

site and sound

2261 Market St #490
San Francisco, CA 94114
877-980-3737

Event Detailing

TYPE OF EVENT

- | | | |
|---|--|--|
| <input type="checkbox"/> Beer Garden/Beer Tent | <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Individual Vendor Booth |
| <input type="checkbox"/> Concerts/Musical Performance | <input type="checkbox"/> Competition or Show | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Conventions/Trade Show/Exhibit | <input type="checkbox"/> Parade | <input type="checkbox"/> Art Installment |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Party/Social Event | <input type="checkbox"/> Other (describe): _____ |

GENERAL INFORMATION

1. a. Name of applicant: _____
(List only one legal & dba name. Do not include "etal", "etc." or other similar wording in the name).

b. Mailing address: _____

c. Describe applicant's role and responsibility in event:

d. Is there a website for this event? Yes* No
*If yes, provide website address: _____

2. a. Location of event (complete street number/name, city, state & zip)

b. Will the event take place on the applicant's premises? Yes No

c. Location is: Private Residence Liquor-Licensed Establishment Indoors Convention Center
 Stadium Outdoors Arena Fair Grounds
 Other (describe): _____

d. Is the applicant's premise's located in a jurisdiction which permits civil cases to be heard in a Tribal Court? Yes No

4. a. Dates of event: From: _____ / _____ / _____ To: _____ / _____ / _____
(If one day event, end date should be the same as start date.)

b. Desired coverage date(s): From: _____ / _____ / _____ To: _____ / _____ / _____

c. If event date(s) differs explain: _____

d. Is set-up and take-down needed for additional dates? Yes* No
*If yes, what are the dates and what will this exposure include?

*Will there be any heavy machinery used? Yes No

5. Hours of event: From: _____ AM/PM To: _____ AM/PM if hours vary by date, describe:

6. FULL SCHEDULE/DESCRIPTION AND PURPOSE OF EVENT (Attach copy of brochure, website pages and flyer to this application or include details on all activities taking place):

7. Will there be any entertainment? Yes* No

*If yes, describe and include name of performers and acts: _____

8. a. ESTIMATED TOTAL ATTENDEES PER DAY: _____

b. Average age of attendees: _____

c. If applicant is an individual exhibitor/vendor, what are the estimates for attendees per day anticipated to visit their booth?

d. What is the maximum capacity of facility holding event? _____

9. Any Insurance Coverage desired: Commercial General Liability & Liquor Liability
 Commercial General Liability Only
 Liquor Liability Only

10. Limits of coverage desired; _____

HISTORY

11. Number of years event has been previously held: _____

12. Actual total attendance for prior year's event: _____

13. Previous insurance carriers: _____

Policy number and premium: _____

14. Losses or claims during the past five years: _____

LIQUOR LIABILITY

15. ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY: _____

16. a. Is applicant the sole vendor/server of alcohol at event? Yes No*

*If no, list number of other vendors/servers serving alcohol:

b. Are all participating alcohol vendors/servers required to carry liquor liability limits for the event? Yes* No

*If yes, what is the minimum requirement? _____

17. a. Will alcohol be dispensed by a professional bartender? Yes No*

*If no, describe how and by whom alcohol will be dispensed:

b. Describe training and/or experience of persons serving alcohol: _____

c. What measures are in place to prevent service to minors or intoxicated persons: _____

18. If required, does applicant have a valid liquor license? Yes No Not Required

19. a. Is the applicant in the business of selling, serving or furnishing alcoholic beverages? Yes No

b. Will alcohol be sold? Yes* No *If yes, estimated gross alcohol receipts per day: _____

20. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted? Yes No

WILL EVENT FEATURE ANY OF THE FOLLOWING:

21.a. Mechanical rides/devices? Yes No

b. Moon bounce, rock climbing wall, trampolines or similar rebounding devices? Yes * No
Describe: _____

*If yes, will a Certificate of Insurance be obtained for this exposure at the event? Yes No

c. Petting zoo or animal rides? Yes* No

*If yes, will a Certificate of Insurance be obtained for this exposure at the event? Yes No

d. Firearms or fireworks? Yes No

e. Overnight camping? Yes No

f. Dunk tanks? Yes No

g. Water hazards? Yes* No

*If yes, describe: _____

Will attendees be permitted to swim, boat, jet ski or fish? Yes No

*If yes, describe: _____

22. Will the event use exhibitors, vendors, performers, contractors, sub-contractors or independent contractors? Yes* No

*If yes, explain: _____

*Are they required to carry their own insurance? _____

*What limit is required? _____

23. a. Describe security measures: _____

b. Is security provided by: Independent contractors Employees of applicant On-duty police

c. If security is provided by independent contractors, are they required to carry their own insurance? Yes No

24. If this is a CONCERT/MUSICAL EVENT, complete below: (Please note, coverage for injury to all participants is excluded from our policy).

a. Name(s) of performer(s): _____

b. Describe type of music: _____

c. Performers are: Local National

d. Will pyrotechnics be featured? Yes No

e. Any special effects? Yes* No

*If yes, describe: _____

25. If this is a PARADE EVENT, complete below: (Please note, coverage for injury to participants is excluded from our policy).

a. Has parade route been approved by local authorities and will route be secured by police? Yes No*

*If no, explain: _____

b. Are parade participants permitted to throw souvenirs, candy or other items into the crowd? Yes No

c. Describe parade route from start to finish: _____

26. If this is an ATHLETIC EVENT, complete below: (Please note, coverage for injury to athletic participants is excluded from our policy).

a. Describe athletic event: _____

b. Professional or Amateur

c. Is athletic participant's coverage desired? Yes No

27. If this is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy).

a. Is the venue designed specifically for this type of activity? Yes No

b. Are metal or concrete barriers in place to ensure spectator safety? Yes No*

*If no, describe: _____

c. Are the barriers permanent? Yes No

d. How high are the barriers? _____

e. What is the distance between the barriers and spectators? _____

f. Will the venue provide a catch fence for the event? Yes No

g. Are spectators ever permitted in the pit or infield area? Yes No

h. Will event feature audience participation? (i.e. calf scrambles) Yes No

i. If this is a rodeo, are the transfer areas between the pens and the competition restricted from the general public? Yes No

28. If this is a HEALTH FAIR/CONVENTION, complete below:

a. Will the event feature any medical or health treatment? Yes No

29. If this is a CAR SHOW/MOTOR VEHICLE SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy).

a. Do vehicles remain stationary throughout the show with the engines off? Yes No

b. Will the event feature burnouts, drag races or flame throwing? Yes No

Fraud Statement: Any person who knowingly presents false information in an application for an event that will require insurance coverage sponsored by **site and sound is guilty of a crime and may be subject to fines and confinement in prison.**

Applicant's Signature: _____ Date: _____

Address: _____