



Mid America Specialty Markets
 2800 Forum Blvd Suite 4B
 Columbia, MO 65203
 573-447-4990

Special Event Application

GENERAL INFORMATION:

Agency Name _____ # _____
 Producer _____ Effective Date _____
 Premium Payment Method: Full - (Full payment is due at inception)

APPLICANT INFORMATION:

Applicant's Name _____
 Mailing Address:
 Street _____ City _____ State _____ ZIP _____
 Contact Person _____ Phone # _____
 Applicant is a: Individual Partnership Corporation Other (specify) _____
 Website _____

EVENT LOCATION:

Location #	Street, City, County, State, ZIP

PRIOR INSURANCE INFORMATION

Has this event ever been held previously? YES NO
 If yes, complete the following "Prior Coverage" and "Loss History" sections.

Prior Coverage

Prior Carrier	Eff./Exp. Date	Policy Number	Policy Premium

Loss History: Note any prior claims or losses for this event. Check here if there are no prior claims.

Date of Occurrence	Description of Claim	Amount Paid	Claim Status
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed
			<input type="checkbox"/> Open <input type="checkbox"/> Closed

GENERAL LIABILITY SECTION

1. PER OCCURRENCE/AGGREGATE LIMITS

Limit options: \$100,000/200,000, \$300,000/600,000, \$500,000/1,000,000, \$1,000,000/2,000,000, \$1,000,000/3,000,000

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

A. Date of Event: _____ Expected Daily Attendance: (Required to rate) _____ Hours of Operation: _____

B. Describe the event, including a complete list of activities. Please attach a flyer if available. _____

C. What is your involvement in the event? Check all that apply: SPONSOR, VENDOR, ORGANIZER, PARTICIPANT

D. Is a Certificate of Insurance required from all exhibitors/vendors? YES NO

If no, what exhibitors must submit a certificate, if any? _____

If sponsoring this event, are you requesting to be named as an additional insured on vendor's policy? YES NO

E. ANY ADDITIONAL INSURED? YES NO

Manager or Lessors _____

NOC _____

F. What precautionary measures have been taken in the event of a medical emergency or injury: _____

G. Briefly describe what security measures will be taken. Include the number of security personnel and the name of the firm providing the security: _____

H. Is there grandstand or bleacher seating? YES NO

I. Is there a barrier between the exhibition and the spectators? YES NO N/A

(A barrier is required for events with vehicles)

If yes, please explain the type of barrier and distance to the spectators: _____

J. Are spectators allowed to participate in any of the sponsored events? YES NO

If yes, please explain: _____

K. Are participants required to sign any releases of waivers? YES NO

If so, please attach a copy.

L. Will you be using any mobile equipment? Check all that apply:

ATV's, Golf Carts, Snowmobiles, Bobcats, Cranes, Tractors, Horse drawn wagons, Other

What is the use of this equipment? Check all that apply:

Transporting People, Transporting Supplies or Equipment, Operated/Driven by Public, Officials/Staff Only

Other

Where is the equipment stored when not in use? _____

Who is responsible for the insurance of the mobile equipment? _____

M. Will the applicant serve alcohol? YES NO

If yes: a. Who is providing the liquor liability coverage? _____

b. Who is providing the security in the area where the liquor is being served? _____

N. Will applicant allow others to serve alcohol at this event? YES NO

If so, certificates of insurance are required.

Special Event Application

IF LIQUOR LIABILITY COVERAGE IS DESIRED, PLEASE COMPLETE THE FOLLOWING LIQUOR LIABILITY SECTION. IF YOU ARE NOT APPLYING FOR LIQUOR LIABILITY, DO NOT COMPLETE THIS SECTION.

NOTE: LIQUOR LIABILITY IS ONLY AVAILABLE IF NSI IS PROVIDING THE GENERAL LIABILITY COVERAGE FOR THIS EVENT.

LIQUOR LIABILITY SECTION

- A. Liquor Liability Limit, Per Occurrence/Aggregate
B. What are anticipated alcohol sales for this special event?
C. What is the anticipated crowd size?
D. During what hours will alcohol be served?
E. Is a liquor license required for this event?
F. Will the servers of the alcoholic beverages be licensed bartenders?
G. Will there be law enforcement officers in the immediate area?
H. Will there be a double fence around the area where alcohol is served?
I. Will anyone under the age of 21 be permitted in the area where liquor is served?
J. Will ID's be checked?
K. Has applicant hosted similar events with the sale of alcohol?
L. Does applicant currently have Liquor Liability coverage?
M. (Not Applicable In Missouri) Has applicant ever had liquor liability coverage non-renewed or cancelled?
N. Please provide the name and phone number of the contact person in charge of the alcohol sales:
O. List all claims or occurrences that may give rise to claims for the previous five years:

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

NOTICE: PLEASE READ BEFORE SIGNING!

In order to underwrite the insurance applied for above, an investigation consumer report may be requested and made, including information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputations, business characteristics and credit standing.

Fraud Warning

Please refer to Acord 63 for state specific fraud warnings.

All Other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law.

Date Time Applicant's Signature Agency Name and Producer's Signature

**FRAUD STATEMENTS**

AGENCY		CARRIER West Bend Mutual Insurance Company	NAIC CODE 15350
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)