



## ATLANTIC CASUALTY INSURANCE COMPANY

### UNDERWRITING INFORMATION (CONTINUED)

6. DOES EVENT INVOLVE: (IF NONE CHECK <input type="checkbox"/>	HAZARD  <input type="checkbox"/> FIREWORKS <input type="checkbox"/> AMUSEMENT RIDES OR DEVICES <input type="checkbox"/> FOOD SALES <input type="checkbox"/> ALCOHOLIC BEVERAGE SALES	INTEREST OF SPONSOR  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	APPLICANT OPERATOR  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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A. IF APPLICANT IS SPONSOR DOES OPERATOR HAVE LIABILITY INSURANCE?  YES  NO  
LIMITS \$ \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_

B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR?  YES  NO

7. HOLD HARMLESS AGREEMENTS:	A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY? YES <input type="checkbox"/> NO <input type="checkbox"/>	B. IS APPLICANT HELD HARMLESS BY OTHERS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF ANSWER TO A. OR B. IS YES, ATTACH COPIES OF CONTRACTS

8. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE: (ATTACH ADDITIONAL SHEETS IF NECESSARY TO EXPLAIN). IF NONE PLEASE STATE "NONE".

DATE	NATURE OF LOSS	AMOUNT PAID OR OUTSTANDING
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### COVERAGE INFORMATION

LIMITS OF LIABILITY DESIRED? \$ _____	FOOD PRODUCTS COVERAGE DESIRED? (INCLUDED AT NO CHARGE IN N/A STATES) YES <input type="checkbox"/> NO <input type="checkbox"/>	HOST LIQUOR LIABILITY DESIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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DEDUCTIBLE AMOUNT  
\$ \_\_\_\_\_

REQUEST FOR ADDITIONAL INSURED(S):  
INTEREST OF AI?  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

### SIGNATURES

**THIS FORM IS NOT AN INSURANCE POLICY OR CONTRACT OF INSURANCE. SIGNING OF THIS APPLICATION DOES NOT REQUIRE THE APPLICANT TO ACCEPT OR THE INSURER TO BIND OR ISSUE AN INSURANCE POLICY.**

APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER: \_\_\_\_\_ DATE \_\_\_\_\_

