

**Roush Insurance Services, Inc.**  
**PO Box 1060, Noblesville IN 46061-1060**  
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**Applications available at [www.roushins.com](http://www.roushins.com)**

Agency \_\_\_\_\_ Code \_\_\_\_\_  
 Producer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Special Event Application**

Event Dates: From \_\_\_\_\_ to \_\_\_\_\_ Setup/Clean-Up Dates: From \_\_\_\_\_ to \_\_\_\_\_ (if needed)

*(Please Note: Quotation may not conform to limits and coverages requested on application.)*

Applicant Name \_\_\_\_\_ Inspection Contact \_\_\_\_\_  
 DBA \_\_\_\_\_ Inspection Contact Phone Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Location Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Website \_\_\_\_\_

Individual  Partnership  Joint Venture  Trust  LLC  Corp or Other Organization: \_\_\_\_\_

Detailed Description of Event (Attach Advertising Brochure, Flyer, etc.): \_\_\_\_\_

Applicant's Experience in Conducting Events of This or a Similar Nature: \_\_\_\_\_

New Venture? .....  Yes  No Non-Profit?..... Yes  No

Prior Carrier \_\_\_\_\_ Expiring Premium \$ \_\_\_\_\_ Lapse in Coverage?  Yes  No, Reason \_\_\_\_\_

Any Claims in Last Three Years?  Yes  No, Describe and Attach Loss Runs \_\_\_\_\_

Has any Company Cancelled or Refused Coverage to the Applicant?  Yes  No, Reason \_\_\_\_\_

Is applicant in Bankruptcy?  Yes  No, Describe \_\_\_\_\_

**Liability Limits \$ \_\_\_\_\_ Per Occurrence / \$ \_\_\_\_\_ Aggregate**

Estimated Receipts: Admissions \$ \_\_\_\_\_ Food Sales \$ \_\_\_\_\_ Parking \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Beer/Wine/Liquor \$ \_\_\_\_\_ Type of Alcoholic Beverages Sold (check all that apply):  Beer  Wine  Liquor

Maximum Daily Attendance: \_\_\_\_\_ Total Attendance: \_\_\_\_\_ Age of Attendees: From \_\_\_\_\_ to \_\_\_\_\_

Event will be Held:  Indoors  Outdoors Is Applicant an Event Coordinator?  No  Yes

Is Applicant Serving or Selling Liquor?  Yes  No, Explain \_\_\_\_\_

Does Applicant Want Host Liquor Liability Coverage?  Yes  No, Are Servers Trained or Experienced?  Yes  No

Are Others Serving or Selling Liquor?  Yes  No, Do They have Their Own Liquor Liability Coverage?  Yes  No

Maximum Daily Attendance: \_\_\_\_\_ Total Attendance: \_\_\_\_\_ Age of Attendees: From \_\_\_\_\_ to \_\_\_\_\_

Event will be Held:  Indoors  Outdoors Is Applicant an Event Coordinator?  No  Yes

If Applicant is the Sponsor, does Operator have Liability Insurance?  Yes  No, List Carrier, Policy #, Liability Limits/Term,  
 also list if Certifications are obtained: \_\_\_\_\_

Does Applicant Agree to Hold any Third Party Harmless?  Yes  No, Attach all Copies of any Said Contracts.

Is Applicant Held Harmless by Others?  Yes  No, Attach all Copies of any Said Contracts.

Indicate Type and Number of Security Personnel:  Ushers \_\_\_\_\_  Private Security \_\_\_\_\_  Armed  Unarmed  
 Off-Duty Police \_\_\_\_\_  Armed  Unarmed  Guard Dogs \_\_\_\_\_  Other \_\_\_\_\_, Describe \_\_\_\_\_

Will Security Firm Hold Applicant Harmless?  Yes  No Certificates of Insurance Obtained from Firm?  Yes  No

Will First Aid Facilities be Provided?  Yes  No, Who is in Charge of Facilities?  Doctors  Nurses  Other \_\_\_\_\_

Who is Responsible for Traffic Control? \_\_\_\_\_

Are Parking Areas Smooth with Clearly Marked Parking Areas and Exit Roads?  No  Yes

Will Live Entertainment be Provided?  Yes  No, Describe \_\_\_\_\_

Will there be a Concert?  Yes  No, Type of Music (blues, classical, country, pop, rap, rock, etc.) \_\_\_\_\_

Will Bleachers or Platforms be Used?  No  Yes,  Permanent  Portable Construction:  Concrete  Steel  Wood  
 Height: \_\_\_\_\_ ft Age: \_\_\_\_\_ yrs Back and Side Railings?  No  Yes Condition: \_\_\_\_\_

Will there be a Fireworks Display?  No  Yes, Will a Licensed and Insured Pyrotechnician Ignite Fireworks?  No  Yes  
 Distance between Fireworks Staging Area and Audience: \_\_\_\_\_ Spectators Allowed in Staging Area?  No  Yes

Will there be Amusement Devices, Inflatables or Rides?  No  Yes, Describe \_\_\_\_\_

Will Operators Hold Applicant Harmless?  No  Yes Certificates of Insurance Obtained from Vendors?  No  Yes  
 Are Signs Posted clearly Stating Age, Height and Size Limitations?  No  Yes Will Rides be Inspected?  No  Yes  
 Will Applicant be in Compliance with State Laws regulating Amusement Ride Inspections?  No  Yes

► **Bicycling/Running Event:** Is Route Clearly Marked?  No  Yes Is Route Surface Free of Hazards?  No  Yes  
 Will All Pedestrians and Vehicular Traffic be Re-Routed?  No  Yes  
 Number of Event Participants \_\_\_\_\_ Do Participants Sign Waiver of Liability Agreements?  No  Yes

► **Christmas Tree Lot/Farm:** Number of Lots/Farms \_\_\_\_\_ Are Customers Allowed to Cut Their own Trees?  No  Yes

► **Haunted House:** Describe Building and Construction: \_\_\_\_\_  
 Year Built \_\_\_\_\_ Condition \_\_\_\_\_ Are there Separate Entrances and Exits?  No  Yes  
 Has House been Inspected by a Fire Marshal?  No  Yes Does It Meet All Local, City and State Codes?  No  Yes  
 Describe All Temporary Structures: \_\_\_\_\_  
 Are Any of the Following Present?  Chainsaw W/ or W/o Blades  Electric Shock Devices  Fire or Flash Powders  
 Fog  Moveable/Sinking Floors  Slides  Suspended Bridges  Unlit Stairs  
 Describe All Special effects: \_\_\_\_\_

Ratio of Attendants to the Public: \_\_\_\_\_ Attendants to \_\_\_\_\_ Customers Number of People per Group \_\_\_\_\_  
 Age Range of Customers: From \_\_\_\_\_ yrs to \_\_\_\_\_ yrs Are Children Supervised?  No  Yes  
 Does Applicant have Lead and Follow-Up Guides?  No  Yes Does Applicant have a Door Monitor?  No  Yes  
 Does Applicant have the Public Participate in Stunts?  No  Yes Does Anyone Touch the Public?  No  Yes

► **Hay Ride:** Does Vehicle Transport Customers on Public Road?  No  Yes, Explain \_\_\_\_\_

► **Parade:** Will Souvenirs or Other Items be Thrown into the Crowd?  No  Yes, Describe \_\_\_\_\_  
 Are Cross Streets Barricaded?  No  Yes Is Parade Route able to Handle Size and Height of Floats?  No  Yes  
 Length of Parade Route: \_\_\_\_\_ miles Number of Floats and/or Motorized Vehicles \_\_\_\_\_ Number of Bands \_\_\_\_\_  
 Any Animals in the Parade?  No  Yes, Describe \_\_\_\_\_ Number of Equestrians \_\_\_\_\_  
 Are All Animals Insured by their Owner against Third Party Liability Claims?  No  Yes, Limits \_\_\_\_\_

► **Pumpkin Patch:** Is Patch in Conjunction with Farm Operations?  No  Yes, Describe \_\_\_\_\_

► **Rodeo:** List Name and Address of All Rodeo Promoters/Companies/Stock Contractors: \_\_\_\_\_  
 Does Rodeo Board the Stock in Applicant's Facility Overnight?  No  Yes  
 Does Rodeo Company Maintain Responsibility for Security of Stalls/Pens used to Board the Stock?  No  Yes  
 Are Transfer Areas between Animal Pens and Competition Restricted from the General Public?  No  Yes  
 Rodeo Arena Specifics:  Indoor  Outdoor  Permanent  Temporary

► **Stadium:** Are Patrons Protected from and Warned against potential Flying Object?  No  Yes  
 Are Patrons Allowed on Field, Track or Pit Area?  No  Yes Are Entrances/Exits well Marked and Lit?  No  Yes  
 Is Public Address System Audible in Entire Facility?  No  Yes Is there a Backup Electrical Supply?  No  Yes

► **Under 21 Dance/Grad Night/Prom:** Can Students Leave and Return?  No  Yes Are there Chaperones?  No  Yes

Additional Insured \_\_\_\_\_ Interest \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.