



Facility Name: _____ Facility Age: _____
 Contact Person: _____ Title: _____
 Facility Location: _____

(Please indicate nearest highway intersection if no address)

Phone: _____ Fax: _____

Website: _____

Effective Date: _____ Expiration Date: _____ FEIN# _____

Limits Required: General Liability: _____ Liquor Liability: _____

- Annual Attendance expiring policy term: _____
 Estimated attendance this policy term: _____
 Seating: _____ Capacity: _____
- List any entity that you are required by contract to name as an Additional Insured, include name and relationship: (provide copy of contract) _____

(If additional space is required, please use the back of this form or attach a separate sheet)

3. Who is responsible for the following? (check one)

	APPLICANT	SUB-CONTRACTED*	OTHER	(DESCRIBE)
Management of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concession sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquor sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid (personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireworks displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amusement devices/rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Off-premises catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Provide complete copies of contracts.

- Is a certificate of insurance obtained from the annual subcontractors and tenants, indicating you have Additional Insured status? Yes No
- Are signed Waivers/Assumption of Risk forms required from all persons entering restricted areas?
 If yes, is the Insured included on the Waiver/Assumption of Risk form?
- Are all parking lots well lit?
- Are all parking lots patrolled?
- How long has current management been at this facility? _____
- Is there a risk manager?
- Is there a written emergency evacuation plan established for the facility?
- Are restrooms checked/cleaned during the events? If yes, how often? _____
- Are crews prepared and on-duty to clean up spills?
- Are first aid facilities maintained?
 Are all cooking surfaces properly fire protected?
 What type of Automatic Extinguishing System (AES) is in place? _____

11. Do you have a contract for servicing and maintaining the automatic extinguishing system? Yes No
12. How often is this system serviced & maintained? Monthly Quarterly Semi-Annually Annually
13. Do you have a contract for cleaning the hoods and ducts? Yes No
14. How often are filters cleaned? _____ By whom? _____

LIQUOR

1. Are alcoholic beverages sold? Yes No
2. License holder _____ Liquor license# _____
3. Have you ever been fined or had your license revoked or suspended? Yes No
If yes, please explain: _____
4. Do all servers receive alcohol awareness training? Yes No
5. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
6. Do you stop serving at least one hour prior to closing? Yes No
7. Estimated annual sales = alcohol \$ _____ food \$ _____

EVENT PROMOTION/FACILITY USE

1. Does the facility self-promote any events? Yes No
If yes, describe type of events: _____
2. Does the facility co-promote any events? Yes No
If yes, describe type of events: _____
3. Does the facility have Rap, Hip-Hop, Punk Rock, Rave, Heavy Metal or other music in similar categories? If yes, what additional security measures are implemented? Yes No

Are any of these events promoted/co-promoted by the facility? Yes No
4. Are mosh pits allowed? Yes No
If yes, please confirm the following procedures are implemented:
Waivers signed? Yes No
Arm/wrist bands provided for entry? Yes No
5. Have you had or do you plan on scheduling any of the following activities?
Co/Self Promoted
- | | | | | |
|-------------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Bungee Operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Iron Man/Tough Man events | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inflatable Bounce Houses or Similar | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rodeos | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECURITY

1. By contract, who's primarily responsible for liability coverage of off-duty police? Applicant Municipality
2. By contract, who's primarily responsible for Workers Compensation of off-duty police? Applicant Municipality
3. Are all the applicant's security guard employees licensed by the state as a security guard? Applicant Municipality
If no, explain: _____

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

4. Are background investigations and checks conducted on all employees who perform security duties? If yes, mark appropriate box: Yes No

- | | | |
|---|--|---|
| <input type="checkbox"/> Criminal Background Checks | <input type="checkbox"/> Previous Employer | <input type="checkbox"/> Motor Vehicle Report |
| <input type="checkbox"/> Fingerprints | <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Personal Reference |
| <input type="checkbox"/> Background Cleared Prior to Hire | <input type="checkbox"/> Other _____ | |

5. What firearm training is required for armed security employees? _____

6. Does applicant have a formal training program for security employees? Yes No
 If yes, explain or attach a copy of training manual.

7. Provide number of dogs to be used in your security operations: _____

8. Describe additional security measures implemented since 09/11/2001 _____

NONOWNED/HIRED AUTO LIABILITY

1. Do you have a Business Auto Policy for owned autos? Yes No
 If yes, coverage should be obtained under your Business Auto Policy.

2. Do employees or volunteers routinely use their autos for company business? Yes No
 Explain: _____
 Total number of employees: _____ Total number of volunteers: _____

3. Do you, the insured, verify that the insurance is in place with limits of at least \$300,000 before the employees or volunteers can use the auto? Yes No

4. In the last 3 years have you leased, borrowed or hired any vehicles for your business? Yes No

5. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) will you lease, borrow and/or hire? (Explain and identify) _____

List of Drivers:

Name	Birth Date	Driver's License #	State	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please submit the following with completed application:

- Security procedures**
- Emergency / Evacuation plan**
- 5 years (including current) of Recent Carrier Loss Runs**
- Copies of contracts for subcontracted services (see question #3)**
- Copy of user/event agreement**
- Copy of lease agreement with landlord (if applicable)**
- Copy of lease agreement with tenants (if applicable)**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO _____, INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENTS FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

APPLICANT NAME: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties [NY: not to exceed five thousand dollars and the stated value of the claim for each such violation] (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

.....

I understand that CSI Insurance Management, for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or CSI Insurance Management as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or CSI Insurance Management as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)