



Commercial Sector Insurance Brokers,  
LLC  
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Birmingham, AL 35242

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**SPECIAL EVENTS SUPPLEMENTAL APPLICATION**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
 AKA / DBA: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Loc Address: \_\_\_\_\_  
 Insured Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Yrs in Business: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_

**GENERAL INFORMATION**

Location is:  Arena  Convention Center  Fair Grounds  Private Residence  Stadium  
 Other—Describe: \_\_\_\_\_

Is this your own premises?  Yes  No  
 Describe your role and responsibility in event: \_\_\_\_\_  
 Dates of event: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Desired coverage date: (Dates should include set-up and take-down)  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\*if annual policy is being requested, please provide schedule of events.  
 Hours of event: \_\_\_\_\_ From \_\_\_\_\_  am/  pm To \_\_\_\_\_  am /  pm  
 Yes  No

Is there an admission charge?  Yes  No  
 Estimated total attendance per day? \_\_\_\_\_  
 If you are an individual vendor/exhibitor, what is the anticipated number of attendees per day to visit your booth? \_\_\_\_\_  
 Number of years this event has been previously held: \_\_\_\_\_  
 Actual total attendance for prior year's event: \_\_\_\_\_

Is the insured selling alcohol?  Yes  No  
 If "Yes", total estimated sales: \$ \_\_\_\_\_  
 Is the insured providing alcohol as host?  Yes  No  
 Will alcohol be dispensed by a professional bartender?  Yes  No  
 If "No", how and who will be dispensing the alcohol? \_\_\_\_\_

What measures are in place to prevent service of alcohol to minors or intoxicated persons? \_\_\_\_\_  
 Is BYOB or self-service of alcohol allowed?  Yes  No  
 Do you have a valid liquor license?  Yes  No  
 Will you be selling/serving food at the event?  Yes  No  
 If "Yes", total estimated sales: \$ \_\_\_\_\_

Will the event feature any of the following:  
 Animals/Petting Zoos  Firearms  
 Fireworks/Pyrotechnics  Hayrides/Tractor Pulls  
 Moonbounces  Rides

Water Exposures

Will there be individual exhibitors, booths, vendors at the event?

Yes  No

If "Yes", are they required to carry their own insurance?

Yes  No

Will the event have security?  Yes  No  
 If "Yes", is security provided by:  
 Independent Contractor  
 On/Off Duty Police  
 Your Employees

Will the security be armed?  Yes  No  
 If Independent Contractor, are they required to carry their own insurance?  Yes  No

**MUSICAL EVENT**

Name of performer? \_\_\_\_\_  
 What type of music is performed? \_\_\_\_\_  
 Is this a national/high profile act?  Yes  No  
 Are performers required to carry their own insurance?  Yes  No

**ATHLETIC EVENT**

Type of Event: \_\_\_\_\_  
 Is this a professional sporting event?  Yes  No  
 Number of games? \_\_\_\_\_  
 What types of barriers are in place to ensure spectator safety? \_\_\_\_\_  
 What is the distance between the barriers and the spectators? \_\_\_\_\_  
 Are spectators ever permitted in the infield area?  Yes  No  
 Will there be bleachers or grandstands?  Yes  No  
 If "Yes", are they:  Permanent  Portable  
 What is the height? \_\_\_\_\_

**LOSS INFORMATION**

Was prior coverage ever cancelled or non-renewed?  Yes  No  
 If "Yes", please explain: \_\_\_\_\_  
 Loss information for the past 3 years:  No losses  No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FRAUD STATEMENT**

**Applicable in Arkansas, Louisiana, and West Virginia**  
 Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Colorado**  
 It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in District of Columbia**  
**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in Florida**  
 Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Applicable in Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Applicable in Maryland**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Applicable in Rhode Island**

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

**Applicable in Tennessee, Virginia, and Washington**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**SIGNATURES**

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant's Name and Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_