



**QUOTE APPLICATION FOR SPECIAL EVENT / TENANT USER LIABILITY INSURANCE**

**APPLICANT INFORMATION**

1)	Purchaser / Event Coord.Name:	
2)	Purchaser's Address	
	City, State Zip:	
3)	Telephone Number:	
4)	Fax Number:	
5)	Purchaser / Event Coord.Email:	

**EVENT INFORMATION**

1)	<b>Event Name:</b> <i>(Will be shown on proof of insurance)</i>																									
2)	<b>Description of Event:</b>																									
3)	<b>Event Date(s):</b> <i>List all dates including set up and tear down.</i>																									
4)	<b>Hours of Event(s):</b> <i>If hours vary by date, indicate the hours for each date. Attach additional sheet if necessary.</i>	From: _____ am / pm To: _____ am / pm																								
5)	<b>Estimated Number of Attendees for All Days:</b>																									
6)	<b>Location of Event ( Venue / Facility Name):</b>																									
	<b>Address:</b>																									
	<b>City, State, Zip</b>																									
7)	<b>What is the specific location you will be using at the venue? (Ballroom, Building, Learning Center, etc.)</b>																									
8)	<b>Contact Name at Venue / Facility:</b>																									
9)	<b>Email Address of Contact at Venue / Facility:</b>																									
10)	<b>Phone Number of Contact at Venue / Facility:</b>																									
11)	<b>Has your event been held in the past?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
	<i>If Yes, how many years?</i>																									
12)	<b>Is the event indoor, outdoors, or both?</b>	Indoor <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>																								
13)	<b>Have you ever been denied insurance for this event by another insurer?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
14)	<b>Have there ever been any losses, claims, or incidents, insured or uninsured, at past events?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
	<i>If Yes, please explain.</i>																									
15)	<b>Estimated total gross revenue from this event, in dollars:</b>	\$ _____																								
16)	<b>Will your event involve any of the following?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
	<table border="0"> <tr> <td>Bounce Houses</td> <td>Luge</td> <td>Roller Coasters</td> </tr> <tr> <td>Bungee Jumping</td> <td>Mechanical Amusement Devices</td> <td>Saddle Animals</td> </tr> <tr> <td>Dancing</td> <td>Mechanical Bulls</td> <td>Skateboarding</td> </tr> <tr> <td>Fireworks / Pyrotechnics</td> <td>Mosh Pits</td> <td>Sky coaster</td> </tr> <tr> <td>Fraternity Events</td> <td>Motorized Sporting Events</td> <td>Slam</td> </tr> <tr> <td>Hang Gliding</td> <td>Paintball</td> <td>Sorority Events</td> </tr> <tr> <td>Hot Air Balloon Rides</td> <td>Parachuting</td> <td>Tobogganing</td> </tr> <tr> <td>Inflatables</td> <td>Parasailing</td> <td>Trampolines</td> </tr> </table>	Bounce Houses	Luge	Roller Coasters	Bungee Jumping	Mechanical Amusement Devices	Saddle Animals	Dancing	Mechanical Bulls	Skateboarding	Fireworks / Pyrotechnics	Mosh Pits	Sky coaster	Fraternity Events	Motorized Sporting Events	Slam	Hang Gliding	Paintball	Sorority Events	Hot Air Balloon Rides	Parachuting	Tobogganing	Inflatables	Parasailing	Trampolines	
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	<b><i>If Yes, describe in detail:</i></b>																									
17)	<b>Are you planning on selling or giving away anything <u>OTHER THAN</u> the following? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b><i>Clothing Apparel • Records, Tapes, CDs • Posters and Photos • Badges, Buttons or Stickers • Food &amp; Beverages</i></b>																									
	<b><i>If Yes, describe in detail:</i></b>																									
18)	<b>Is security armed or unarmed?</b>	Armed <input type="checkbox"/> Unarmed <input type="checkbox"/>																								
19)	<b>If the event is being held on a street or public place of vehicular access, what protection is being set up between the street and the sidewalks?</b>																									
20)	<b>Do you or anyone on your staff have a criminal record?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								

**COVERAGE OPTIONS****Liquor Liability**

1) Will alcohol/beer/wine be SOLD at your event? Yes  No

If you are serving alcohol but not selling it, answer "no".

*Adding Liquor Liability coverage to your policy will result in an additional premium.*

If Yes:

2) How will you ensure that patrons are over 21 years of age?

3) Does the person responsible for the sale of alcohol/beer/wine hold a valid liquor license? Yes  No

4) Who holds the valid liquor license? (Person with event or independent contractor)

5) If an **Independent Contractor** holds the valid liquor license, please complete the questions shown below.

5-a) Does the independent contractor carry at least \$1,000,000 of liability coverage? Yes  No

5-b) Has the independent contractor added your event as an additional insured on their policy? Yes  No

**Notice:** A valid liquor license is required for any person responsible for the sale of liquor/wine/beer.

**Third Party Property Damage**

1) Would you like to purchase Third Party Property Damage: Yes  No

*Adding Third Party Property Damage to your policy will result in an additional premium.*

If Yes:

Your policy coverage will include Third Party Property Damage with the following limits:  
\$1,000,000 Aggregate / Occurrence and \$1,000 Deductible

**Additional Coverage Requirements**

1) Describe in detail any coverage types and limits, not indicated on this application, that are required by the Venue / Facility:

**Vendors, Concessionaires, Exhibitors and Attractions / Performers**

1) Do you require the addition of any Vendors, Concessionaires, Exhibitors and/or Attractions/Performers to your policy? Yes  No

*Adding Vendors, Concessionaires, Exhibitors or Attractions/Performers to your policy will result in an additional premium. Any Vendors, Concessionaires, Exhibitors or Attractions/Performers that you choose not to add to your policy, we recommend they provide you with a certificate evidencing liability coverage with you named as Additional Insured.*

If Yes:

2) List all Vendors, Concessionaires, Exhibitors and/or Attractions / Performers that require coverage. Attach additional sheet if necessary.

Name:

Address:

City, State, Zip

Interest to Event (circle one):

Vendor/Concessionaire -  
Food Sales

Vendor/Concessionaire -  
Non-Food Sales

Exhibitors – No Sales

Attractions / Performers

**Additional Insured(s)**

1) Enter any Additional Insured(s) OTHER THAN Vendors, Concessionaires, Exhibitors and Attractions / Performers to be covered under this policy, and any other entity, such as a partner or other organization participating in the event. Attach additional sheet if necessary.

**The venue you indicated on page 1 is automatically listed as an Additional Insured, at no cost to you**

Name:

Address:

City, State, Zip

Interest to Event:

LEGAL NOTICES: Insurance is valid in the United States only. No coverage is provided by this policy unless an online application has been submitted and a premium has been paid. No coverage is provided for Liquor Liability or Excess Liability Coverage unless the submitted application includes an additional premium payment. No coverage is provided by this policy for paid professional entertainment or talent unless specifically endorsed hereon. This insurance does not apply to "bodily injury" or "personal injury" or death of any person while rehearsing or practicing for, participating in, or traveling to and from any contest or exhibition of an athletic, dance or sports nature. Coverage may be offered by or placed through more than one insurance carrier.

**Issuance of the Insurance Binder and/or the Certificate of Insurance does not guarantee a Tenant User use of the facilities.**

**Refund Policy:** Refunds for cancellations other than rain only if notification is given to Bene-Marc, Inc. in writing one full business day (24 hours) before the date of the insured event. Rain cancellations must be reported to Bene-Marc within 24 hours. Premium is due when the quote is accepted by the tenant user and before the effective date. A Certificate will be issued naming your group as a "Named Insured" for the above event.

**PLEASE NOTE**

- **NO COVERAGE IS PROVIDED BY THIS POLICY UNLESS AN APPLICATION HAS BEEN SUBMITTED AND A PREMIUM HAS BEEN PAID.**
- **NO COVERAGE IS PROVIDED FOR LIQUOR LIABILITY UNLESS THE SUBMITTED APPLICATION INCLUDES A PREMIUM PAYMENT FOR LIQUOR LIABILITY.**
- **NO COVERAGE IS PROVIDED BY THIS POLICY FOR PAID PROFESSIONAL ENTERTAINMENT OR TALENT UNLESS SPECIFICALLY ENDORSED HEREON.**
- **NO COVERAGE IS PROVIDED FOR THIRD PARTY PROPERTY DAMAGE UNLESS THE SUBMITTED APPLICATION INCLUDES A PREMIUM PAYMENT FOR THIRD PARTY PROPERTY DAMAGE.**
- **THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY" OR "PERSONAL INJURY" OR DEATH OF ANY PERSON WHILE REHEARSING OR PRACTICING FOR, PARTICIPATING IN, OR TRAVELING TO AND FROM ANY CONTEST OR EXHIBITION OF AN ATHLETIC, DANCE OR SPORTS NATURE.**

**General Liability Limits:**

General Aggregate Limit	None	Each Occurrence Limit	\$1,000,000
Products & Completed Operations Limit	\$1,000,000	Personal/Advertising Injury Limit	\$1,000,000
Fire Damage Limit any one fire	\$50,000	Medical Payment Limit	Excluded
Abuse or Molestation Occurrence	\$50,000	Abuse or Molestation Aggregate	\$50,000
Abuse or Molestation Deductible	\$250	Each Common Cause Limit	\$1,000,000
Liquor Liability Aggregate Limit (OPTIONAL)	\$1,000,000	Participant Legal Liability	Excluded
Third Party Property Aggregate Limit (OPTIONAL)	\$1,000,000		
Terrorism Risk Insurance Act (TRIA)	Required by Carrier (3% of General Liability Premium, 3% of Excess Liability Premium, & 1% of Third Party Property Damage Premium.)		

**APPLICANT DECLARATION**

**I declare that to the best of my knowledge, the information contained in this application is true; and that no material facts have been suppressed or misstated. I further understand that that any false or fraudulent statements or misrepresentations may result in termination or voidance of any insurance contract issued from the information stated herein. I understand there will be no refund unless written notice is provided to Bene-Marc Inc. 24 hours before the date of the requested effective date.**

\_\_\_\_\_  
Signature of Tenant User

\_\_\_\_\_  
Date

Bene-Marc Use Only:	Class: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/>					
	# of Attendees	Carrier Premium	TRIA	BMI	Total Charge	
General Liability:						
Excess Liability:						
Third Party Property Damage:						
Excess Accident Medical:						
	#	Rate	Carrier Premium	TRIA	BMI	Total Charge
Additional Insured:						
Vendors:						
Concessionaires – Non-Food Sales:						
Concessionaires – Food Sales:						
Exhibitors & Performers:						
Totals:						
NOTES:						