

# H.R. KELLER & CO., INC

Specialty lines wholesalers

1520 Sheridan Drive, Buffalo, NY 14217

(716)874-1644 (800)424-2202 Fax: (716) 874-4920

# Special Events Liability Application

Agency Name \_\_\_\_\_

Producer Code \_\_\_\_\_

Phone Number \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

Applicant is:  INDIVIDUAL  CORPORATION  PARTNERSHIP  JOINT VENTURE  OTHER

CONTACT C/O \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

ADDRESS OF EVENT \_\_\_\_\_

GROSS SALES \_\_\_\_\_ NUMBER OF EVENT DAYS \_\_\_\_\_ HOURS OF EVENT \_\_\_\_\_

ESTIMATED ATTENDANCE PER DAY \_\_\_\_\_ DATE OF EVENT (FROM-TO) \_\_\_\_\_ # SET UP/ TAKE DOWN DAYS \_\_\_\_\_

DETAILED DESCRIPTION OF EVENT(ATTACH ADVERTISING, BROCHURE, ETC., IF ANY) \_\_\_\_\_

EVENT WILL BE HELD:  INDOORS  OUTDOORS SEATING WILL BE:  RESERVED  GENERAL ADMISSION

CROWD CONTROL:  USHERS  POLICE  PRIVATE SECURITY \_\_\_\_\_ ARMED \_\_\_\_\_ UNARMED  
 SECURITY INSURED \_\_\_\_\_ YES \_\_\_\_\_ NO  OFF DUTY POLICE \_\_\_\_\_ ARMED \_\_\_\_\_ UNARMED  
 GUARD DOGS  OTHER (DESCRIBE) \_\_\_\_\_

APPLICANTS EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.) \_\_\_\_\_

ANY CELEBRITIES PRESENT?  YES  NO IF YES, PROVIDE NAMES \_\_\_\_\_

WILL BLEACHERS OR PLATFORMS BE USED?  YES  NO IF YES,  PERMANENT  PORTABLE  
CONSTRUCTION:  WOOD  STEEL  CONCRETE HEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_  
BACK AND SIDE RAIL PROVIDED:  YES  NO CONDITION (DESCRIBE): \_\_\_\_\_

DOES THE EVENT INVOLVE: INTEREST OF APPLICANT  
 FIREWORKS (SPONSORS RISK ONLY) Sponsor Operator  
 AMUSEMENT RIDES OR DEVICES    
 FOOD SALES    
 ALCOHOLIC BEVERAGE SALES    
 NONE OF THE ABOVE

LIMITS OF LIABILITY DESIRED: \$ \_\_\_\_\_ FOOD PRODUCTS COVERAGE DESIRED?  YES  NO

IF APPLICANT IS SPONSOR, DOES OPERATOR HAVE LIABILITY INSURANCE:  YES  NO

LIMITS\$ \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_

HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR?  YES  NO

HOLD HARMLESS AGREEMENTS:  
DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY?  YES  NO  
IS APPLICANT HELD HARMLESS BY OTHERS?  YES  NO  
IF ANSWER TO EITHER OF THE ABOVE IS YES, ATTACH COPIES OF CONTRACTS.

LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OF SIMILAR NATURE:

DATE: \_\_\_\_\_ NATURE OF LOSS AND AMOUNT PAID OR OUTSTANDING \_\_\_\_\_

REQUEST FOR ADDITIONAL INSURED (S): NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

SPECIAL NOTE: THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT. Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

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

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_