

Special Events Supplemental Application

NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH

1. Name of Applicant: _____
2. Mailing Address: _____
3. Date(s) of Event _____ Time(s) _____
4. Desired Coverage Dates From _____ To _____
5. Name of Event _____
6. Location of Event _____
7. Name of Facility (if applicable) _____
8. Does the Facility carry Liability Insurance? Yes No
If yes, limits _____
9. Is the event indoors or outdoors? _____
10. Detailed Description of Event: _____

11. Applicants experience in conducting events of this or a similar nature:

12. Estimated attendance per day: _____
13. Estimated gross receipts: _____
14. Price of admission: \$ _____
15. Average age of attendees: _____
16. Will food and/or alcohol be served at the event? Yes No
If yes, describe _____
17. If alcohol will be sold, will there be a liquor liability policy in force? Yes No

18. Will the applicant be named as an additional insured? Yes No

19. Name, address and relationship of additional insured(s) to be added to this policy:

20. Will amusement devices be used? Yes No

If yes, provide list of amusement devices: _____

21. Are fireworks or pyrotechnics to be used? Yes No

If yes, please describe _____

22. Will the event use exhibitors, vendors, performers, contractors, subcontractors, or independent contracts? Yes No

If yes, please explain _____

Are they required to carry their own insurance? _____

What limits are required? _____

23. Security: Describe who will be providing security for the event: _____

24. Medical Emergencies- describe how an emergency will be handled: _____

25. Prior Carrier History (last 3 years) - if prior GL Coverage submit three years of loss runs with application.

Year	Carrier	Policy Number	Premium

I acknowledge that I have read this application supplement and understand that:

THIS SUPPLEMENT IS A PART OF THE APPLICATION AND WILL BE RELIED UPON BY THE COMPANY AS AN INTEGRAL PART OF THE APPLICATION.

Completed by the Insured _____ Date _____

Insured's Signature