

TENNESSEE UNDERWRITERS INC.  
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### SPECIAL EVENT APPLICATION

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Event Location #1 \_\_\_\_\_

Event Location #2 \_\_\_\_\_

Event Location #3 \_\_\_\_\_

#### UNDERWRITING INFORMATION

1. Event Dates \_\_\_\_\_

Description of Event (**Attach** copy of flyer or brochure) \_\_\_\_\_

2. Estimated attendance per day \_\_\_\_\_ Total for all days event is held \_\_\_\_\_

Gross Sales \$ \_\_\_\_\_

3. Food or beverages sold or served by applicant? .....  Yes  No

If yes, provide details. \_\_\_\_\_

4. Alcoholic beverages on premises? .....  Yes  No

If yes, are they served by  applicant or  other? Is liquor liability coverage in place? .....  Yes  No

5. Seating arrangements – Describe (i.e., permanent, portable, bleachers, chairs, etc.) \_\_\_\_\_

If portable, who does the erection? \_\_\_\_\_

6. Setup – Describe all exposures (i.e., booths, stages, electrical, special effects, etc.) \_\_\_\_\_

Who is responsible for the setup? \_\_\_\_\_

7. Security – Describe (i.e., guards - unarmed vs. armed, dogs, off-duty police, etc.) \_\_\_\_\_

If guards are used, do they have their own insurance? .....  Yes  No

8. Parking facilities .....  Yes  No

Operated by:  Applicant  Others If others, do they have their own insurance? .....  Yes  No

Is parking area  Paved  Dirt  Other (describe) \_\_\_\_\_

9. Medical emergencies – describe how an emergency will be handled: \_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

- 10. Are certificates of insurance required from all subcontracted operations? .....  Yes  No
- 11. Does the applicant use any mobile equipment? .....  Yes  No  
If yes, describe and give details of how it is used. \_\_\_\_\_

**ANIMAL EXPOSURE**

- 1. Are there animal rides? .....  Yes  No      If yes, are animals hand lead? .....  Yes  No  
List the types of animals \_\_\_\_\_  
Describe area where rides are given (arena, roped off area, etc.) \_\_\_\_\_  
\_\_\_\_\_
- Is safety apparatus used? .....  Yes  No
- 2. Is there a petting zoo? .....  Yes  No      If yes, describe. \_\_\_\_\_  
\_\_\_\_\_
- List the types of animals \_\_\_\_\_
- How is it set up (fenced area, etc.)? \_\_\_\_\_
- Is the area supervised? .....  Yes  No

**AMUSEMENT DEVICES – KIDDIE TYPE**

- 1. Provide a complete list of equipment. \_\_\_\_\_
- 2. Is applicant properly licensed to operate equipment? .....  Yes  No
- 3. Are the rides supervised at all times? .....  Yes  No
- 4. Does the vendor or subcontractor operate Kiddie rides? \_\_\_\_\_

**AMUSEMENT DEVICES – OTHER THAN KIDDIE TYPE**

Operator must have insurance and provide a certificate of insurance with limits and coverage at least equal to those requested on this application.

**DEMOLITION DERBY, MUD BOGS AND TRACTOR PULLS**

Provide description of facility (**Attach** diagram on separate sheet) including type of protection used to protect the spectators from flying debris, placement of barriers to keep vehicles a safe distance from spectators, etc. \_\_\_\_\_

**DOG RACES, HORSE RACES, RODEOS AND HORSE SHOWS**

- 1. Provide description of facility (**Attach** diagram on separate sheet) \_\_\_\_\_
- 2. Are spectators allowed in any area where animals are kept when not performing? .....  Yes  No
- 3. Do livestock contractors have their own insurance? .....  Yes  No
- 4. Is seating at least ten (10) feet from the arena? .....  Yes  No

**FAIRS AND CARNIVALS**

Provide complete description of event (**Attach** diagram on separate sheet indicating location of each exhibit, booth, ride, event, etc.) \_\_\_\_\_

**FIREWORKS EXHIBITION – SPONSOR'S RISK ONLY**

1. Pyrotechnicians must be licensed, have insurance and provide certificates of insurance with limits and coverage at least equal to those requested on this application. ....  Yes  No
2. Are volunteers used to perform any duties at the exhibition? .....  Yes  No
3. Spectators must be at least one hundred fifty (150) feet from where fireworks are being set off. Describe crowd controls used to maintain this distance. \_\_\_\_\_  
\_\_\_\_\_
4. Describe the duties performed by volunteers. \_\_\_\_\_

**MUSICAL CONCERTS**

1. Name of performer(s) and type of music \_\_\_\_\_
2. Do they have their own insurance? .....  Yes  No
3. Describe seating, i.e., bleachers, grass, folding chairs, etc. \_\_\_\_\_
4. Is seating assigned? .....  Yes  No
5. Type of venue. ....  indoor  outdoor  
If outdoors, if facility designed to accommodate this type of event? .....  Yes  No

**PARADES – SPECTATOR LIABILITY ONLY**

1. Provide complete description of parade including crowd control (Attach diagram of route and spectator areas on separate sheet.) \_\_\_\_\_  
\_\_\_\_\_
2. Provide number and type of floats. \_\_\_\_\_
3. Are there any animals in the parade? .....  Yes  No  
If yes, describe. \_\_\_\_\_
4. Are participants required to have their own insurance? .....  Yes  No

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_

EACH OCCURRENCE \$ \_\_\_\_\_

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_

MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

