



Fireman's Fund Insurance Companies
2350 W. Empire Avenue, Suite #200
Burbank, CA 91504

**Special Event Insurance Program
Commercial General Liability
Application**

Insured Information:

01. Insured Name: _____

02. Insured Address: _____
Street Address

_____ City State Zip

03. Insured Home Phone: _____
Area Code Phone Number

04. Insured Business Phone: _____
Area Code Phone Number

05. Insured Fax: _____
Area Code Phone Number

Event Information:

06. Event Dates: _____
Dates the Event will be held

07. Event Times: _____
Times the Event will be open

08. Event Type: _____
Type of Event (Dinner Party, Concert, Picnic, etc.)

09. Event Estimated Attend: _____
Estimated Number of Attendees

10. Event Indoor: _____ Yes _____ No

Event Outdoor: _____ Yes _____ No

11. Event Music Type: _____ Live Group _____ DJ _____ Stereo

12. Event Seating Type: _____ Reserved Seating _____ Open Seating

13. Event Security:

a. Security Provided By:

1. _____ Facility

2. _____ Other Security Provider:

Name of Security Provider: _____

Security Provider has Liability Insurance: _____ Yes _____ No

b. Number of Security Guards: _____

Number of Guards

c. Type of Security Guards: _____ Uniform Guards _____ Peer Group/Ushers

14. Will the event include any type of athletic/sports activity (golfing, volleyball, baseball,

basketball, skating, swimming, etc.?) _____ Yes _____ No

If yes, type of athletic/sports activity(s): _____

15. Will any type of chartered transportation services be used to transport anyone?

_____ Yes _____ No

16. Will alcohol be served or be available for consumption at the event?

_____ Yes - Alcohol will be served or will be available for consumption at the event.

_____ No - Alcohol will not be served and will not be available for consumption at this event.

17. Will the Insured receive any proceeds from the sale of alcohol?

_____ Yes - Estimated proceeds from the sale of alcohol \$ _____

_____ No - The insured will not receive any proceeds from the sale of alcohol.

18. Is a donation expected or an admission charge required to attend the event?

_____ Yes - A donation is expected or an admission charge is required to attend the event.

_____ No - A donation is not expected nor is an admission charge required to attend the event.

Facility Information:

19. Facility Name: _____
Name of Facility

20. Facility Address: _____
Street Address
_____/_____/_____
City State Zip

21. Facility Max. Capacity: _____
Facility Maximum Capacity

Coverage Information:

22. Limit(s) of Liability to be quoted:
- a. _____\$1,000,000/\$2,000,000 per occurrence/annual aggregate
 - b. _____\$2,000,000/\$3,000,000 per occurrence/annual aggregate
 - c. _____\$3,000,000/\$4,000,000 per occurrence/annual aggregate
 - d. _____\$4,000,000/\$5,000,000 per occurrence/annual aggregate
 - e. _____\$5,000,000/\$6,000,000 per occurrence/annual aggregate

23. Is the event facility requiring that they be named on this liability policy as an Additional Insured? _____ Yes _____ No

24. If yes to number 23 above, Additional Insured Language: _____
_____.

25. Is any other entity requiring that they be named in this liability policy as an Additional Insured? _____ Yes _____ No

26. If yes to number 25 above, Additional Insured Language: _____
_____.

Additional Insured Address: _____
Street Address
_____/_____/_____
City State Zip

Print: _____

Signed: _____ Dated: _____

Completion and signing of this application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

The applicant's firm order based on a quotation by the company is required before risk may be bound and a policy issued.

Signature:

_____ Date:

Notes:

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A copy of your contract or agreement must be submitted along with this application.