

# EDGEHILL SPECIAL RISK

P.O. Box 1856, Horsham, PA 19044 \* Phone (215) 674-8112 \* Fax (215) 674-8115

## SPECIAL EVENTS APPLICATION - General Liability

*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.*

*The Insurance Company MUST accept these terms before there is any Insurance contract or Insurance coverage.*

1. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

2. Additional interests (if any)

Relationship to Applicant

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

3. Indicate address and describe Location of Event \_\_\_\_\_

Indicate name and address of person to contact for inspection of risk \_\_\_\_\_

4. Date of Event

Coverage Dates Required (if other than Event Dates)

From

To

From

To

5. Estimated Attendance

Estimated Participants

Gross Receipts

Maximum capacity of location  
of event

6. Detailed description of Event (attach Advertising Brochures, Flyers, etc. if any)

7. Indicate approximate age bracket of public attending event \_\_\_\_\_

8. Will event be held:

( ) In Indoors ( ) Outdoors ( ) If indoors, indicate seating: Reserved \_\_\_\_\_% General Admission \_\_\_\_\_%

9. Crowd Control

Type

Approximate Number

( ) Ushers

( ) Private Security

( ) Off-duty Police

( ) Policy

( ) Guard Dogs

( ) Other

10. Applicant's experience in conducting events of this or similar nature (number, dates, etc.)

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11. Will bleachers or platforms be involved? ( ) Yes ( ) No

- a. ( ) Permanent ( ) Portable
- b. Construction ( ) Wood ( ) Steel ( ) Concrete
- c. Height \_\_\_\_\_ ft.
- d. Age \_\_\_\_\_ years
- a. Back and Side Railing provided? ( ) Yes ( ) No
- f. Condition

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12. Describe in detail all measures for the protection of the public and damage to property:

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13. Does Event involve: [if none, check ( )] Interest of Applicant

Hazard	Sponsor	Operator	Describe:
Fireworks	( )	( )	_____
Amusement Rides or Devices	( )	( )	_____
Food Sales	( )	( )	_____
Alcoholic Beverage Sales	( )	( )	_____

a. If applicant is sponsor does operator have liability insurance?

( ) No ( ) Yes \$ \_\_\_\_\_

Limits	Name of Company
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b. Have Certificates of Insurance been obtained from operator? ( ) Yes ( ) No

14. Hold-Harmless Agreements

- a. Does applicant agree to hold-harmless any Third Party? ( ) Yes ( ) No
- b. Is applicant held harmless by others? ( ) Yes ( ) No

If answers to a, or b, Is yes, attach copy of contracts.

15. Loss Experience from prior events of same or similar nature:

Date	Nature of Loss	Amount Paid or Outstanding
_____	_____	_____

16. It is agreed that if policy is issued ,no coverage will be provided for injury to any person practicing for or engaging in any contest or exhibition of an athletic or sports nature? ( ) Yes ( ) No

17. Limits of Liability Desired: \_\_\_\_\_

Deductible Desired: \_\_\_\_\_

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18. Policy Numbers and types of coverage provided for this Applicant in past year

Policy Number

_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_ Signature of Agent

\_\_\_\_\_