

**MAIN SALES INSURANCE SOLUTIONS, INC.
SPECIAL EVENTS SUPPLEMENTAL**

Applicant Name(s): _____ Date: _____

Special Event Information: (Refer to the Holidays Special Event application for Christmas tree lots/farms, Holiday Parties, Pumpkin Patches or Santas)

Description of Event: _____

Location of Event: _____

Dates of event: _____

_____ # event days excluding set up and takedown

_____ Per Day attendance

_____ Total attendance all event days

_____ Total receipts

_____ Is the insured selling or providing alcohol? Yes No

Is there a rodeo exposure? _____ If yes, confirm the following requirements are met

Signs are posted to prohibit unauthorized persons from entering activity areas? Yes No

Rodeo is conducted in an arena with protective barriers? Yes No

Distance between barrier and spectators is at least 3 feet? Yes No

No pro-circuit participants? Yes No

Are any of the below listed exposures present? If the answer is yes, coverage is prohibited:

Over 10,000 spectators anticipated any one day Yes No

Armed security (Police officers *only* are acceptable.) Yes No

Air shows including balloon rides Yes No

Amusement or Animal Rides Yes No

Bleachers or Grandstands over 4 tiers without backs Yes No

Carnivals or Circuses Yes No

Concerts or Dances – hard rock, heavy metal, rap, progressive, any national name bands. Yes No

Firearms Demonstrations, including gun shows Yes No

Fireworks Yes No

Haunted houses Yes No

Hayrides Yes No

Motor sports or Motorized Events Yes No

Nationally known celebrity participants Yes No

Overnight stays Yes No

Prize Indemnification coverage is requested Yes No

Political Conventions, rallies or marches Yes No

Professional sports including all associated events, activities, parties & services related to the professional sporting event. Yes No

Promoters of Events Yes No

Tractor Pulls Yes No

Water exposures including boat races & water slides Yes No

Describe all losses in the past 3 years: _____

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? Yes No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____