

# Special Events Supplemental Application

NATIONAL FIRE & MARINE INSURANCE COMPANY  
NATIONAL INDEMNITY COMPANY  
NATIONAL INDEMNITY COMPANY OF THE SOUTH

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Date(s) of Event \_\_\_\_\_ Time(s) \_\_\_\_\_
4. Desired Coverage Dates From \_\_\_\_\_ To \_\_\_\_\_
5. Name of Event \_\_\_\_\_
6. Location of Event \_\_\_\_\_
7. Name of Facility (if applicable) \_\_\_\_\_
8. Does the Facility carry Liability Insurance?  Yes  No  
If yes, limits \_\_\_\_\_
9. Is the event indoors or outdoors? \_\_\_\_\_
10. Detailed Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Applicants experience in conducting events of this or a similar nature:  
\_\_\_\_\_
12. Estimated attendance per day: \_\_\_\_\_
13. Estimated gross receipts: \_\_\_\_\_
14. Price of admission: \$ \_\_\_\_\_
15. Average age of attendees: \_\_\_\_\_
16. Will food and/or alcohol be served at the event?  Yes  No  
If yes, describe \_\_\_\_\_
17. If alcohol will be sold, will there be a liquor liability policy in force?  Yes  No

18. Will the applicant be named as an additional insured?  Yes  No

19. Name, address and relationship of additional insured(s) to be added to this policy:

\_\_\_\_\_  
\_\_\_\_\_

20. Will amusement devices be used?  Yes  No

If yes, provide list of amusement devices: \_\_\_\_\_

\_\_\_\_\_

21. Are fireworks or pyrotechnics to be used?  Yes  No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

22. Will the event use exhibitors, vendors, performers, contractors, subcontractors, or independent contracts?  Yes  No

If yes, please explain \_\_\_\_\_

Are they required to carry their own insurance? \_\_\_\_\_

What limits are required? \_\_\_\_\_

23. Security: Describe who will be providing security for the event: \_\_\_\_\_

\_\_\_\_\_

24. Medical Emergencies- describe how an emergency will be handled: \_\_\_\_\_

\_\_\_\_\_

25. Prior Carrier History (last 3 years) - if prior GL Coverage submit three years of loss runs with application.

Year	Carrier	Policy Number	Premium

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I acknowledge that I have read this application supplement and understand that:

**THIS SUPPLEMENT IS A PART OF THE APPLICATION AND WILL BE RELIED UPON BY THE COMPANY AS AN INTEGRAL PART OF THE APPLICATION.**

Completed by the Insured \_\_\_\_\_ Date \_\_\_\_\_

Insured's Signature