



# Swett & Crawford

## SPECTATOR LIABILITY APPLICATION

CONCERTS, FAIRS, EXHIBITIONS, HAUNTED HOUSES AND OTHER SHORT TERM EVENTS

### 1. NAME AND ADDRESS OF APPLICANT

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

### 2. LOCATION WHERE EVENT IS TO TAKE PLACE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. APPLICANT IS

INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER [EXPLAIN] \_\_\_\_\_

4. APPLICANT'S INTEREST IN THIS EVENT? \_\_\_\_\_

5. PURPOSE OF EVENT? [I.E., MONEY RAISER FOR CHARITY] \_\_\_\_\_

6. NAMES OF OTHER INDIVIDUAL[S] OR GROUP[S] TAKING PART IN OR SPONSORING THIS EVENT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. EVENT WILL TAKE PLACE:  INDOORS  OUTDOORS

8. DATE[S] EVENT IS TO TAKE PLACE? \_\_\_\_\_

9. HAS THIS EVENT TAKEN PLACE AT THIS LOCATION BEFORE?  Yes  No  
If Yes, What Was Last Year's Attendance? \_\_\_\_\_

10. HAS THIS APPLICANT HAD PREVIOUS INSURANCE FOR THIS OR ANY OTHER SIMILAR EVENT?  Yes  No  
If , yes please complete the following:

INSURANCE COMPANY	POLICY PERIOD	LIMITS OF LIABILITY	PREMIUM	TYPE OF COVERAGE

11. GIVE DESCRIPTION OF THIS EVENT AND PARTICIPANTS: \_\_\_\_\_

\_\_\_\_\_

12. IF THIS IS A CONCERT, WHO WILL BE PERFORMING? \_\_\_\_\_

(a) PLEASE PROVIDE THE FOLLOWING INFORMATION:

(1a) Total number of days the event will take place? # \_\_\_\_\_

(2a) Number of spectators anticipated per day? # \_\_\_\_\_

(3a) Admission price per person? \$ \_\_\_\_\_

(4a) Number of participants? # \_\_\_\_\_



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13. WHAT TYPE OF SEATING WILL BE PROVIDED? \_\_\_\_\_

14. SEATING IS:      RESERVED      GENERAL ADMISSION

15. DESCRIBE BARRICADES OR FENCING PROTECTION: \_\_\_\_\_

16.           (a) DESCRIBE THE TYPE OF SECURITY THAT WILL BE PROVIDED: \_\_\_\_\_

                 (b) NAME OF INSURANCE CARRIER COVERING SECURITY GUARDS? \_\_\_\_\_

17. IF THERE WILL BE CONCESSIONS OPEN DURING THE EVENT, DESCRIBE TYPE OF PRODUCTS SOLD OR DISPLAYED: \_\_\_\_\_

18. WILL CERTIFICATES OF INSURANCE BE REQUIRED FROM ALL CONCESSIONAIRES? ~ YES ~ NO

19.           (a) IF THERE WILL BE A FIREWORKS DISPLAY, ADVISE WHAT SAFETY PRECAUTIONS WILL BE TAKEN:

                 (b) NAME OF LICENSED PYROTECHNICIAN?

20. GIVE NAME OF PERSON OR ORGANIZATION WHO WILL PUT ON FIREWORKS DISPLAY: [THEY WILL HAVE TO PROVIDE CERTIFICATES OF INSURANCE SHOWING LIMITS EQUAL TO THE ONES BEING APPLIED FOR IN THIS APPLICATION] \_\_\_\_\_

21. DESCRIBE ANY ELECTRICAL WORK PERFORMED BY OR FOR THE PROPOSED INSURED: \_\_\_\_\_

22. DESCRIBE ANY ANIMALS BEING USED OR ON DISPLAY: \_\_\_\_\_

23. DESCRIBE ANY PARTICIPATION BY SPECTATORS: \_\_\_\_\_

24. DESCRIBE ALL MECHANICAL RIDES: \_\_\_\_\_

25. WHAT IS THE DISTANCE BETWEEN SPECTATORS AND PARTICIPANTS: \_\_\_\_\_

26 LIMITS OF LIABILITY REQUESTED	PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE

APPLICANT'S SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

