



## Special Event Application Checklist

Please ensure that the following documents have been COMPLETED in FULL and SIGNED where required:

- Signature Live! Special Event Application Form
- 5 Year Loss Run (if applicable)

Please email the completed application package to Signature Risk Partners at:

[applications@signaturerisk.com](mailto:applications@signaturerisk.com)

## Signature Live! Special Event Application Form

## General Information

Name of Insured:

Mailing Address:

Name of Event(s):

Location of Event:

Contact:

Has this Event been held in the Past?  Yes  No

Website:

Business Tel.:

Performer Name:

Venue Name(s):

1. Date of Coverage: \_\_\_\_\_ Target Premium: \$ \_\_\_\_\_

2. Current Insurance Company: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

3. Have there been any Claims or Losses in the last 5 years? (if Yes, include Loss Run)  Yes  No4. Has any form of insurance ever been cancelled or declined? (if Yes, provide details)  Yes  No

## Coverage Limits (Statement of Values Required)

1. Requested Property Limit: \$ \_\_\_\_\_

2. Requested Liability Limit: \$ \_\_\_\_\_

3. Requested Equipment Limit: \$ \_\_\_\_\_

## Event(s) Information

1. Event Location is:  Indoors  Outside Venue Capacity: \_\_\_\_\_

2. Number of Performances: \_\_\_\_\_ Est. Ticket Receipts: \$ \_\_\_\_\_ Est. Gross Receipts: \$ \_\_\_\_\_

3. Estimated Average Attendance at Each Performance: \_\_\_\_\_

4. Please describe your responsibilities at each Event: \_\_\_\_\_

5. Venue Security provided by:  Venue Management  No Security Video Surveillance:  Yes  No6. Will First Aid be provided?  Yes  No If Yes, how many medical personnel will be onsite: \_\_\_\_\_7. Will Shuttle or Valet Services be provided?  Yes  No8. Will there be Overnight Camping?  Yes  No If Yes, describe: \_\_\_\_\_9. Is Alcohol served or sold at any show  Yes  No

If Yes, please complete the Supplemental Liquor Liability Application Form.

10. Will there be any Pyrotechnics or Fireworks at any planned Performance?:  Yes  No

If Yes, please complete the Supplemental Pyrotechnic Liability Application Form.

11. Are you entering any Contracts with Third Parties/Vendors?  Yes  No

If Yes, please attach copies of all Agreements.

12. Type of Seating at Venue (check all that apply):  Reserved  General Admission  Festival

# Signature Live! Special Event Application Form Con't

**Schedule of Performances**

Date	Venue Name	Location	Capacity	Indoor/ Outdoor	Number of Shows

**Certificates of Insurance (COI) Request**

Please list all Organizations that will require a COI from you:

	Organization Name	Address	Relationship
1			
2			
3			
4			

**Declarations**

**I/We declare that:**

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
3. All Submitted Application Forms become part of the Insurance Policy and is the basis of Coverage provided.
4. If any of the questions have been answered fraudulently or with the intent to conceal or misrepresent any material fact or circumstance concerning this Application for insurance, the entire Policy shall be void.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_