



**UNDERWRITING INFORMATION (CONTINUED)**

<b>6. DOES EVENT INVOLVE:</b> (IF NONE CHECK) <input type="checkbox"/>	<b>HAZARD</b>	<b>INTEREST OF SPONSOR</b>	<b>APPLICANT OPERATOR</b>
	<input type="checkbox"/> FIREWORKS*	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> AMUSEMENT RIDES OR DEVICES*	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> FOOD SALES	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> ALCOHOLIC BEVERAGE SALES	<input type="checkbox"/>	<input type="checkbox"/>

\*Please decline if any.

A. IF APPLICANT IS SPONSOR DOES OPERATOR HAVE LIABILITY INSURANCE?  YES  NO  
 LIMITS \$ \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_

B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR?  YES  NO

<b>7. HOLD HARMLESS AGREEMENTS:</b>	<b>A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>B. IS APPLICANT HELD HARMLESS BY OTHERS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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**8. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE: (ATTACH ADDITIONAL SHEETS IF NECESSARY TO EXPLAIN) IF NO LOSSES PLEASE WRITE "NONE".**

DATE	NATURE OF LOSS	AMOUNT PAID OR RESERVED
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**COVERAGE INFORMATION**

<b>LIMITS OF LIABILITY DESIRED:</b> Per Occurrence: \$ _____ Damage to Premises: \$ _____ Med Pay: \$ _____ Personal & Adv. \$ _____ General Aggregate \$ _____ Prod/Co Ops Agg. \$ _____	<u><b>PRODUCTS COVERAGE IS ONLY AVAILABLE FOR FOOD SALES</b></u>	<b>HOST LIQUOR LIABILITY DESIRED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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DEDUCTIBLE AMOUNT \$ \_\_\_\_\_  
 REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS
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**SIGNATURES:**  
 THIS FORM IS NOT AN INSURANCE POLICY OR CONTRACT OF INSURANCE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE.

APPLICANT: _____	DATE _____
PRODUCER: _____	DATE _____