

**SPECIAL EVENT INSURANCE QUESTIONNAIRE**

* **NOTE: This questionnaire is to be submitted along with the following completed and signed forms:**
  + **ACORD Applicant Information Section 125**
  + **ACORD Commercial General Liability Section 126**
  + **ACORD Applications for other requested coverages: Property; Garage; Crime; Inland Marine; Transportation; Excess Liability; Employment Related Practices.**

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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | |
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| 1. Name of Insured (Applicant): | | | |  | | | | | | | | | | | |
| 2. Location/Address (if different from ACORD): | | | | | | | | | | | | | | | |
| 3. What is the insured’s FEIN number? | | | | | | | | | | | | | | | |
| 4. What is the insured’s website address? | | | | | | | | | | | | | | | |
| 5. Number of years in business? | | | | | | | | | | | | | | | |
| 6. Does the insured conduct any other operations under this name?  Yes  No  If yes, please explain: | | | | | | | | | | | | | | | |
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| **UNDERWRITING INFORMATION** | | | | | | | | | | | | | | | |
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| 1. Name of Event: | |  | | | | Type of Event: | | | | | | | | |  |
| 2. Location of Event (Venue/Address): | | | | | | | | |  | | | | | | |
| 3. Dates of Event: | |  | | | | Set-up/tear down dates: | | | | | | | |  | |
| 4. Is this an annual event?   Yes  No | | | | | | | | | | | | | | | |
| 5. Event Manager:       Experience:  Event Risk Manager: | | | | | | | | | | | | | | | |
| 6. Will this event feature any of the following:  Rides, Mechanical Devices or Inflatables  Petting Zoos or Animals  *If any of these event features apply, please complete the appropriate section of this application.* | | | | | | | | | | | | | | | |
| 7. Estimated total attendance:  Maximum daily attendance: | | | | | | | | | | | | | | | |
| 8. Are overnight accommodations or camping facilities provided for the event attendees  or contracted for by the event organizer?   Yes  No  If yes, please provide a copy of the contract. | | | | | | | | | | | | | | | |
| 9. Will the event have vendors or exhibitors?   Yes   No  If yes, do you require that each vendor/exhibitor carries insurance and lists you as an  additional insured?   Yes  No  If no, do you require a vendor hold harmless/indemnification agreement (in your favor)  be signed?  Yes  No | | | | | | | | | | | | | | | |
| 10. Are there musical/entertainment performers?  Yes  No If yes, please list below: | | | | | | | | | | | | | | | |
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| |  |  |  | | --- | --- | --- | | Performer/Entertainer Name | Type of Music/Program | Does the Performer/Entertainer have insurance? | |  |  | Yes  No | |  |  | Yes  No | |  |  | Yes  No | |  | | | | | | | | | | | | | | | | | | |
| **INSURANCE INFORMATION** | | | | | | | | | | | | | | | |
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| 1. Responsibilities: | | | | | | | | | | | | | | | |
| Please specify who has responsibility for the following event day operations: | | | | | | | | | | | | | | | |
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|  |  | | | | Insured | Facility | | | | | | Subcontractor/Other (please list) | | | |
|  | Facility Maintenance | | | |  |  | | | | | |  | | | |
|  | Maintenance of event area | | | |  |  | | | | | |  | | | |
|  | Concessions – Non-Alcoholic | | | |  |  | | | | | |  | | | |
|  | Concessions – Alcohol | | | |  |  | | | | | |  | | | |
|  | First Aid | | | |  |  | | | | | |  | | | |
|  | Parking | | | |  |  | | | | | |  | | | |
|  | Security\* | | | |  |  | | | | | |  | | | |
|  | Premises Defects | | | |  |  | | | | | |  | | | |
|  | Transportation\* | | | |  |  | | | | | |  | | | |
|  | Parade\* | | | |  |  | | | | | |  | | | |
| \*If the insured handles this function, a separate application is required. | | | | | | | | | | | | | | | |
| Please provide copies of all facility/venue agreements and/or subcontractor agreements. | | | | | | | | | | | | | | | |
| 2. Describe security protection: | | | |  | | | | | | | | | | | |
| 3. Describe procedures for patron eviction and/or arrests: | | | | | | | | | | | | | | | |
| 4. Describe the precautions taken to prevent spectators from entering restricted areas. If an outdoor event, please describe fencing and other means to prohibit entry by non-ticket holders: | | | | | | | | | | | | | | | |
| 5. Type of medical facility/ambulance provided? | | | | | |  | | | | | | | | | |
| 6. Is a stage used?  Yes  No If yes, please describe stage: | | | | | | | | | | | | | | | |
| Type | | | Height | | | | | | | Width | | | | | |
| Permanent | | |  | | | | | | |  | | | | | |
| Temporary | | |  | | | | | | |  | | | | | |
| 7. If permanent, what systems or physical characteristics keep spectators off stage? | | | | | | | | | | | | | | | |
| 8. If temporary, who is responsible for set up of stage?  Insured  Other (please list): | | | | | | | | | | | | | | | |
| 9. What percentage of attendance will be festival seating; i.e., non-reserved? | | | | | | | | | | | | | | | |
| 10. How long before scheduled performance time will you allow entry of spectators? | | | | | | | | | | | | | | | |
| 11. Are ushers used?   Yes  No | | | | | | | | | | | | | | | |
| 12. Describe number and types of gates and turnstiles: | | | | | | |  | | | | | | | | |
| 13. What type of concessions are sold? | | | | | | | | |  | | | | | | |
| 14. Will concessionaires provide you with Certificates of Insurance evidencing products liability  with your organization as Additional Insured?   Yes  No | | | | | | | | | | | | | | | |
| 15. Who is responsible for pre-event inspection of the event premises? | | | | | | | | | | | | |  | | |
| 16. Does the insured have custodial responsibility for minors?   Yes  No  If yes, is abuse coverage desired?   Yes  No  *If yes, please complete Section A (below) of this application.* | | | | | | | | | | | | | | | |
| 17. Will any other underlying coverage be provided for this event?   Yes  No  If yes, please describe: | | | | | | | | | | | | | | | |
| 18. How is this event being advertised? | | | | | | | | | | |  | | | | |
| 19. Is facility in compliance with city, state, and township building, safety, and fire codes?   Yes  No  (NOTE: Non-compliance with codes will invalidate insurance) | | | | | | | | | | | | | | | |
| 20. Attach a diagram of location. If event is held outdoors, describe fencing used to prohibit entry by non-ticket  holders, adjacent buildings, and landscape features: | | | | | | | | | | | | | | | |
| 21. If your organization is a member of a trade group or sanctioning body which hold insurance and/or risk  management seminars and/or meetings, indicate name of association: | | | | | | | | | | | | | | | |
| 22. Is this a sanctioned event?   Yes  No  If yes, name sanctioning organization: | | | | | | | | | | | | | | | |
| 23. Will you have remote parking?   Yes  No | | | | | | | | | | | | | | | |
| 24. What arrangements have been made for shuttle service? | | | | | | | |  | | | | | | | |
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| **ABUSE AND MOLESTATION**  ***(Please complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote for Abuse and Molestation Coverage please skip this section and continue to the next section.)*** | | | | | | | | | | | | | | | |
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| 1. Does the insured have custodial responsibility for minors?   Yes  No  If yes, is abuse coverage desired?  Yes  No | | | | | | | | | | | | | | | |
| 2. Do your employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse offenses?  Yes  No  If yes, what is the process for dealing with a "yes" answer? | | | | | | | | | | | | | | | |
| 3. (a) Does your state permit you to do criminal background checks on:  Yes  No Employees?  Yes  No Volunteers?  (b) If yes, do you routinely request and receive such background information on all individuals who will have contact with minors?  Yes  No | | | | | | | | | | | | | | | |
| 4. (a) Do you verify employment-related references for employees?  Yes  No  (b) Do you verify employment-related references for volunteers?  Yes  No | | | | | | | | | | | | | | | |
| 5. (a) Do you conduct a personal interview for employees?  Yes  No  (b) Do you conduct a personal interview for volunteers?  Yes  No | | | | | | | | | | | | | | | |
| 6. Do you have a written set of procedures for screening employees and volunteers?  Yes  No  If yes, please forward. If no, please describe your screening process. | | | | | | | | | | | | | | | |
| 7. Do you have an Abuse / Molestation Policy with regard to sexual abuse?  Yes  No  If yes, please indicate how it is provided to your employees/volunteers. | | | | | | | | | | | | | | | |
| 8. Do you have written procedures for dealing with allegations of sexual abuse?  Yes  No  If yes, please forward. If no, please describe what your current response would be. | | | | | | | | | | | | | | | |
| 9. Describe how your organization supervises employees and volunteers having custody of children. | | | | | | | | | | | | | | | |
| 10. (a) Has your organization ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  If yes, please describe your organization's response to the allegation.  (b) Was a claim made against the organization or an individual within the organization?  Yes  No When did the alleged incident(s) occur?  (c) Was the case taken to trial?  Yes  No  Civil  Criminal  (d) What was the disposition of the case? | | | | | | | | | | | | | | | |
| 11. Regarding coverage for abuse and molestation, does your current insurance program:  Yes  No Exclude coverage?  Yes  No Limit coverage (please forward a copy of the endorsement)?  Yes  No Neither exclude nor limit coverage? | | | | | | | | | | | | | | | |
| 12. Please indicate age range of minors in your care or under the supervision of your employees or volunteers at any time. | | | | | | | | | | | | | | | |
| 13. Please describe your current and/or planned operations that involve the custodial care of minors. | | | | | | | | | | | | | | | |
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| **AUTO EXPOSURE** | | | | | | | | | | | | | | | |
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| Complete the following chart: | | | | | | | | | | | | | | | |

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|  | We do this and are seeking coverage. | We do this and have coverage elsewhere. | We do not do this. |
| Own/lease/borrow/rent vehicles for company business. |  |  |  |
| Hire transportation services for company business. |  |  |  |
| Allow employees/volunteers to drive their personal vehicles on company business. |  |  |  |
| Provide valet or VIP parking services. |  |  |  |
| Provide or hire shuttle services. |  |  |  |

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| If you are seeking coverage for any of the above, we may require a completed Auto Exposure Supplemental Questionnaire. |
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| **CONSTRUCTION/RENOVATION** |
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| 1. Will the event(s) involve any construction or building activities?  Yes  No  If yes:  Who will perform the work?  Employees  Contractor  Please describe the work or project: |
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| **EMERGENCY RESPONSE PLAN** |
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| 1. Do you have an Emergency Response Plan?  Yes  No |
| 2. How often is the plan updated? |
| 3. What year was the plan last updated? |
| 4. Do you review the plan with employees?  Yes  No |
| 5. What frequency is the plan reviewed with employees? |
| 6. Do you have an active shooter plan?  Yes  No |
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| **FIREWORKS/PYROTECHNICS**  Are pyrotechnics or fireworks displayed at any of your operations/events?  Yes  No  If yes, is excess pyrotechnics/fireworks coverage desired?  Yes  No  ***If coverage is desired, please complete the following sections.*** |
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| ***(For the purpose of this questionnaire, the term “pyrotechnics” shall be considered interchangeable with the term “fireworks”.)*** |
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| 1. Location of the event(s) where pyrotechnics will be displayed: |
| 2. Estimated times a year pyrotechnics are displayed: |
| 3. Are pyrotechnics conducted by a licensed and insured subcontractor?  Yes  No  If no, please explain who conducts pyrotechnics:  If yes, do you receive an additional insured certificate of insurance with limits of at least $1M?   Yes  No  Provide name of subcontractor: |
| 4. For every event where pyrotechnics are used at the venue, does the authority having  jurisdiction approve all written plans and issue a permit?    Yes  No |
| 5. Will there be a fire department on-site during the display?  Yes  No If no, what is the distance to the nearest fire station? |
| 6. Do you store pyrotechnics on-site?  Yes  No If yes, does the storage facility meet the appropriate NFPA Standards and has been approved  by the authority having jurisdiction?  Yes  No  If no, please describe your storage system: |
| 7. Answer these questions if pyrotechnics will be displayed outdoors  N/A  Are spectators, unauthorized vehicles, and readily combustible materials located within the  designated and approved fallout area during pyrotechnic displays?  Yes  No  Is the site checked for debris, including duds, immediately after and the morning following  the event?  Yes  No |
| 8. Answer these questions if pyrotechnics will be displayed indoors  N/A  Does the facility have a sprinkler system?  Yes  No  Do you allow tenant users (including temporary tenant users) to conduct pyrotechnic displays  either themselves or through a contractor?      Yes  No  If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met and that insurance has been obtained from either the tenant or the tenant’s subcontractor who lists you as an additional insured? |
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| **INFLATABLE COVERAGE**  ***(Please complete this section if you need a quote for Inflatable Coverage. If you do not need a quote for Inflatable, please skip this section and continue to the next section.)*** |
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| 1. Provide detailed descriptions of the inflatable to be used (list name, description and, if possible, provide  brochures, pictures or internet address): |
| 2. Who sets up the inflatable(s)?  Rental Agency  Insured Organization (you) |
| 3. Where will the inflatable(s) be set up? |
| 4. Is the inflatable(s) set up on flat ground?  Yes  No |
| 5. Who inspects the inflatable to make sure that it is set-up correctly?  Rental Agency  Insured Organization |
| 6. Hours of operation: |
| 7. How many attendants at each ride? |
| 8. Are all attendants over the age of 18?  Yes  No  If no, please describe: |
| 9. Describe attendant’s responsibilities: |
| 10. Who is the manufacturer(s) of the inflatable(s)? Get from rental company if necessary: |
| 11. How often is the inflatable(s) checked and inspected? Get from rental company: |
| 12. Does the rental company keep a maintenance or inspection log?  Yes  No |
| 13. How are weight/age limitation enforced? |
| 14. Are riders of similar size and ability grouped together on inflatable bounces?  Yes  No |
| 15. With regard to inflatable rides that allow riders to participate one at a time, what is the guideline for letting the next  participant go (e.g. large inflatable slides – one at a time participation): |
| 16. Will the inflatable have permanently attached warning labels and safety instructions?  Yes  No |
| 17. Does inflatable provider carry $1m in GL insurance with an “A” rated carrier?  Yes  No |
| 18. Will the provider list your organization as an additional insured?  Yes  No |
| 19. Will your employees/volunteers receive formal training on the safe operation of the ride?  Yes  No |
| 20. Is the ride picked up by the rental agency immediately after the rental event ends?  Yes  No |
| 21. Will a liability release waiver or rental contract be signed?  Yes  No  **If yes, please provide a copy.** |
| 22. First aid available at the event?  Yes  No |
| 23. Injury/lost property disclaimer sign used at the inflatable site.  Yes  No  **If yes, please provide verbiage or photo of sign:** |
| 24. Will the power be provided by a generator on site?  Yes  No |
| 25. Has your organization had any incidents/claims relating to the use of inflatable?  Yes  No  If yes, please explain: |
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| **LIQUOR LIABILITY**  Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  **If yes, please complete the following section.** |
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| 1. Location(s) where alcohol will be served:  Hours of Operation: |
| 2. When is alcohol served?  Year-round  Event specific  If event specific, is alcohol service stopped at least ½ hour prior to the end of the event?  Yes  No |
| 3. Type of Beverage sold:  Beer/Wine  Mixed Drinks  Hard Liquor |
| 4. Receipts (complete all that apply):  Applicant’s gross sales from alcohol:  If sold by a concessionaire/subcontractor/vendor, how much compensation does applicant receive?  Value of compensated/free alcohol (including “free” beverage tickets): |
| 5. Will alcohol be served:  Directly by the insured’s employees/volunteers?  Through a concessionaire/subcontractor/vendor?  If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of  insurance naming you as an additional insured including liquor liability?  Yes  No  If alcohol is served directly by the insured’s employees/volunteers:  Name on liquor license:  License #:  Class of License: |
| 6. Do ALL servers receive alcohol awareness training?  Yes  No  Please indicate which training program is utilized (SAFE, TIPS, etc.). |
| 7. Management Practices:  Do you have a system for monitoring compliance with alcohol serving practices for all  individuals who have responsibility for serving alcohol?   Yes  No  If yes, please describe the system.  Do you have a system to ensure alcohol awareness training requirements are current for  all individuals who have responsibility for serving alcohol?  Yes  No  Do you take disciplinary action up to and including termination for any individuals who  violate your alcohol serving policies?  Yes  No  If yes, please describe. |
| 8. Explain process for checking ID’s (e.g. everyone is checked, only those appearing to be 30 or younger, etc.). |
| 9. Has applicant’s liquor license ever been revoked or suspended?  Yes  No  If yes, please explain: |
| 10. Has the applicant incurred claims for liquor liability during the last five years?  Yes  No  If yes, please explain: |
| 11. Has any insurer cancelled or non-renewed coverage during the last five years?  Yes  No  If yes, please explain: |
| 12. Has the applicant ever been fined by an alcoholic beverage control or other governmental entity?  Yes  No  If yes, please explain: |
| 13. Is bring your own bottle (BYOB) allowed?  Yes  No |
| 14. Is the alcohol service:  Contained within one fixed site  Booths/stands throughout the event site |
| 15. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?  Yes  No  If yes, please describe: |
| 16. Do you maintain security personnel at the site of alcohol service?  Yes  No |
| 17. Do you exercise the right of search and seizure?  Yes  No |
| 18. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?  Yes  No |
| 19. Is there any type of designated driver program in place?  Yes  No |
| 20. Are rules/regulations clearly displayed?  Yes  No |
| 21. Is food service available to patrons consuming alcohol?  Yes  No |

**Please provide the following with this Questionnaire:**

* Five years of company loss runs with description of any individual claim or reserve in excess of $10,000
* Most current audited financials.
* Copy of expiring policy or specific manuscript endorsements that the insured would like to submit for consideration.
* A list of all locations to be insured, including addresses and descriptions of each.
* A list of all insureds to be included along with a description of each.
* A list and description of any ancillary activities to be covered.
* Copies of subcontractor agreements or agreements between the insured and any additional insured.
* A schedule of events/activities or a brochure for this event.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Date Signature of Insured Title

Send completed form along with referenced ACORD application(s) to:

**American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

**E-mail:** [**apply@americanspecialty.com**](mailto:apply@americanspecialty.com)