



Special Event Application		
<p>Named Insured: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: (____) ____ - ____ Email: _____</p> <p>Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____</p>	<p>Producers Name & Address</p> 	
<p>Address of Event: : _____</p> <p>City, State, Zip: _____</p>	<p>Describe Location of Event:</p> 	
<p>Date(s) of Event: From _____ to _____</p> <p>Set up Date(s): From _____ to _____</p>	<p>Hours of Event: From _____ to _____</p> <p>Take Down Date(s): From _____ to _____</p>	
<p>Rain Date(s) of Event: From _____ to _____</p> <p>Rain Date Set up: From _____ to _____</p>	<p>Hours of Event: From _____ to _____</p> <p>Take Down Date(s): From _____ to _____</p>	
Estimated Spectator Attendance Per Day		
Total Estimated Participants		
Maximum Capacity of Location of Event		
Gross Receipts		\$
<p>Detailed Description of Event (attach any marketing pieces – advertisements, brochures, etc):</p> 		
Event will be held:	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors
Available Seating (Check all that apply):	<input type="checkbox"/> Reserved	<input type="checkbox"/> General Admission
Crowd Control (Check all that apply):	Type:	Number:
Describe crowd control measures taken:	<input type="checkbox"/> Ushers	#:
	<input type="checkbox"/> Private Security	#:
	<input type="checkbox"/> Armed	#:
	<input type="checkbox"/> Reserved	#:
	<input type="checkbox"/> Off-Duty Police	#:
	<input type="checkbox"/> Armed	#:
<input type="checkbox"/> Reserved	#:	
<input type="checkbox"/> Police	#:	
<input type="checkbox"/> Guard Dogs	#:	
<input type="checkbox"/> Other (Describe)	#	
<p>Applicant's experience in conducting events of this or similar nature:</p> <p>Event: _____ Date(s): _____</p> <p>Event: _____ Date(s): _____</p> <p>Event: _____ Date(s): _____</p> <p>Event: _____ Date(s): _____</p> <p>Event: _____ Date(s): _____</p>		

Send submissions to submissions@vintageunderwriters.com
www.vintageunderwriters.com
 7950 Westglen, Houston, Texas 77063



Any celebrities to be present? If Yes, provide name(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will bleachers or platforms be used? If Yes: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable Construction Type: <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other Height: _____ Ft Age: _____ Years Back & Side Railings provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Condition (Describe):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check any additional hazards and indicate the interest of the Applicant (either Sponsor or Operator):		
<input type="checkbox"/> None		
<input type="checkbox"/> Fireworks/Pyrotechnics	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Operator
<input type="checkbox"/> Amusement Rides or Devices	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Operator
<input type="checkbox"/> Food Sales	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Operator
<input type="checkbox"/> Alcoholic Beverage Sales	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Operator
If applicant is a sponsor, does operator have liability insurance? Limit: \$ _____ Name of Company: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hold Harmless Agreements:		
Does Applicant agree to hold harmless any third party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Applicant held harmless by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes to either of the above, attach copies of contracts.</i>		
Loss Experience from prior events of same or similar nature:		
Date	Nature of Loss	Amount Paid or Outstanding
Limits of Liability Desired: \$ _____		
Products Coverage desired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.</p> <p>SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE</p> <p>Signature of Applicant X _____ Date: _____ (Owner, Officer or Partner)</p> <p>Signature of Agent X _____ Date: _____ (Licensed Agent)</p>		
VU 8-18		