

## SPECIAL EVENT SUPPLEMENT

(Include Acord application)

Applicant's Name: Mailing Address:	Location Address:	-
<b>Description of event</b> (attach any flye	ers, brochures, etc.):	
Maximum daily attendance:	Total attendance:	Sales: \$
	Estimated age group of audience:	
Number of Participants:		
Do participants sign waiver of liabilit	y agreements?	Yes No
Applicants experience in conducting	g events of this similar nature:	
Has this event been held before?		☐ Yes ☐ No
If yes, how many years?		∐ Yes ∐ No
<b>Rides:</b> Will rides be provided?	<del></del>	☐ Yes ☐ No
If yes, type of rides:		
Do rides have signs clearly marking a	age, height, and size limitations?	☐ Yes ☐ No
Entertainment: Will live entertainment be provided?		☐ Yes ☐ No
If yes, please describe:	1	
If a concert, type of music:	assical	Blue Grass Gospel
<del></del>	untry/Western 🔲 R & B 🔲 Alternative	Hard Rock Gothic
	avy Metal Hip hop Other:_	
If fireworks are planned, is pyrotechn		Yes No
Does applicant obtain a certificate nat		∐ Yes ∐ No
	rea and audience?	
Spectators allowed in fireworks staging	8	Yes No
<b>Security:</b> (indicate type and number		
	Off-duty police Emp	oloyed security
☐ Chaperons		
Is there a written emergency plan in t		Yes No
Does independent security company p		☐ Yes ☐ No
<b>Stadiums:</b> Are bleachers or platform		Yes No
	manent Back and side railings prov	
Construction: Wood Stee	el Concrete Heig	ght in feet:
Age of bleachers or platform:		

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Are patrons protected from and warned again	st potential flying objects?	Yes No
Are patrons allowed on the field, track, or pit	area?	Yes No
Is public address system clearly audible in all parts of the facility?		Yes No
Is there a backup electrical supply for lighting		Yes No
<b>Traffic Control:</b> Who is responsible for cro		
Are parking areas smooth with clearly marke	ed parking areas and exit roads?	Yes No
Is parade route able to handle size and height of floats and a re cross streets barricade		Yes No
Liquor: Is liquor to be served by applicant?		☐ Yes ☐ No
If yes, please explain:		
Does applicant want: Host liquor	Liquor Liability (available in selected s	tates only)
Is liquor to be served by others?	Yes No	·····
If yes, please explain:		
First Aid: Will first aid facilities be provide	d at the event?	Yes No
If yes, please describe:		
If yes, who will be in charge of the facilities?	Doctors Nurses	
Others:		
If applicant is the sponsor, does the operator	have liability insurance?	☐ Yes ☐ No
If yes, name of insurance carrier:		
Policy limits of liability: \$		<del></del>
Hold-harmless agreements: Is applicant held	harmless by others?	Yes No
Does applicant agree to hold any third party harmless?		Yes No
If yes, who?		
Do independent contractors and vendors prov	vide proof of General Liability	
coverage, including products?		Yes No
Any person who knowingly and with intent to	o defraud any insurance company or other n	erson files an
application for insurance containing false infe		
concerning any fact material thereto, commit		
does not bind any of the parties to complete t		11
Applicant's Signature	Producer's Signature	Date

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