MARKET FINDERS, INC. P.O. BOX 90280 ALBUQUERQUE, N.M. 87199

INSURED					ER CODE_		
EFFECTIVE DATE		STATE CODE					
SPECIAL EVENTS APPLICATION							
NAME OF     APPLICANT	APPLI		INDIVIDUAL			☐ OTHER (Specify)	
STREET		CITY	PARTNERSH	STA		ZIP CODE	
ADDRESS		0		"		211 0002	
2. ADDRESS							
OF EVENT							
DESCRIBE LOCATION OF EVENT			<u></u>				
3. DATE OF EVENT	FROM	ΤΟ	COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)				
TIME OF EVENT	FROM	TO					
4. ESTIMATED ATTENDANCE	TOTAL ESTIMATED		GROSS		MAXIMUM CAPACITY OF		
PER DAY:	PARTICIPANTS:		RECEIPTS:		LOCATION OF EVENT:		
5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY)							
6. EVENT WILL		8. CROWI	D TYPE:			NUMBER:	
BE HELD:   INDOORS   OUTDOORS		CONTR				NOMBEN.	
			, 🗆 USH	HERS			
7 CEATING MULL DE.			[] DDI	VATE SECUR	UTV		
7. SEATING WILL BE:  □ RESERVED SEATING □ GENERAL ADMISSION				MED I UNA			
			☐ OFF-DUTY POI ARMED ☐ UN				
			AIN	ALD LI ONA	I (WILD L		
			□ POL	LICE		-	
			□ GU/	ARD DOGS			
			□ OTH	HER (DESCR	IBE)		
						_	
		<u> </u>	•				
9. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)							
10. ANY CELEBRITIES IF YES,							
TO BE PRESENT?   YES  NO PROVIDE NAME(S)							
SDECIAL NOTE:							

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THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT

Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

11. WILL BLEACHERS OR						
PLATFORMS BE USED?						
C. HEIGHT FT. D. AGEYEARS						
E. BACK AND SIDE F. CONDITION RAILINGS PROVIDED □ YES □ NO (DESCRIBE)						
12. DOES EVENT HAZARD INTEREST OF APPLICANT						
INVOLVE: SPONSOR OPERATOR (IF NONE, □ FIREWORKS □ □ □ CHECK □)						
□ AMUSEMENT RIDES OR DEVICES □ □						
□ FOOD SALES □ □						
☐ ALCOHOLIC BEVERAGE SALES ☐ ☐						
A. IF APPLICANT IS SPONSOR DOES OPERATOR HAVE LIABILITY INSURANCE?						
LIMITS \$ NAME OF COMPANY						
B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR?   YES  NO						
13. HOLD HARMLESS A. DOES APPLICANT AGREE TO HOLD B. IS APPLICANT HELD AGREEMENTS: HARMLESS ANY THIRD PARTY? □ YES □ NO HARMLESS BY OTHERS □ YES □ NO						
AGREEMENTS: HARMLESS ANY THIRD PARTY? 🛘 YES 🖂 NO HARMLESS BY OTHERS 🗘 YES 🗘 NO IF ANSWER TO A. OR B. IS YES, ATTACH COPIES OF CONTRACTS						
14. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE.						
DATE NATURE OF LOSS AMOUNT PAID OR OUTSTANDING						
OUTSTANDING						
15. A. LIMITS OF LIABILITY  B. PRODUCTS COVERAGE						
DESIRED \$ DESIRED?   YES   NO						
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DATE SIGNATURE OF APPLICANT						
DATE SIGNATURE OF AFFLICANT						
SIGNATURE OF PRODUCER						
REQUEST FOR ADDITIONAL INSURED(S):						
NAME ADDRESS						