

CID Insurance Programs Inc. DBA CID Insurance Services

The Main Event® — Special Event Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Type Of Event

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Beer garden/tent | <input type="checkbox"/> Festival | <input type="checkbox"/> Musical/Theatrical performance | <input type="checkbox"/> Sporting event/Tournament |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Parade | <input type="checkbox"/> Wedding/Wedding reception |
| <input type="checkbox"/> Convention/Trade show/Exhibit | <input type="checkbox"/> Individual vendor booth | <input type="checkbox"/> Party/Social event | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Competition or show | <input type="checkbox"/> Motor vehicle race/show | <input type="checkbox"/> Picnic | _____ |

Applicant's name (include DBA name): _____
(List only one legal and DBA name. Do not include "etal," "etc." or other similar wording in the name.)

Name of the event: _____ Event website: _____

Describe applicant's role and responsibility in event: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

E-mail address of primary contact: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Other _____

Coverage Desired:

- Commercial general liability only Limits of coverage: \$1 million/\$1 million \$1 million/\$2 million \$1 million/\$3 million
- Liquor liability only Limits of coverage: \$1 million/\$1 million \$1 million/\$2 million \$1 million/\$3 million
- Commercial general liability and liquor liability*

*Increased limits available in certain states and for select event classes. Please speak with an underwriter.

1. Estimated total attendees per day: _____
2. Estimated number of attendees consuming alcohol daily: _____ (if liquor liability coverage is desired)
3. Full schedule/description and purpose of event (attach copy of brochure, website pages and flyer to this application or include details on all activities taking place): _____

4. Dates of event: From: _____ To: _____
(If one-day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12 a.m.)

5. Desired coverage date(s) From: _____ To: _____
a. If event date(s) differs from desired coverage date(s), explain: _____

6. Is set-up and take-down coverage needed for additional dates? Yes No
a. If "Yes," what are the dates and what will this exposure include? _____

b. Will there be any heavy machinery used such as bulldozers, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable)? Yes No

7. Would you like to include a rain date? Yes No
a. If "Yes," what date? _____

8. Would you like to include coverage for banners? Yes No
a. If "Yes," does the banner hang above a major roadway or trail behind an airplane? Yes No

9. Name of additional insured: _____

10. Mailing address: _____

11. Additional insured's interest in event: _____

12. Would you like to include primary and non-contributory wording? Yes No
 a. If "Yes," please advise how many contracts are needed: _____
13. Would you like to include waiver of subrogation? Yes No
 a. If "Yes," please advise how many contracts are needed: _____

History

14. Previous carrier: _____ Policy number: _____
15. Describe any previous losses:

Year	# of Claims	Incured Amounts	General Liability/Liquor Liability/Assault or Battery	Description
		\$		
		\$		
		\$		

COMMERCIAL GENERAL LIABILITY

16. If applicant is an individual exhibitor/vendor, what is the estimated number of attendees per day anticipated to visit their booth? _____
17. Will there be entertainment? Yes No
 a. If "Yes," describe and include name of performers and acts: _____
18. Will the event feature any of the following:
- a. Mechanical rides/devices? Yes No
 - b. Firearms? Yes No
 - c. Fireworks? Yes No
 - i. If "Yes," will the fireworks display be conducted by a third party who carries general liability limits of at least \$1 million/\$2 million? Yes No
 - ii. If "Yes," will our applicant be named as an additional insured on the general liability policy of the third party vendor conducting the fireworks? Yes No
 - iii. Will the fireworks be discharged at a minimum of 75 feet from the attendees? Yes No
 - d. Overnight camping or bonfires? Yes No
 - e. Water hazards? Yes No
 - i. If "Yes," will attendees be permitted to swim, boat, jet ski or fish? Yes No
 - f. Haunted house, hayride or corn maze? Yes No
 - g. High profile attendees? Yes No
 - i. If "Yes," please list: _____
19. a. Describe security measures: _____
- b. If security is provided by independent contractors, are they required to carry their own insurance? N/A Yes No
(For event specific underwriting questions, please see Event Types Section.)

LIQUOR LIABILITY

Liquor Liability (if coverage is desired)

20. Hours of event: From: _____ a.m. p.m. To: _____ a.m. p.m.
 a. If hours vary by date, describe: _____
21. For this event, is the applicant acting in the capacity of a hired caterer or bartender? Yes No
22. Is the applicant an individual or business that regularly sells, serves or furnishes alcohol? Yes No
23. a. Is applicant the sole vendor/server of alcohol at event? Yes No
 b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant? Yes No
24. Will alcohol be dispensed by a professional bartender or server who has taken a formal alcohol awareness training course? Yes No
25. Will alcohol be sold by applicant? Yes No
26. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted? Yes No

Event Types

27. If this is a **CONCERT/MUSICAL EVENT**, complete below:

- a. Name(s) of performer(s): _____
Describe type of music: _____
- b. Performers are: Local National
- c. Will pyrotechnics be featured? Yes No
- d. Any special effects? Yes No
If "Yes," describe: _____

28. If this is a **PARADE EVENT**, complete below:

- a. Describe parade route from start to finish: _____

- b. Has parade route been approved by local authorities and will route be secured by police? Yes No
If "No," explain: _____
- c. Are parade participants permitted to throw souvenirs, candy or other items into the crowd? Yes No

29. If this is an **ATHLETIC EVENT**, complete below:

- a. Describe athletic event: _____
- b. Professional or Amateur
If "Professional," list the athletes: _____
- c. Is this an off road, trail run, mud run or obstacle event? Yes No

30. If this is a **MOTOR VEHICLE RACE, RODEO, TRACTOR PULL** or **TRUCK SHOW**, complete below:

- a. Is the venue designed specifically for this type of activity? Yes No
- b. Are metal or concrete barriers in place to ensure spectator safety? Yes No
If "No," describe: _____
- c. Are the barriers permanent? Yes No
- d. How high are the barriers? _____
- e. What is the distance between the barriers and spectators? _____
- f. Are spectators permitted in the pit or infield area? Yes No
- g. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public? Yes No
- h. Will the event feature audience participation (e.g. calf scrambles)? Yes No
- i. Is this an off road, trail run, mud run or obstacle event? Yes No
31. If this is a **CAR SHOW/MOTOR VEHICLE SHOW**, complete below:
- a. Do vehicles remain stationary throughout the show with engines off? Yes No
- b. Will the event feature burnouts, drag races or flame throwing? Yes No
32. If this is a **HEALTH FAIR/CONVENTION**, complete below:
- a. Will the event feature any medical or health treatment? Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____