

NONPROFIT SOCIAL SERVICES

SPECIAL/FUND RAISING/SPORTS/EVENTS

1. Name of Applicant: _____
2. Producer: _____
3. Name of Additional Insured(s): _____
4. Their Interest: _____
5. List Date(s) of Event(s): _____
6. List Location(s) of Event(s): _____
7. Description of Event(s) (Use additional space if necessary):

8. Describe Security Protection: _____
9. Seating Capacity: _____ Type of Seats: _____
10. Number of Grandstands (if any): _____ Permanent _____ or Temporary: _____
11. Estimated Attendance _____ Ticket Price: _____
12. Estimated Gross Receipts: _____
13. Number of Teams: _____ Number of Players per Team: _____
14. Number of Games Played _____ Duration of Season/Meet: _____
15. Age Range: _____ Applicant's Ratio of Supervisors to Children: _____ to _____
16. Is Contractual Required? _____ . (If required enclose copy of agreement.)
17. Has (Have) Similar Event(s) been held in the Past: Yes _____ No _____
18. Any alcoholic beverages being served at the event? Yes _____ No _____ If yes, who is serving?
19. Additional Insured Interest being required? Yes _____ No _____

Fraud Warning --Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: 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, (NY: 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) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.

Signature _____ Date _____