

HCC SPECIALTY UNDERWRITERS, INC.

A SUBSIDIARY OF HCC INSURANCE HOLDINGS, INC.



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SPECIAL EVENT LIABILITY APPLICATION

A. INSURED INFORMATION

1. Insured Company Name (Applicant): _____
2. Contact Name: _____
3. Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Phone: _____ Fax: _____ E-mail: _____
6. No. Years in Operation: _____ No. Years with Present Management: _____
7. Prior Experience: _____
8. Responsibilities/role of Insured (Applicant) in this event: _____

<u>Additional Insured Name</u>	<u>Address</u>	<u>Interest in Event</u>

10. Insured's Loss History:

2004	\$ _____	Details: _____
2003	\$ _____	Details: _____
2002	\$ _____	Details: _____
2001	\$ _____	Details: _____
2000	\$ _____	Details: _____

B. EVENT INFORMATION (Attach a copy of event brochure and/or flyer to this Application)

11. Event Name: _____
Event Website Address: _____

12. Type: (check below as applicable)

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Art & Craft Festival | <input type="checkbox"/> Auction | <input type="checkbox"/> Beauty Pageant/
Fashion Show | <input type="checkbox"/> Concert
(see No. 17-20) | <input type="checkbox"/> Chamber of Commerce
event |
| <input type="checkbox"/> Consumer
Show | <input type="checkbox"/> Convention | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Fair/Festival | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Graduation | <input type="checkbox"/> Meeting/Luncheon/Seminar | <input type="checkbox"/> Music Festival
(see No. 17-20) | <input type="checkbox"/> Party | |
| <input type="checkbox"/> Picnic
(see No. 19 & 20) | <input type="checkbox"/> Political Rally | <input type="checkbox"/> Reception | <input type="checkbox"/> Sporting Event
(excludes Participants see No. 22) | |
| <input type="checkbox"/> Walk-a-thon | <input type="checkbox"/> Wedding/Reception | | | |

13. Event Start Date: _____ Event End Date: _____
14. Event Start Time: _____ AM PM Event End Time: _____ AM PM

If Hours vary by Date, please describe:

15. Coverage Start Date: _____ Coverage End Date: _____
If event date(s) differ(s) from coverage dates, please explain:

16. Number of years event has been previously held: _____

17. If Concert, Type:

Classical Comedy Contemporary Country Gospel/Jazz
 Opera Orchestra R&B Rock Symphony

18. Is Seating Assigned? Yes No

19. Is Live Music part of event? Yes No

If Yes, what type of Music? _____

20. If Concert and/or Live Music event, please provide Name(s) of Performer(s)/Entertainer(s):

21. Does the event Include a Parade? Yes No

If Yes:

Units (Marching Band, float, car, etc. is 1 unit): _____ # Floats: _____

Anything thrown from float? Yes No

If Yes, describe:

Length (Blocks): _____ Length (Time): _____ # Est. spectators: _____

22. If Sporting Event, please describe: _____
(excludes Participants)

of Spectators: _____

23. Is Food offered at the Event? Yes No
If Yes, Served by: Insured Other Not Applicable
Sales: _____

24. Is Liquor offered at the Event?: Yes No
If Yes, who is responsible for serving/holds liquor permit? _____
(Complete No. 45 – 50)

25. Is there a charge for admission?: Yes No
If Yes, please indicate cost per person: _____

26. Is this event part of a larger function?: Yes No
If Yes, please describe: _____

27. Max Daily Attendance: _____ Total Attendance: _____ Total Volunteers: _____
Avg. Age of Attendees is: _____ Event is: Private Open to the Public

28. Vendors/Exhibitors:
 Total #: _____ Food & Beverage #: _____ Arts & Crafts #: _____ Other#: _____

29. Will the event feature any of the following activities?:

Rodeos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical amusement rides owned/operated by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(other than pet contests/shows)		
Child Care Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skating at permanent or temporary park/rink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cattle drives or trail rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fireworks discharged by you	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Camping/lodging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motorized watercraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Motor Sports	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year round exposures not Typical to a festival	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

30. Do you have certificates of insurance naming your organization as additional insured from the following subcontractors?

Amusement Ride Operator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Pyrotechnician	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Motor Sports Events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Trams, buses, movers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

C. **VENUE INFORMATION** (answer as applicable to the Event(s) named in No. 11)

31. Name: _____ City: _____ State: _____

Venue Contact Name: _____

Phone: _____ Venue Website: _____

32. Type: Private Residence Stadium Convention Center
 Fair Grounds Arena Liquor-Licensed Establishment
 Indoor Outdoor

33. Does facility require a contract for usage? Yes No
 If Yes, provided a copy of contract(s).

34. Seating Structure: Permanent Temporary Not Applicable
 If Temporary, name of installation firm:
 Seating Type: Bleacher Stadium Folding Chairs
 Seating Capacity: _____

35. Staging Present: Yes No
 Provided by: Insured Subcontractor Venue
 Staging Type: Permanent Temporary
 Is the Applicant an Additional Insured? Yes No

36. Tents Available: Yes No
 Provided by: Insured Subcontractor Venue
 Is the Applicant an Additional Insured? Yes No

37. Temporary Lights
 Provided: Yes No
 Provided by: Insured Subcontractor Venue
 Is the Applicant an Additional Insured? Yes No

38. Parking
 Provided by: Insured Other

39. Auto Liability
 Required: Yes No

40. Ushers: Yes No

41. Security Available: Yes No
Security Type: Armed Unarmed Not Applicable
Contracted by: Insured Facility
of Security Personnel:

D. BROKER INFORMATION

42. Company Name: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ e-mail: _____
43. Do you have E&O Insurance? Yes No
(Proof of E&O Insurance required to bind coverage)
44. Is the Agency/Brokerage Licensed? Yes No
(Proof of Licensure required to bind coverage)

**E. LIQUOR LIABILITY Quotation Required Quotation Not Required
(complete this Section if No. 23 answered "Yes")**

45. Estimated # of Attendees consuming alcohol daily: _____
46. a. Is the Applicant the only vendor of alcohol at this event? Yes No
If No, list name(s) of other vendor(s) : _____
b. Are all the participating alcohol vendors required to carry minimum Liquor Liability Limits for the Event? Yes No
If Yes, what is the minimum requirement? _____
47. a. Will alcohol be dispensed by a Professional Bartender? Yes No
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 the service of alcohol to minor and/or intoxicated persons? _____
48. a. Is a Liquor License required for this event? Yes No
b. Does the Applicant have a valid Liquor License? Yes No
49. a. Number of bars or areas at which alcohol will be dispensed at the Event?
b. Is alcohol consumption confined to these areas? Yes No
If No, please provide details: _____
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(Bring your own bottle) allowed? Yes No
50. Estimated alcohol gross receipts per day: _____

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

PRINT NAME OF APPLICANT

TITLE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF BROKER

DATE