

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 800-548-4301 • www.neee.com

SPECIAL EVENT LIABILITY APPLICATION

APPLICANT INFORMATION		
NAME:		
MAILING ADDRESS:		
PROPOSED EFF DATE: FROM: TO: WEBSIT	-F·	
FORM OF BUSINESS: INDIVIDUAL PARTNERSHIP JOINT VENT		YEARS IN BUSINESS
☐ SUBCHAPTER "S" CORPORATION ☐ LIMITED CORPORATION ☐ NO		TEARO IN BOOMEOS
Dates of Event: From: to:	# of Da	l ays:
Are more than 2 days needed for set-up and take-down activities? □Yes □		·
LOCATION OF EVENT LOC# STREET, CITY, COUNTY, STATE, ZIP CODE		
PROVIDE COMPLETE DESCRIPTION OF EVENT		
THOUSE COMPLETE SECOND FROM OF EVENT		
LIST NAMES OF ALL PERFORMERS/ACTS SCHEDULED	DO THEY HAVE OW	/N INSURANCE?
	□YES Limits:	□ NO
	□YES Limits:	□NO
	□YES Limits:	□NO
EVENT INFORMATION		
Has event been held before?		□YES □ NO
Will event occur or continue after 2:00 a.m.?		□YES □ NO
Are there any overnight activities conducted?		□YES □ NO
Does applicant use subcontractors?		□YES □ NO
(If yes, is the applicant named as an additional insured?)		□YES □ NO
Is contractual required?		□YES □ NO
(If yes, enclose copy of agreement)		
Do you desire coverage for participants?		□YES □ NO
Is there any water hazards?		□YES □ NO
Does event involve a fireworks display		□YES □ NO
If yes, are you the sponsor		□YES □ NO
Will food or beverages (other than alcohol) be sold or served by the	applicant?	□YES □ NO
If yes, please provide full details:		
Does event involve firearms?		□YES □ NO
DESCRIBE ALL SECURITY PROTECTION: Will security be provided by: □ On-Duty Police □ Of	ff-Duty Police If yes, is coverage	provided for them
through their employer (moonlighting coverage)		☐ YES ☐ NO
Any armed quards employed by applicant?		☐ YES ☐ NO

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GENERAL INFORMATION Explain all "YES answers 1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? 2. Is a formal safety program in operation? 3. Any exposure to flammables, explosives or chemicals? 4. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? 5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? Remarks: e applicant agrees, represents and warrants that the statements and information contained in surance, including all statements, information and documents accompanying or relating to the application for insurance, whether by omission or suppression, or any misrepresentation ormation and documents accompanying or relating to the application, renders coverage for any clid dentitles us to rescind the policy from its inception.	IL	_11 Y A	4FFI	LICATIC	ZIN			
If yes, sold or served by applicant others If sold by applicant provide details - including information on how the sale of liquor is controlled.	:10	те						
If sold by applicant provide details - including information on how the sale of liquor is controlled. Is there a liquor liability policy in force?	ır	13.						
WHERE WILL EVENT BE HELD? INDOORS Number of grandstands (if any): If outdoors, is the area fenced or otherwise enclosed? Explain: SCHEDULE OF HAZARDS Estimated Maximum Attendance At Any One Time/Day Class Code X = X = X = X = X = X = X = X	ne	sale of	liquo	r is control	lled.			
Is host liquor liability coverage needed? □YES □NO WHERE WILL EVENT BE HELD? □INDOORS Number of grandstands (if any): If outdoors, is the area fenced or otherwise enclosed? Explain: SCHEDULE OF HAZARDS Estimated Maximum Attendance At Any One Time/Day Class 1 ST Day Charge Each Add'l Day Charge x Number of Days	25	provide	le poli	cy limits:				
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*Signing this application does not bind the applicant or the company to complete the insurance.