Complete with CWCO-SUP-CORE and ACORD 125/126. If a one-day event, the end date is the same as the start date. Attach CWCO-SUP-LIQ if alcohol is sold or served. Complete one form per event.

APPLICANT'S NAME | WEBSITE | EFFECTIVE DATE — FROM | TO

MAILING ADDRESS | CITY | STATE / ZIP | PHONE

Applicant is:

☐ Individual ☐ Corporation ☐ Partnership
☐ Joint venture ☐ LLC ☐ Other

A LIMITS & EVENT OVERVIEW

GENERAL AGGREGATE LIMIT ($) | PRODUCTS/COMPLETED OPS AGGREGATE ($) | PERSONAL & ADVERTISING INJURY LIMIT ($) | EACH OCCURRENCE LIMIT ($)

DAMAGE TO PREMISES RENTED TO YOU ($) | MEDICAL EXPENSE — ANY ONE PERSON ($) | DEDUCTIBLE ($) | OTHER COVERAGES / ENDORSEMENTS REQUESTED

LOCATION ADDRESS OF EVENT / VENUE NAME | LENGTH OF EVENT

DESCRIPTION OF EVENT (ATTACH FLYERS, BROCHURES, OR EVENT WEBSITE)

MAXIMUM DAILY ATTENDANCE | TOTAL ATTENDANCE | SALES ($) | ESTIMATED AGE GROUP — FROM | TO

DAILY HOURS OF EVENT | NUMBER OF PARTICIPANTS | DO PARTICIPANTS SIGN LIABILITY WAIVERS?

A1 Is the applicant an event planner or coordinator? ☐ Yes ☐ No
IF YES, EXPLAIN

APPLICANT'S EXPERIENCE CONDUCTING EVENTS OF THIS OR SIMILAR NATURE

A2 If the applicant is the sponsor, does the operator carry General Liability insurance? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to A2, state the insurance carrier and GL limits in the explanation field.

A3 Is any marijuana or cannabis sold or distributed at the event? ☐ Yes ☐ No
IF YES, EXPLAIN

B ENTERTAINMENT, FIREWORKS & FIRST AID

B1 Is live entertainment provided? ☐ Yes ☐ No
IF YES, EXPLAIN

B2 Is the event a rave, rave dance, or rave party? ☐ Yes ☐ No

B3 Is there a concert? ☐ Yes ☐ No
IF YES, EXPLAIN

Type of music:

- ☐ Alternative
- ☐ Bluegrass
- ☐ Classical
- ☐ Country/western
- ☐ Gospel
- ☐ Gothic
- ☐ Hardcore
- ☐ Heavy metal
- ☐ Hip-hop
- ☐ Jazz
- ☐ R&B
- ☐ Rap
- ☐ Rock
- ☐ Other (describe below)
- ☐

B4 Are there any special effects for the concert? ☐ Yes ☐ No
IF YES, EXPLAIN

B5 Is there a fireworks display? ☐ Yes ☐ No
IF YES, EXPLAIN

B6 Is a licensed pyrotechnician igniting the fireworks, and is that person insured for the operation? ☐ Yes ☐ No
IF YES, EXPLAIN

If not licensed, state who will ignite the fireworks in the explanation field.

DISTANCE BETWEEN FIREWORKS STAGING AREA AND AUDIENCE	ARE SPECTATORS ALLOWED IN THE STAGING AREA?	ARE FIRE PERSONNEL PRESENT, AND ARE FIREWORKS SOLD?

B7 Are first aid facilities provided at the event? ☐ Yes ☐ No
IF YES, EXPLAIN

First aid facilities are staffed by:

- ☐ Doctors
- ☐ Nurses
- ☐ Other (describe below)

C HOLD-HARMLESS, LIQUOR & RIDES

C1 Is the applicant held harmless by others? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Does applicant agree to hold any third party harmless? ☐ Yes ☐ No
IF YES, EXPLAIN

C3 Is applicant naming anyone as an additional insured? ☐ Yes ☐ No
IF YES, EXPLAIN

Liquor at the event:

- ☐ Sold by applicant
- ☐ Served (not sold) by applicant
- ☐ Host liquor requested
- ☐ Served/sold by others
- ☐ BYOB permitted
- ☐ No liquor

C4 If liquor is served/sold by others, do they carry their own Liquor Liability coverage? ☐ Yes ☐ No
IF YES, EXPLAIN

If alcohol is sold or served by the applicant, complete CWCO-SUP-LIQ in full.

C5 Are inflatables utilized? ☐ Yes ☐ No
IF YES, EXPLAIN

Inflatables provided by:

- ☐ Applicant
- ☐ Vendors

C6 Are rides provided? ☐ Yes ☐ No
IF YES, EXPLAIN

C7 Are rides inspected, do they have age/height/size limit signage, and is the applicant compliant with state ride inspection laws? ☐ Yes ☐ No
IF YES, EXPLAIN

C8 Do ride/inflatable vendors carry General Liability insurance, name the applicant as additional insured, provide certificates, and hold the applicant harmless? ☐ Yes ☐ No
IF YES, EXPLAIN

D SECURITY & FACILITY

D1 Is there a written emergency plan in the event of an accident? ☐ Yes ☐ No

SECURITY CATEGORY	NUMBER PROVIDED

Categories: chaperones; employed armed security; employed unarmed security; off-duty police; independent armed security contractor; independent unarmed security contractor.

D2 If an independent security contractor is used, do they provide a certificate of insurance, hold the applicant harmless, and name the applicant as additional insured on their GL policy? ☐ Yes ☐ No

IF YES, EXPLAIN

D3 Are bleachers or platforms used? ☐ Yes ☐ No

IF YES, EXPLAIN

Bleacher/platform type and construction:

☐ Permanent ☐ Portable ☐ Concrete
☐ Steel ☐ Wood

HEIGHT OF BLEACHERS/PLATFORM (FEET)	AGE OF BLEACHERS/PLATFORM	BACK AND SIDE RAILINGS PROVIDED?

D4 Are patrons protected from and warned against potential flying objects, and are they allowed on the field, track or pit area? ☐ Yes ☐ No

IF YES, EXPLAIN

D5 Is the public address system clearly audible throughout the facility, and is there backup electrical supply for lighting and PA? ☐ Yes ☐ No

D6 Are entrances and exits well lit? ☐ Yes ☐ No

WHO IS RESPONSIBLE FOR CROWD AND TRAFFIC CONTROL?	ARE PARKING AREAS SMOOTH WITH MARKED LANES AND EXIT ROADS?

E APPLICANT HISTORY & FINANCIAL

E1 Does the applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? ☐ Yes ☐ No

IF YES, EXPLAIN

E2 Does the applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No

IF YES, EXPLAIN

E3 During the past three years, has any company cancelled, declined, or refused similar insurance to the applicant? (not applicable in Missouri) ☐ Yes ☐ No

IF YES, EXPLAIN

YEAR	CARRIER	COVERAGE	POLICY NO.	TOTAL PREMIUM

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID ($)	AMOUNT RESERVED ($)	CLAIM STATUS

F ADDITIONAL INSUREDS

NAME	ADDRESS	INTEREST

G EVENT-TYPE DETAIL

Complete only the block(s) matching this event. Skip blocks that do not apply.

BICYCLE / RUNNING EVENT

DISTANCE OF EVENT

ROUTE SURFACE FREE OF HAZARDS AND CLEARLY MARKED?

G1 Are pedestrians and vehicular traffic rerouted, and does the event take place on public roads with police escorts and lane barriers? ☐ Yes ☐ No

IF YES, EXPLAIN

HAUNTED HOUSE

DESCRIBE THE BUILDING AND CONSTRUCTION, INCLUDING ANY CARDBOARD CONSTRUCTION, TEMPORARY STRUCTURES, AND AGE/CONDITION

Present in the haunted house (check all that apply):

☐ Electric shock devices ☐ Fire or flash powders ☐ Moveable floors
☐ Power tools as props ☐ Sinking floors ☐ Slides
☐ Suspended bridges ☐ Unlit stairs

G2 Are there separate entrances and exits, has it been inspected by a fire marshal, and does it meet all local, city and state codes? ☐ Yes ☐ No

IF YES, EXPLAIN

RATIO OF ATTENDANTS TO PUBLIC / GROUP SIZE

AGE OF CLIENTS — ARE CHILDREN SUPERVISED?

DOES APPLICANT HAVE LEAD/FOLLOW-UP GUIDES AND A DOOR MONITOR?

G3 Does the public participate in stunts, or does anyone touch the public? ☐ Yes ☐ No

IF YES, EXPLAIN

PARADE

G4 Are cross streets barricaded, and are souvenirs or other items thrown into the crowd? ☐ Yes ☐ No

IF YES, EXPLAIN

LENGTH OF PARADE ROUTE

NUMBER OF FLOATS / EQUESTRIANS

NUMBER OF BANDS / MOTORIZED VEHICLES

IS THE ROUTE ABLE TO HANDLE FLOAT SIZE AND HEIGHT?

G5 Are animals in the parade insured against third-party liability by their owners, and what minimum limits are required? ☐ Yes ☐ No

IF YES, EXPLAIN

RODEO

RODEO PROMOTER / COMPANY / STOCK CONTRACTOR

ARENA TYPE

G6 Does the rodeo company board stock overnight and maintain responsibility for stall/pen security, and are transfer areas restricted from the public? ☐ Yes ☐ No

IF YES, EXPLAIN

PUMPKIN PATCH / CHRISTMAS TREE LOT

Activities available:

☐ Hay stack / slide ☐ Hay rides ☐ Petting zoo
☐ Maze ☐ Pony sweep ☐ Pumpkin picking from fields
☐ Tree cutting by customers ☐ Other (describe below)

G7 If tree/pumpkin cutting is offered, are minors permitted to cut, are power tools provided, and are liability waivers required? ☐ Yes ☐ No

IF YES, EXPLAIN

UNDER-21 DANCE, GRADUATION NIGHT OR PROM

G8 Are students allowed to leave and return, are chaperones provided, and is security provided (armed or unarmed)? ☐ Yes ☐ No

IF YES, EXPLAIN

H ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — PERMITS OBTAINED, SITE DIAGRAM AVAILABILITY, OR PLANNED CHANGES

I REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This application does not bind the applicant or the Company to complete the insurance, but the information herein forms the basis of the contract should a policy be issued.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE