



Tapco

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GoTAPCO.com

SPECIAL EVENTS GENERAL LIABILITY APPLICATION

ACCT ID: _____

Insured Name (as it should appear on the policy): _____
(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: _____

Location of Event: _____

Proposed Effective Date: From _____ To _____ Years in Business: _____

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Applicant's Interest in this event: _____

Purpose of event (e.g. money raiser for charity): _____

Names of other individual(s) or group(s) taking part in or sponsoring this event: _____

Date(s) event(s) will take place: _____

Has this event taken place before? ☐ Yes ☐ No

If yes, what was the attendance? _____

Give description of this event and participants: _____

If this is a concert, who will be performing: _____

If this is a concert, please indicate the type of music:

☐ Classical

☐ Gospel

☐ Gothic

☐ Jazz

☐ Country/Western

☐ Heavy Metal

☐ Rap

☐ R & B

☐ Hip hop

☐ Bluegrass

☐ Alternative Hard Rock

☐ Other: _____

Total number of days the event will take place: _____ **Admission price per person: \$** _____

Number of spectators anticipated per day: _____ **Number of participants:** _____

Type of seating provided: _____ Seating is: ☐ Reserved ☐ General Admission

Estimated age group of audience: from _____ to _____

Describe the type of security provided: _____

Name of insurance carrier covering security guards:

Limits: _____

Describe type of products sold or displayed by concessions:

Will alcohol be served? ☐ Yes ☐ No

By applicant or independent vendor? _____

Will Liquor Liability coverage be obtained? ☐ Yes ☐ No

If yes, limits? _____

Is a charge being made? (including ticket sales with alcohol included) ☐ Yes ☐ No

Will a permit or license be obtained? ☐ Yes ☐ No

Will separate Liquor Liability coverage be obtained by insured or independent vendor? ☐ Yes ☐ No

If yes, limits?

Do participants sign waiver of liability agreements? ☐ Yes ☐ No

Applicant's experience in conducting events of this similar nature: _____

Will certificates of insurance be required from all concessionaires? ☐ Yes ☐ No

Are you named as an additional insured? ☐ Yes ☐ No

What limits do you require? _____

If there will be a fireworks display, describe all safety precautions: _____

Name of licensed pyrotechnician: _____

Give name of person or organization putting on fireworks display. They must provide certificates of insurance showing limits equal to or exceeding the ones being applied for in this application. _____

Describe any electrical or stage construction work performed by or for the proposed insured: _____

Describe any animals being used or on display: _____

Describe all mechanical rides: _____

Describe all inflatables: _____

Do amusement ride operators carry own insurance? ☐ Yes ☐ No

If so, at what limits? _____ Do you require certificates of insurance from all operators? ☐ Yes ☐ No

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had 3 years of prior coverage? ☐ Yes ☐ No

If yes, please complete the **Prior Insurer** information for the past 3 years below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☐ No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) _____ Date _____

Applicant's Signature _____ Applicant's Phone # _____

Agency _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.