

SPECIAL EVENTS/FUNDRAISERS SUPPLEMENTAL APPLICATION

THIS APPLICATION MUST ACCOMPANY THE HUMAN SERVICES ADVANTAGE SUPPLEMENTAL APPLICATION

Applicant Name: _____

1. Name of Event: _____

Attach copy of brochure/flyer/promotional material, if any.

2. Detailed description of event:

3. Location/Event Venue: _____

4. Date(s) the event is held: _____

5. Daily hours of operation: _____

6. Total anticipated revenue: \$ _____

7. Total projected number of attendees: _____

8. Will alcohol be served? Yes No

If Yes: a. Are you furnishing the liquor? Yes No

b. Is a liquor license required for this activity? Yes No

c. What percent of revenues are from liquor sales? _____%

d. Is a drink maximum imposed on attendees? Yes No

e. Is there a formal control in place to avoid serving minors? Yes No

If Yes, explain: _____

9. Are Certificates of Insurance obtained from all vendors and do they name you as an additional Insured on their liability insurance? Yes No

10. Number of staff present at event: _____ Number of volunteers: _____

11. Describe any security measures:

12. Describe how a medical emergency will be handled:

13. What is your experience with this type of event?



14. Will any of the following activities be part of this event:

- Parades sponsored by the Insured
- Automobile Rallies
- Firearms
- Animals (other than household pets)
- Carnivals/Fairs with mechanical rides sponsored by the Insured
- Rodeos
- Aircraft or Air Shows
- Motorcycle Rallies or Runs
- Fireworks
- Contact Sports
- Rock, Hip-Hop, Rap or Music Concerts with admissions of over 500 people
- Political Rallies

15. List any additional Insureds needed for this event (use Comments section if more space is needed):

Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Zip Code: _____	Zip Code: _____
Relationship to Event: _____	Relationship to Event: _____

COMMENTS

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ **Date:** _____