



BEFORE completing application, you must save application to your computer or it will be received blank.

If you have not saved the application to your computer, follow instructions below:

- a) Save and label the application to your computer where you can easily find it.
- b) Complete questions that apply to your event, leave questions that do not apply blank.
- c) Section 3 and section 4 apply to specific event or activity. **Only complete the one section that applies to your event or activity.**
- d) Save completed application.
- e) Attach application saved on your computer to your email and submit to us for quoting.
- f) Email completed application to: specialevent@hubinternational.com

SECTION 1:

1. First Named Insured (as it is to appear on policy):

(Named Insured is the person required to take out insurance policy and listed on rental agreement with facility)

2. Are there other Named Insureds? Yes No

2a. If yes, list each Named Insured separately:

Named Insured:

Named Insured:

Named Insured:

Named Insured:

3. Is any Named Insured the Property Owner or Manager of an event location?

Yes

No

4. Mailing address/street address/P.O. Box:

City:

State:

Zip Code:

5. Contact Person:

First Name:

Last Name:

Contact person email:

Contact person phone number:

6. Effective date:

7. Expiration date:

8. Event or activity name:

9. List each State where your event or activity will occur:

10. For each State, provide the percent of activity in the State (Total attendance in State ÷ total attendance all States, or number of days in State ÷ number of days all States):

SECTION 2:

1. Select the classification that applies to you:

1a. If event is a celebration, meeting, performance, fundraising and other event type, describe the event:

1a.1. Are you a non-profit organization? Yes No

1a.2. Do you or the facility operator charge a fee to attend the event?

Yes No

1a.3. Will you have entertainment? Yes No

1a.3a. If yes, describe the entertainment:

1b. If you are a vendor, entertainer, DJ or other event service vendor, select the event vendor category that applies:

1b.1. If you are a caterer, vendor or exhibitor, select the type of activity or booth that applies:

1b.1a. Describe other:

1b.1b. If food or beverage, do you sell or serve uncooked meat, fish or poultry? Yes No

1b.2. If you are an entertainer or DJ, select the class of entertainment that applies:

1b.3. Describe other:

1c. If you are another type of event service vendor, select the class of event that applies:

1c.1. Describe other:

1c.2. Will you use a ladder, crane, scaffold, hoist or any lift equipment to provide your service? Yes No

1c.2a. If yes, describe equipment and use:

1d. If you are an instructor, select the instructor category that applies:

1d.1. If athletic, sport or recreational activity, describe the activity:

1d.1a. If athletic, sport or recreational activity, are participants required to sign a Waiver and Release of Liability? Yes No

1d.1a.1. If yes, provide a copy of the waiver form.

1d.2. If non-athletic activity, select the activity class that applies:

1d.2a. Describe other:

1d.3. Total number of weeks your class or activity is held:

1d.4. How many total instructors are to be insured, including you?

(Include assistants and aids. Be sure to include each instructor, assistant and aid as a Named Insured)

SECTION 3:

Please select the appropriate box and answer questions below, if your event is a:

1. First event date:

2. Attendance expected this day:

3. Alcoholic beverage available this day? Yes No

3a. Number of hours alcoholic beverage is available:

3b. What time will you stop serving alcoholic beverage? a.m. p.m.

3c. Who provides the alcoholic beverage?

3c.1. If a vendor provides the alcoholic beverage, has the vendor provided or will you require the vendor provide a certificate of liquor liability insurance with a minimum limit of \$1,000,000 each occurrence:

Yes No

3c.2. If you provide the alcoholic beverage, do you sell alcoholic beverage?

Yes No

3d. Do you charge a fee to attend the event? Yes No

Please answer questions below for each additional event date.

1. Additional event date:

2. Attendance expected this day:

3. Alcoholic beverage available this day? Yes No

3a. Number of hours alcoholic beverage is available:

3b. What time will you stop serving alcoholic beverage? a.m. p.m.

3c. Who provides the alcoholic beverage?

3c.1. If a vendor provides the alcoholic beverage, has the vendor provided or will you require the vendor provide a certificate of liquor liability insurance with a minimum limit of \$1,000,000 each occurrence:

Yes No

3c.2. If you provide the alcoholic beverage, do you sell alcoholic beverage?

Yes No

3d. Do you charge a fee to attend the event? Yes No

Please answer questions below for each additional event date.

1. Additional event date:

2. Attendance expected this day:

3. Alcoholic beverage available this day? Yes No

3a. Number of hours alcoholic beverage is available?

3b. What time will you stop serving alcoholic beverage? a.m. p.m.

3c. Who provides the alcoholic beverage?

3c.1. If a vendor provides the alcoholic beverage, has the vendor provided or will you require the vendor provide a certificate of liquor liability insurance with a minimum limit of \$1,000,000 each occurrence:

Yes No

3c.2. If you provide the alcoholic beverage, do you sell alcoholic beverage?

Yes No

3d. Do you charge a fee to attend the event? Yes No

Please answer questions below for each additional event date.

1. Additional event date:

2. Attendance expected this day:

3. Alcoholic beverage available this day? Yes No

3a. Number of hours alcoholic beverage is available:

3b. What time will you stop serving alcoholic beverage? a.m. p.m.

3c. Who provides the alcoholic beverage?

3c.1. If a vendor provides the alcoholic beverage, has the vendor provided or will you require the vendor provide a certificate of liquor liability insurance with a minimum limit of \$1,000,000 each occurrence:

Yes No

3c.2. If you provide the alcoholic beverage, do you sell alcoholic beverage?

Yes No

3d. Do you charge a fee to attend the event? Yes No

Please answer questions below for each additional event date.

1. Additional event date:

2. Attendance expected this day:

3. Alcoholic beverage available this day? Yes No

3a. Number of hours alcoholic beverage is available:

3b. What time will you stop serving alcoholic beverage? a.m. p.m.

3c. Who provides the alcoholic beverage?

3c.1. If a vendor provides the alcoholic beverage, has the vendor provided or will you require the vendor provide a certificate of liquor liability insurance with a minimum limit of \$1,000,000 each occurrence:

Yes No

3c.2. If you provide the alcoholic beverage, do you sell alcoholic beverage?

Yes No

3d. Do you charge a fee to attend the event? Yes No

SECTION 4:

Please select the appropriate type of service and answer questions below, if you are a:

1. First event date:

2. Last event date:

3. Total number of days with activity during this period:

4. Largest single day attendance:

5. Total attendance all days:

6. Is alcoholic beverage available on any days? Yes No

6a. Total number of days alcoholic beverage is available:

6b. Number of hours alcoholic beverage is available for any single day:

6c. What is the latest time will you stop serving alcoholic beverage on any date?

a.m. p.m.

6d. Who provides the alcoholic beverage?

6d.1. If a vendor provides the alcoholic beverage, has the vendor provided or will you require the vendor provide a certificate of liquor liability insurance with a minimum limit of \$1,000,000 each occurrence?

Yes

No

6d.2. If you provide the alcoholic beverage, do you sell alcoholic beverage?

Yes

No

6d.2a. Do you charge a fee to attend the event?

Yes

No

SECTION 5:

1. Does a vendor, exhibitor, caterer or other event service provider provide a booth, service or activity of any type for your event? Yes No

1a. If yes, do you require the vendor provide you a certificate of general liability insurance with a minimum limit of \$1,000,000 per occurrence and include you as additional insured? Yes No

1b. What is the number of vendors at your event?

2. Will your event or activity include medical, chiropractic or healthcare services of any type? Yes No

Only answer the following questions if there will be medical, chiropractic or healthcare services at your event.

2a. Describe the type of healthcare service:

2b. Who provide the healthcare services?

2c. Do you require the vendor carry both general liability and medical malpractice or healthcare professional liability insurance? Yes No

2d. What minimum limit of liability insurance do you require the vendor carry?

2d.1. Do you require that you be added as an additional insured to the vendors liability insurance? Yes No

3. Will your event activities include animals of any type? Yes No

Only answer the questions below if an animal is included in your event or activity.

3a. Select each type of animal:

Cat

Dog

Horse or pony

Farm animal other than horse or pony

Reptile

Bird

Other type of animal

3a.1. Describe other animal type:

3b. Type of event:

3b.1. Describe other:

3c. Are participants required to sign a Waiver and Release of Liability?

Yes

No

If yes, attach a copy of the Waiver and Release of Liability.

4. Will your event or activity include fireworks or pyrotechnics? Yes No

Only answer the questions below if your event or activity includes fireworks or pyrotechnics.

4a. Who provides the fireworks/pyrotechnics?

4b. Do you require the vendor carry general liability? Yes No

4c. What minimum limit of liability insurance do you require the vendor carry?

4d. Do you require that you be added as an additional insured to the vendors liability insurance? Yes No

5. Will your event include overnight lodging or camping? Yes No

Only answer the questions below if your event includes lodging or camping.

5a. What type of lodging?

5a.1. Describe other lodging:

5b. Do you negotiate a discount rate? Yes No

5c. Who reserves the room or accommodation in their name?

5d. Who pays the room or accommodation rate or fee?

5e. Number of overnight lodging guests:

5f. Number of days with overnight lodging:

6. Will your event include mechanical ride, carnival ride or motorized equipment?

Yes

No

Only answer the questions below if your event or activity includes mechanical ride, carnival ride or motorized equipment.

6a. Describe the type of ride:

6b. Who provides the ride?

6c. Do you require the vendor have general liability insurance? Yes No

6d. What minimum limit of liability insurance do you require the vendor carry?

6e. Do you require that you be added as an additional insured to the vendors liability insurance? Yes No

7. Will your event or activity include a climbing wall or rock climbing? Yes No

Only answer the questions below if your event or activity includes a climbing wall or rock climbing.

7a. Who provides the climbing wall or rock climbing? You Vendor

7b. Do you require the vendor have general liability insurance? Yes No

7c. What minimum limit of liability insurance do you require the vendor carry?

7d. Do you require that you be added as an additional insured to the vendors liability insurance? Yes No

7e. Are participants required to sign a Waiver and Release of Liability form?
Yes No

7f. If yes, are you added to the Waiver form as a protected party?
Yes No

If yes, provide a copy of the Waiver form.

8. Will your event or activity include any type of athletic, sport or recreational activity?

Yes

No

Only answer the questions below if your event or activity includes athletic, sport or recreational activity.

8a. Are participants required to sign a Waiver and Release of Liability form?

Yes

No

If yes, provide a copy of the Waiver form.

8b. Select each participant age group:

8c. Describe each athletic, sport or recreational activity:

8d. Maximum number of participants any one day:

8e. Total number of days of this activity:

9. Will your event include or will you perform live music? Yes No

Only answer the questions below if your event includes live music.

9a. If yes, select each music genre or type of music genre performed live:

1950 – 1960

Acid Rock, Death Rock, Hard Rock, Heavy Metal, Ska

Alternative

Big Band

Blues, Gospel, Rhythm, Soul

Classical

Country, Western, Folk

Disco

Ethnic or Foreign Culture

Goth, Goth Metal

Hip Hop, Rap

Industrial

Jazz

Pop

Rockabilly

Soft Rock

Reggae

Techno, Electronic

World Music

Other

9a.1. Describe other music type or genre:

10. Will you hire or provide security? Yes No

Only answer the questions below if you provide or hire security.

10a. Select each type of security:

Facility security

Private security – not employee of a security company

Private Security Company

Off duty Police or Sheriff

On duty Police or Sheriff

Parent chaperone or volunteer

Usher

Your employee

10b. Number of security staff:

10c. Will any security be armed? Yes No

11. Will there be attendance or activity before 6:00a.m. or after 11:30p.m. that is other than set up or clean up activity? Yes No

Only answer the questions below if there is attendance before 6:00a.m. or after 11:30p.m.

11a. Is there attendance before 6:00a.m.? Yes No

11a.1. Describe the activity taking place before 6:00a.m.:

11a.2. Attendance before 6:00a.m.:

11a.3. What time does the activity begin? a.m.

11a.4. Does this occur each event day? Yes No

11b. Is there attendance after 11:30p.m.? Yes No

11b.1. Describe the activity taking place after 11:30p.m.:

11b.2. Attendance after 11:30p.m.:

11b.3. What time does the activity end? a.m. p.m.

11b.4. Does this occur each event day? Yes No

12. Will you provide transportation to others? Yes No

Only answer the questions below if you provide transportation.

12a. Who provides the transportation?

12a.1. If a vendor, do you require a certificate of automobile liability insurance from the vendor in the minimum amount of \$1,000,000 per occurrence?

Yes No

12b. What type of vehicle?

SECTION 6:

1. Select each exposure that applies to your event or activity:

None of the below listed exposures

Motor vehicle or mobile equipment is used in the event or activity Street closure or traffic controls

Aircraft, hot air balloon or unmanned aircraft use, operation or exhibit

Activity on or over water

Climbing wall or rock wall

Inflatable activity – bounce house only

Inflatable activity – other than bounce house

Interactive activity not otherwise listed

Archery, paintball, jousting

Guns, ammunition, black powder

Knife or Ax throwing or contest

Chainsaw use

Power tool use during event

Use of fire

Trampoline or other rebounding equipment

Bungee cord, safety harness, belaying equipment, fall protection

Bicycle, roller skate or blade, skateboard, scooter, ice skate

Ski, cross country ski, snowboard, snowshoe

SECTION 7:

1. Event or activity location:

Location Name & Street address:

City:

State:

Zip Code:

2. Are there other event or activity locations? Yes No

Location

Location Name & Street address:

City:

State:

Zip Code:

Location

Location Name & Street address:

City:

State:

Zip Code:

Location

Location Name & Street address:

City:

State:

Zip Code:

Location

Location Name & Street address:

City:

State:

Zip Code:

3. Are there any Additional Insureds or Certificate of Insurance Holders? Yes No

3a. For each Additional Insured and Certificate of Insurance Holder, select the most appropriate Additional Insured or Certificate of Insurance Holder type:

3a.1. Describe other:

3b. Number of days this Additional Insured is at or associated with your event?

3c. Additional Insured name:

3d. Additional Insured mailing address:

City:

State:

Zip Code:

Please complete following questions for any other Additional Insureds or Certificate of Insurance Holders you have.

1. Select the most appropriate Additional Insured or Certificate of Insurance Holder type:

Describe other:

2. Number of days this Additional Insured is at or associated with your event?

3. Additional Insured name:

4. Additional Insured mailing address:

City:

State:

Zip Code:

Please complete following questions for any other Additional Insureds or Certificate of Insurance Holders you have.

1. Select the most appropriate Additional Insured or Certificate of Insurance Holder type:

Describe other:

2. Number of days this Additional Insured is at or associated with your event?
3. Additional Insured name:
4. Additional Insured mailing address:

City:

State:

Zip Code:

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1. Select the most appropriate Additional Insured or Certificate of Insurance Holder type:

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4. Additional Insured mailing address:

City:

State:

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