



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)