

Hammond
Martin
Walsh &
Smith



Insurance
Brokers

Short Term Event

Applicant: _____

Company: _____

Individual Partnership Corporation Joint Venture Other: _____

Contact: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

Cell Phone or Pager: _____ Email Address: _____

FED. TAX I.D. or Social Security No.: _____

Professional Experience (Years in Field): _____

Confirm vendors (caterers, entertainment, rentals houses, etc.) will name applicant as additional insured with limits equal to or greater than applicants. Yes No N/A

Type of Event: _____ If Music – What Type: _____

Performers: _____ Attach List if Necessary

Title: _____

Detailed Description: (Attach Flyers/Website) _____

Venues/Location(s): (Attach list if Necessary) _____

Venue Capacity: _____ Est. Daily Attendance: _____

Indoor Event Outdoor Event Both Vendors – Attach List

Security – Private Venue's Armed - Yes No

Event Dates (Load In): _____

Start: _____

End: _____

(Load Out): _____

Liquor Liability Needed? Yes No Limit: _____

Who will be serving alcohol? _____

Who holds a liquor license? _____

Estimated Receipts Form Liquor: _____

General Liability Limit Required: \$ _____

Auto Liability: Yes No Physical Damage: Yes No

Vehicle Info: # of Trucks _____ Value \$ _____

of Autos _____ Value \$ _____

Any Bounce Houses: Yes No

Event Budget: \$ _____

Total value of ALL rented equipment: (Excluding Vehicles) \$ _____

Equipment Information: Pick Up Date _____ Return Date _____

Value of Owned Equipment: \$ _____

Will equipment be removed from the continental U.S.? Yes No

Where will equipment be kept when not in use? _____

Premises Protection? _____

Loss Payees/Additional Insureds: (Attach separate list if necessary)

Is Workers Compensation needed? Yes No If WC is needed FEIN/SSN is required.

Number of Volunteers/Interns: _____

Number of Part-time hires: _____ Remuneration: _____

Number of Full-time hires: _____ Remuneration: _____

If hires out of state:

State of Hire: _____ Remuneration \$ _____ Duties: _____

State of Hire: _____ Remuneration \$ _____ Duties: _____

State of Hire: _____ Remuneration \$ _____ Duties: _____

Prior Insurance Company: _____ Losses: _____

(ANY unreported prior claims will result in coverage being unbound)

Event Subject to Weather/Cancellation Yes No

Weather coverage must be bound and paid 10 days prior to your event.

Applicant Signature: _____

Date: _____

Position: _____

Submitting the above application does not bind the applicant to purchase the insurance or the insurance company to issue coverage, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in any way to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.