 **SPECIAL EVENTS PROGRAM QUESTIONNAIRE**

**POLICYHOLDER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Named Insured (as will appear on policy): |  | | |
| Address: |  | | |
|  |  |  |  |
|  | City | State | Zip |
| Contact Name: |  | | |
| Phone: |  | | |
| E-mail Address: |  | | |

**GENERAL INFORMATION**

|  |
| --- |
| 1. Event Start Date:       Event End Date: |
| 2. Event Name: |
| 3. Event Venue: |
| 4. Event Address:  City:       State:       Zip: |
| 5. What general type of event are you having? |
| 6. Estimated Event attendance (All days combined): |
| 7. Number of years this event has taken place: |
| 8. Website (if applicable): |
| 9. Description of event and any ancillary activities: |
| 10. Have you had more than $5,000 of total claims in the last three years?  Yes  No |
| 11. Do you have any of the below activities?  Yes  No   * After-Hours Parties (e.g. After Prom, Graduation Night, Retirement) * Amusement Rides, Mechanical Devices, Rock Climbing Walls, or Inflatables * Animal Rides * Animal Shows (e.g. Cat, Dog, Horse, Livestock Judging) * Cave Explorations * Fairs * Fireworks or Pyrotechnics * Fishing Derbies * Fraternity or Sorority Parties * Gun Shows/Knife Shows/Shooting Events * Haunted Houses * Motorsports Events (including Demolition Derbies, Mud Bogs, Tractor Pulls, Races, and Stunt Shows) * Overnight Accommodations or Camping Facilities * Overnight Lock-ins * Parades * Political Rallies * Rodeos * Sporting Events * Water Activities * Wine Tastings |

**SHORT TERM SPECIAL EVENTS - ALCOHOL**

|  |
| --- |
| **If this event includes alcohol, please complete the Host Liquor or Retail Liquor section below.** |
|  |
| **HOST LIQUOR (Not available in AL, IN, NH, NM, ND, VT)**  Alcohol is provided to guests for no charge, bring your own beverage, or alcohol can be purchased from a third party  (restaurant, caterer, vendor, etc.) as long as the event host does not receive a portion of the receipts. |
| **Please select how Alcoholic beverages are provided (select one of the following):**  **Distributed free of charge**   * Are individuals charged to attend the event?  Yes  NO (*If yes, please complete the Retail Liquor section below)*   + **Alcohol is served by (select one):**   ***Event Host, Employees, or Volunteers***   * + - Are there designated servers for the alcoholic beverages who have been instructed to not serve liquor to minors or intoxicated guests  Yes  No   *(If answered “NO”, this event is ineligible for coverage)*  ***Licensed Caterer or the Venue***  **Sold by a third party**   * Are any proceeds from the sale of alcohol shared with the event?  Yes  NO   (*If yes, please complete the Retail Liquor section below)*  **Bring Your Own Beverage** |
|  |
| **RETAIL LIQUOR (Not Available in AL, IA, MI, VT)**  Alcohol is sold, event tickets/dinner/admission include alcohol, insured holds a liquor license or permit, or any revenue is  received (shared) from a third party selling alcohol. |
|  |
| 1. Estimated revenue the event will receive from the sale of alcohol? |
| 2. Please select how alcoholic beverages are priced:  Included with the cost of the ticket/dinner/admission  Sold at the event |
| 3. Who holds the liquor license?  Insured  *(please complete Supplement questions below)*  Caterer/Vendor  Is the caterer/vendor serving the alcohol?  Yes  No  *(If NO, complete Supplement questions 3-10 below)*  Facility  Is the facility serving the alcohol?  Yes  No  *(If NO, complete Supplement questions 3-10 below)* |
|  |
| **SUPPLEMENT** |
| 1. Name of the liquor license/permit holder: |
| 2. Liquor license/permit number: |
| 3. Are ID’s checked at the event?  Yes  No  (*If no, this event is ineligible.)* |
| 4. Has a fine ever been received or liquor license revoked or suspended?  Yes  No  (*If yes, this event is ineligible.)* |
| 5. Are alcohol sales and consumption contained within a fixed/secured area?  Yes  No  (*If no, this event is ineligible.)* |
| 6. Have servers had formalized alcohol awareness training?  Yes  No  (*If no, this event is ineligible.)* |
| 7, Choose the type of formalized alcohol awareness training:  TIPS (Training for Intervention Procedures)  TAMs (Techniques of Alcohol Management)  State Designated Program:  Other: |
| 8. Are alcohol sales stopped at least one hour prior to the end of the event?  Yes  No  (*If no, this event is ineligible.)* |
| 9. Is a purchase of two beverages or less at a time enforced?  Yes  No  (*If no, this event is ineligible.)* |
| 10. Is a designated driver program in place (call a cab, etc.)?  Yes  No  (*If no, this event is ineligible.)* |

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

**I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

I hereby represent 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 of these applications.

I confirm that I have read and understand the individual state fraud notices which are a part of this American Specialty application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties.

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

Date Signature of Insured or Authorized Representative Title

Send completed form to: **American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard**

**Suite 100**

**Fort Wayne, IN 46804**

# Phone: (800) 245-2744

**E-mail:** [**apply@americanspecialty.com**](mailto:apply@amerspec.com)

***Generic Fraud Warning Language:***

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 may be guilty of insurance fraud.

**NOTICE TO RESIDENTS OF:**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.

\*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

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

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in UT**

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. ***EDITION 11/17***