

14. Describe security protection: _____
 Who contracts security?: Facility Applicant
 Hold Harmless? Yes No If "yes", please provide copy
15. Number of grandstands, if any: _____ Permanent Temporary
 Type of construction: _____ Seating capacity: _____
16. Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent building, and landscape features.
 Emergency evacuation plan in place? Yes No
 Qualified medical personnel in attendance? Yes No
 Ambulance service in attendance? Yes No
17. What concessions will be sold? _____
18. Will alcoholic beverages be served? Yes No
19. Will alcoholic beverages be sold? Yes No
 If "yes", estimated receipts: \$ _____
20. Will concessionaires provide you with certificates evidencing products liability with your organization named as Additional Insured?
 Yes No No Concessionaires
21. Will any other underlying coverage be provided? Yes No
 If "yes", please explain: _____

I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signature of Applicant _____ **Date** _____ **Producer (Official Use Only)**