

## FESTIVAL INSURANCE QUESTIONNAIRE

**SUBMISSION REQUIREMENTS**

* + - * Completed and signed ACORD Applicant Information Section 125, ACORD CGL Section 126, and ACORD applications for other requested coverages (e.g., Crime, Employment Related Practices, Excess Liability, Garage, Inland Marine, Property, Transportation)
* Five years currently-valued insurance company loss runs with description of any claim or reserve in excess of $10,000
* Copy of the Emergency Response Plan
* Sub-contractor/independent contractor agreements and/or agreements between the insured and any additional insured.
* Lease agreement with building or premises owner
* Schedule of festival events/activities

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| **GENERAL INFORMATION** |
| 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** |
| 1. Festival name (if different from Name of Insured):       |
| 2. Festival location:        Is there a swimming pool or body of water near the festival location? [ ]  Yes [ ]  No If yes, please describe:        |
| 3. Estimated total attendance this year:        |
| 4. Total attendance last year:       |
| 5. Gross receipts last year (all sources): $      |
| 6. Festival dates:       |
| 7. How many years has event been held?       |
| 8. Who provides security for your festival?  City [ ]  County [ ]  State [ ]  Employees/Volunteers [ ]  Private Company [ ]  Average number of security officers per festival day:       If a private security company is utilized, do you obtain a certificate of insurance that names  the festival as additional insured? [ ]  Yes [ ]  No |
| 9. Type of medical personnel: Paramedic [ ]  EMT/EMS [ ]  Nurse [ ]  Other [ ]  Describe:       Is there an ambulance on-site? [ ]  Yes [ ]  No Distance to nearest hospital:       Describe any medical facilities on-site:       |
| 10. Do you have a plan to monitor and respond to adverse weather situations? [ ]  Yes [ ]  No |
| 11. Are camping facilities provided to the general public? [ ]  Yes [ ]  No If yes, how many spaces?       Is 24-hour security maintained? [ ]  Yes [ ]  No Camping receipts: $      |
| 12. Answer the following if you have carnival/amusement rides [ ]  N/A  Are they operated by a subcontractor? [ ]  Yes [ ]  No If yes:  Does the subcontractor carry liability limits of at least $1,000,000? [ ]  Yes [ ]  No  Are you listed as an additional insured, indemnified, and held harmless? [ ]  Yes [ ]  No  |
| 13. Is this a music festival or will there be bands hired for the festival? [ ]  Yes [ ]  No If yes, what are the primary genre(s) of music for bands hired?       What considerations are made when determining whether to hire a band?       Are different security measures considered based on the band hired? [ ]  Yes [ ]  No If yes, describe:       Do you allow mosh pits or body surfing? [ ]  Yes [ ]  No What measures are taken to prevent mosh pits/body surfing and stop if one begins to form?       |
| 14. Number of vendors/trade booths:       Kinds of goods sold or displayed:       |
| 15. Are all goods finished products, or are there any on-site demonstrations of skills (i.e. blacksmith,  candle making, cooking, etc.) being done at the event? [ ]  Yes [ ]  No If yes, describe:       |
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| **AUTO EXPOSURE**  |
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| Complete the following chart:  |
|  | 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 section.*** |
| ***(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 Do you have a plan to determine if weather conditions are suitable for the event  (wind, drought, etc.)?      [ ]  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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| **GRANDSTANDS, BLEACHERS AND TEMPORARY STAGES** Does your operation include any grandstand(s), bleacher(s) or temporary stages? [ ]  Yes [ ]  No ***If yes, please complete this section.*** |
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|  | **Year Built or Age of Oldest Unit** | **Construction** | **Guardrails** | **Kickboards in Place?** | **Height** |
| Grandstand |       yrs. | [ ]  Wood [ ]  Concrete[ ]  Metal [ ]  Combo | [ ]  Side[ ]  Back | [ ]  Yes[ ]  No |       feet |
| Fixed Bleachers |       yrs. | [ ]  Wood [ ]  Concrete[ ]  Metal [ ]  Combo | [ ]  Side[ ]  Back | [ ]  Yes[ ]  No |       feet |
| Portable Bleachers |       yrs. | [ ]  Wood [ ]  Metal [ ]  Combo | [ ]  Side[ ]  Back | [ ]  Yes[ ]  No |       feet |

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| 1. Is any of the seating rented or borrowed? [ ]  Yes [ ]  No If yes:  Does the owner carry liability limits of at least $1,000,000? [ ]  Yes [ ]  No  Are you listed as an additional insured, indemnified, and held harmless? [ ]  Yes [ ]  No  |
| 2. Do you utilize any temporary stages? [ ]  Yes [ ]  No If yes, are they set up by a subcontractor? [ ]  Yes [ ]  No If yes:  Does the subcontractor carry liability limits of at least $1,000,000? [ ]  Yes [ ]  No  Are you listed as an additional insured, indemnified, and held harmless? [ ]  Yes [ ]  No  |
| 3. Do you have a formal inspection/maintenance program for grandstands, bleachers and/or  temporary stages? [ ]  Yes [ ]  No If yes, do you use a subcontractor? [ ]  Yes [ ]  No If yes:  Does the subcontractor carry liability limits of at least $1,000,000? [ ]  Yes [ ]  No  Are you listed as an additional insured, indemnified, and held harmless? [ ]  Yes [ ]  No  |
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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:       |

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| 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 |

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