yes No

If "yes", estimated receipts: \$ _____

20. Will concessionaires provide you with certificates evidencing products liability with your organization named as Additional Insured?

Yes No No Concessionaires

21. Will any other underlying coverage be provided? Yes No

If "yes", please explain: _____

I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signature of Applicant

Date