Membe	er Companies of Wester	n World Insurance Grou	ıp	
□ We	estern World Insurar	nce Company		Application
☐ Tu	dor Insurance Comp	oany		For
Str	ratford Insurance Co	ompany	Speci	al Event Liability
	GENERAL INFOR	MATION:		
1.	Name of Applicant:			
				Zip:
		\ddress:		
2.	Applicant is:	☐ Individual		
	, <del> -</del>  -		•	
	Applicant's interest in	this event?		
÷				nis event:
3.	Location where event	•		
				Zip:
4.	Location is:	☐ Arena	Convention Cent	_ 5
		☐ Public Park	Private Residence	
_	Event is being held:		☐ Indoor	Outdoor
5.	Type of event?			
		Concert/Musical F		Picnic
		☐ Fund Raiser		Convention/Trade Show
		Parade		Company Picnic
		Sporting Event		Political Event
	Cive full description of			(Attach conv. of hypothuro and/or flyor)*
	Give full description of	events and schedules,	and purpose or event.	(Attach copy of brochure and/or flyer)*
	Web site address:			
	Is this part of a larger	event?   Yes	□ No	
	If yes, please describe	e:*		
6.	Dates of Event:	From	//_ To:	
	Hours of Event:	From	// To:	/
	Effective Dates Desire	ed: From	// To:	/
	*If multiple event dat	tes, attach schedule.		
7.	Is there an admission	fee?	☐ No	
	If yes, what is the pric	e of admission?	Estimated g	ross receipts:

Is admission: General Admission By invitation only

Total estimated attendees per day \_\_\_\_\_\_ Total estimated for event: \_\_\_\_\_

What is maximum capacity of location holding event? Average age of attendee is:

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8.	What type of seating will be provided?   Bleachers   Open Field   Grandstand   Stadium  Other	
	Is seating:  Temporary Permanent	
	If temporary, who is responsible for set up?	
9.	Are there any water hazards present?   Swimming Pool  Lake  Pond	
	Other (describe)	
	EVENT HISTORY:	
10.	Has this event taken place before?	☐ No
	How many years?	
	What was the previous attendance?	
	Has applicant had previous insurance for this or any similar event?	☐ No
	Prior carrier: Expiring Premium:	
	Have there been any losses in the past five years?	☐ No
	If yes, please attach company hard copy currently valued loss runs.	
	GENERAL LIABILITY:	
11.	Limits of Liability Requested: \$/	
12.	Name of any Additional Insured:	
	Mailing Address:	
	Additional Insured's interest in this event:	-
13.	Will there be any live music?	☐ No
	If yes, what type of music?	
	Provide name of entertainer:	
	Any other type of entertainment?	☐ No
	If yes, please describe	
	Any stage pyrotechnics?   Yes   No	
	If yes,	
	Do you require all musicians/entertainers to provide you with a Certificate of Insurance?	☐ No
	What limits of liability do you require?	
	Are you named as an Additional Insured?	☐ No
14.	Describe any electrical or stage construction work performed by or for the proposed insured*:	
15.	If a sporting event, advise: # of participants Professional Amateur	
	Age of participant: Under 18 Over 18	
	# of games # of races	
	Is coverage desired for participants?	☐ No
	Describe distance and protection between spectators and participants (attach diagram)*:	
	Describe any participation by spectators:	
16.	If a political event, advise:   National event   State event   Local event	
	Name of political figure and title:	
	Describe purpose of event:	

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Will there be carnival or amusement type rides?	☐ Yes	☐ No
If yes, please provide a list of carnival/amusement rides including inflatables*		
Do amusement ride operators carry own insurance?	☐ Yes	
If so, at what limits? GL		Comp
Do you require Certificate of Insurance from all operators?	☐ Yes	□ No
Do you require all operators to name you as an Additional Insured on their policy?	☐ Yes	☐ No
Will there be any animals on display or petting zoos?	☐ Yes	☐ No
If yes, please provide details and list of animals*	<del></del>	
Any saddle animals or carriage rides?	☐ Yes	□ No
If yes, please provide details	_	
Describe types of products sold or displayed by concessionaires:		
How many concessionaires will be attending event?		
Will alcohol be served?   Yes   No If yes, by applicant or independent vendors		
Will Liquor Liability coverage be obtained?  Yes No If yes, at what limits?		
Do you require all concessionaires to provide you with a Certificate of Insurance?	☐ Yes	No
What limits of liability do you require?		
Are you named as an Additional Insured?	☐ Yes	No
Will there be any firework displays?	☐ Yes	□ No
Name of pyrotechnician:		
Licensed?	☐ Yes	☐ No
Any affiliation between organization and pyrotechnician?	☐ Yes	☐ No
If yes, please provide details		
Will fire department and ambulance be on hand?	☐ Fire ☐	Ambulance
Provide name and address of person or organization putting on display:		
Do you require them to provide you with a Certificate of Insurance?	☐ Yes	□ No
What limits of liability do you require?		_
Are you named as an Additional Insured?	☐ Yes	☐ No
Describe type of Security and measures provided:		
Who provides Security?		
☐ Employees of Applicant ☐ Local or State Police ☐ Independent Firm or 0☐ Armed ☐ Unarmed	Contractor	
If Independent Firm/Contractor:		
Do you require them to provide you with a Certificate of Insurance?	☐ Yes	☐ No
What limits of liability do you require?		
Are you named as an Additional Insured?	☐ Yes	☐ No

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## FIREWORKS WARRANTY CLAUSE

- All fireworks will be displayed not less than 50 yards away from spectators and automobile parking lots.
- All displays will be aimed away from spectators and parking areas.
- A test display will be shot into the air at least one hour before the actual display.
- Fireworks that have been wet prior to the display will not be used.
- All fireworks will be purchased from a USA Distributor or Manufacturer.
- Area will be policed for all debris upon completion of firing the display and policed and inspected for debris again the next morning.
- Pyrotechnicians are specifically excluded from all liability coverage.

Applicant's Signature:	
Title:	Date:

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<sup>\*</sup>IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET.