

**Scottsdale Insurance Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
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**Scottsdale Indemnity Company**  
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Columbus, Ohio 43215  
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Scottsdale, Arizona 85258

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### Special Event Supplemental General Liability Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_

PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

Location address of event: \_\_\_\_\_

1. **Description of event** (attach any flyers, brochures, etc.): \_\_\_\_\_

Maximum daily attendance: \_\_\_\_\_ Total attendance: \_\_\_\_\_ Sales: \$ \_\_\_\_\_  
Length of event: \_\_\_\_\_ Estimated age group of audience: From \_\_\_\_\_ to \_\_\_\_\_  
No. of Participants: \_\_\_\_\_ Do participants sign waiver of liability agreements? .....  Yes  No

2. **Applicant's experience** in conducting events of this or similar nature: \_\_\_\_\_

Is applicant an event coordinator?.....  Yes  No

3. **If applicant is the sponsor, does the operator have liability insurance?** .....  Yes  No

If yes, name of insurance carrier: \_\_\_\_\_

Policy limits of liability: \$ \_\_\_\_\_

4. **Entertainment:**

A. Will live entertainment be provided? .....  Yes  No

If yes, describe: \_\_\_\_\_

B. Is event a rave, rave dance or rave party? .....  Yes  No

C. Will there be a concert? .....  Yes  No

If yes:

(1) Type of music:

- |                                      |  |                                      |  |                               |
|--------------------------------------|--|--------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Country/western | <input type="checkbox"/> Hard core   | <input type="checkbox"/> Jazz                    | <input type="checkbox"/> Rap  |
| <input type="checkbox"/> Blue grass  | <input type="checkbox"/> Gospel          | <input type="checkbox"/> Heavy metal | <input type="checkbox"/> R&B                     | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Classical   | <input type="checkbox"/> Gothic          | <input type="checkbox"/> Hip-hop     | <input type="checkbox"/> Other (describe): _____ |                               |

(2) Name of performer or group: \_\_\_\_\_

(3) Any special effects for the concert?.....  Yes  No

If yes, describe: \_\_\_\_\_

**5. Hold-harmless Agreements:**

A. Is applicant held harmless by others?.....  Yes  No

B. Does applicant agree to hold any third-party harmless? .....  Yes  No

If yes, who? \_\_\_\_\_

C. Is applicant naming anyone as additional insured? .....  Yes  No

If yes, who and why? \_\_\_\_\_

\_\_\_\_\_

**6. Fireworks:**

A. Will there be a fireworks display? .....  Yes  No

B. Will a licensed pyrotechnician ignite the fireworks?.....  Yes  No

If no, advise who will ignite: \_\_\_\_\_

C. Is person igniting fireworks insured for this operation?.....  Yes  No

D. Distance between fireworks staging area and audience: \_\_\_\_\_

E. Spectators allowed in fireworks staging area?.....  Yes  No

F. Will firemen be present? .....  Yes  No

G. Will fireworks be sold? .....  Yes  No

**7. First Aid:**

Will first aid facilities be provided at the event?.....  Yes  No

If yes, describe: \_\_\_\_\_

Who will be in charge of the facilities?  Doctors  Nurses  Others: \_\_\_\_\_

**8. Liquor:**

A. Is liquor to be served by applicant? .....  Yes  No

If yes, explain: \_\_\_\_\_

B. Does applicant want Host Liquor? .....  Yes  No

C. Is liquor to be served by others?.....  Yes  No

If yes, do they have Liquor Liability coverage?.....  Yes  No

**9. Rides/Attractions:**

A. Will inflatables be utilized? .....  Yes  No

If yes, advise: \_\_\_\_\_

B. Will rides be provided?.....  Yes  No

If yes, type of rides: \_\_\_\_\_

C. Will ride operators hold applicant harmless? .....  Yes  No

D. Does applicant have certificates of insurance from the ride vendors? .....  Yes  No

E. Rides inspected?.....  Yes  No

F. Do rides have signs clearly marking age, height and size limitations?.....  Yes  No

G. Will applicant be in compliance with state laws regulating amusement ride inspections? .....  Yes  No

**10. Security:**

A. Indicate type and number of each per the following:

Chaperons: \_\_\_\_\_  Independent security co.: \_\_\_\_\_

Employed security: \_\_\_\_\_  Off-duty police: \_\_\_\_\_

B. Is there a written emergency plan in the event of an accident?.....  Yes  No

C. Does independent security company provide a certificate of insurance?.....  Yes  No

D. Do they hold the applicant harmless? .....  Yes  No

**11. Stadiums:**

A. Are bleachers or platforms to be used? .....  Yes  No

If yes, type:  portable  permanent

B. Back and side railings provided? .....  Yes  No

C. Construction:  Wood  Steel  Concrete

D. Height in feet: \_\_\_\_\_ Age of bleachers or platform: \_\_\_\_\_

E. Are patrons protected from, and warned against, potential flying objects? .....  Yes  No

F. Are patrons allowed on the field, track or pit area? .....  Yes  No

G. Is public address system clearly audible in all parts of the facility? .....  Yes  No

H. Is there a backup electrical supply for lighting and the public address system? .....  Yes  No

I. Are premises entrances/exits well lit? .....  Yes  No

**12. Traffic Control:**

A. Who is responsible for crowd and traffic control? \_\_\_\_\_

B. Are parking areas smooth with clearly marked parking areas and exit roads? .....  Yes  No

**13. Does applicant have other business ventures for which coverage is not required?.....  Yes  No**

If yes, explain and advise where insured: \_\_\_\_\_

**14. Bicycle/Running Event:**

A. Is the route surface free of hazards and clearly marked? .....  Yes  No

B. Will all pedestrians and vehicular traffic be rerouted? .....  Yes  No

**15. Christmas Tree Lot/Farm:**

A. Are customers allowed to cut their own trees? .....  Yes  No

B. Number of lots and/or farms: \_\_\_\_\_

**16. Under 21 Dance, Grad Night or Prom:**

A. Are students allowed to leave and return?.....  Yes  No

B. Are chaperons provided? .....  Yes  No

C. Is security provided? .....  Yes  No

If yes, describe and advise if armed: \_\_\_\_\_

**17. Haunted House:**

A. Describe building and construction: \_\_\_\_\_

B. Age: \_\_\_\_\_ Condition: \_\_\_\_\_

C. Are there separate entrances and exits? .....  Yes  No

D. Has the house been inspected by a Fire Marshall?.....  Yes  No

E. Does the house meet all local, city and state codes?.....  Yes  No

F. Describe any temporary structures: \_\_\_\_\_

- G.** Are any of the following present? .....  Yes  No
- Unlit stairs       Moveable Floors       Sinking Floors
- Slides       Suspended Bridges       Electric Shock Devices       Fire or Flash Powders

**H.** Describe special effects: \_\_\_\_\_  
 \_\_\_\_\_

**I.** Does applicant have lead and follow-up guides? .....  Yes  No

**J.** Ratio of attendants to the public: \_\_\_\_\_ Number of persons per group: \_\_\_\_\_

**K.** Age of clients: \_\_\_\_\_ Are children supervised? .....  Yes  No

**L.** Does applicant have a door monitor? .....  Yes  No

**M.** Does applicant have the public participate in stunts? .....  Yes  No

**N.** Does anyone touch the public? .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**O.** Does applicant have a gift shop or concession stand? .....  Yes  No  
 If yes, receipts: \_\_\_\_\_

**18. Parade:**

**A.** Are cross streets barricaded? .....  Yes  No

**B.** Will souvenirs or other items be thrown into the crowd? .....  Yes  No  
 If yes, what is thrown: \_\_\_\_\_  
 \_\_\_\_\_

**C.** Animals in the parade are: \_\_\_\_\_

**D.** Are all of the animals insured against third-party liability claims by the owner? .....  Yes  No  
 If yes, what are the minimum liability limits required of the owners: \_\_\_\_\_

**E.** Length of parade route: \_\_\_\_\_ Number of floats: \_\_\_\_\_ Number of Equestrians: \_\_\_\_\_

**F.** Number of bands: \_\_\_\_\_ Number of motorized vehicles and/or floats: \_\_\_\_\_

**G.** Is parade route able to handle size and height of floats? .....  Yes  No

**19. Political Rally:**

Please describe: \_\_\_\_\_  
 \_\_\_\_\_

**20. Pumpkin Patch** (temporary retail lot):

Is any pumpkin patch in conjunction with farm operations? .....  Yes  No

**21. Rodeo:**

**A.** Name(s) of rodeo promoter/company/stock contractor: \_\_\_\_\_  
 \_\_\_\_\_

**B.** Does the rodeo board the stock in the applicant's facility overnight? .....  Yes  No

**C.** Does the rodeo company maintain responsibility for security of stalls/pens used to board the stock?  Yes  No

**D.** Are the transfer areas between the animal pens and the competition restricted from the general public? .....  Yes  No

**E.** Rodeo arena specifics:  Indoors  Outdoors  Permanent  Temporary

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

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 applicable in Nebraska, **Oregon and Vermont.**)

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 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 OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 OKLAHOMA APPLICANTS:** 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.

**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 MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):**

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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_