



JOHNSONESE

JOHNSONESE BROKERAGE LLC
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JOHNSONESE.COM

Special Event Insurance Application

(Please note that any premiums paid for special event insurance are not refundable.)

General Information

Named Insured:	
Entity Type:	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
For Profit or Non-Profit?	
Years Entity in Business	
Years Experience of Owner	
Contact Person:	
Phone:	
Email:	
Website:	

General Questions

	Yes / No
Any Stunts, Pyrotechnics, Aircrafts, Hazardous Activities, Car Races, Precision Driving, Mechanical Devices, Film Production, Rap/Hip Hop, Rock/Metal, Rides, Water Activities?	
Will the event take place in the United States?	
Any armed private security guards?	
Any prior event with any losses of any kind?	
Is alcohol being served?	
If yes, by applicant?	
Has server provided evidence of liquor liability insurance?	

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Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years?	
If yes provide details:	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss

	Yes / No
Any prior event insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium

Event Details

Type of Event:	
Event Name:	
Budget (Cost of Event):	
No. of Event Occurrences:	
Dates:	
Times:	
Venue Name:	
Venue Street Address:	
Venue City, State, Zip:	
Indoors?	
Event Limited to Venue Grounds?	
Seating Capacity:	
Seating Type:	
Brief Description of Event:	
List Celebrities (if any) at Event:	

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Event Gross Revenues \$

Admission fees	
Liquor sales	
Food sales	
Merchandise sales	
Other	
Total	

Concerts Only

Type of Music:	
Music Decade:	
Artist's Name:	

Attendance

Average Daily Spectators:	
Average Daily Participants/ Volunteers:	

Coverages (Note that not all coverages listed are available for all events or in all states.)

Dates of Coverage: Effective ___/___/___ Expiration ___/___/___

General Liability

Coverage	Limit
Occurrence	
Aggregate	
Waiver of Subrogation (Include or Exclude)	
No. of Waivers Required	

Automobile

Coverage	Limit
Hired & Non-Owned Auto Liability	

Additional Coverages

Coverage	Limit	Deductible
Rented Equipment		
Third Party Property Damage		
Liquor Liability		
Event Cancellation		

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Coverages (continued)

Workers Compensation*

Coverage	Limit	Deductible
Employers Liability Limit		N/A
All States Endorsement (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

****If you requested workers comp coverage, please complete the following:***

Number of full-time employees	
Number of part-time employees	
Total Compensation (pay \$)	

Vendor's Coverage

(Complete only if you want your coverage to extend to the vendors)

No. of Exhibitors (no sales)	
No. of Concessionaires (non-food sales)	
No. of Concessionaires (food sales)	
No. of Performers and Attractions	

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

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Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: _____

Date: _____