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SPECIAL EVENT LIABILITY APPLICATION

APPLICANT NAME AND ADDRESS: _____

Telephone Number: _____

Location of Event: _____ Term Requested: FROM _____ TO _____

Description of Event (If printed material is available, attach) _____

Requested Limits of Liability: \$ _____ Products? _____

Other Coverages Requested: _____

UNDERWRITING INFORMATION

Estimated Attendance: _____ Per day _____ Total all Days _____

No. of Participants (If applicable) _____ Gross Receipts \$ _____

Describe seating arrangements (type, capacity, etc.) _____

Describe all set up exposures: (electrical, special effects, etc.) _____

Describe security arrangements: _____

Are guards armed? _____ Do they have their own insurance? _____

Food or beverage sold or served by applicant? _____ If yes, give details _____

Additional insured/certificate holders: List below, indicating relationship: _____

Please provide complete description of event _____

LOSS INFORMATION (LAST 3 YEARS)

If this event has been held in the past, please complete the following:

| YEAR | CARRIER | LIMITS | PREMIUM | DATE OF LOSS | DESCRIPTION OF LOSS | AMOUNT INCURRED |
|------|---------|--------|---------|--------------|---------------------|-----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Date: _____

Applicant Signature

Producer Name & Address