



Applicant Name:  Phone Number:   
Address:  City:  State:  Zip:   
Website Address:  Email:

## Event Information

1. **Date and times of event:**
2. **Description of event:** *Please attached a flyer if available*
3. **Expected daily attendance:**
4. **Revenue generated:**  
Admission fee: \$   
Liquor sales: \$   
Food sales: \$   
Other: \$
5. **Event Location:**  
Street:  City:  State:  Zip:
6. **Do you require a Certificate of Insurance from all exhibitor/vendors?** ☐ Yes ☐ No  
If no, explain:
7. **Do you need to provide certificates of insurance or add others as additional insureds?** ☐ Yes ☐ No  
If yes, please provide names of certificate holders and additional insureds:
8. **Describe your plans in the event of an emergency:**
9. **What security measures will be taken? If applicable, include name of Security firm and number of personnel:**
10. **Is there grandstand or bleacher seating?** ☐ Yes ☐ No  
If yes, please describe (set up, etc.):   
What type of barrier is there between the exhibition and the spectators?   
(A barrier is required for events with vehicles)  
What is the level of participation in events by the general public?
11. **Are all participants required to sign releases or waivers?** ☐ Yes ☐ No *If yes, please attach a copy of the waivers.*  
If no, please explain:

**12. Will you be using any mobile equipment?**

☐ ATV's    ☐ Golf Carts    ☐ Snowmobiles    ☐ Bobcats    ☐ Cranes    ☐ Tractors  
☐ Horse Drawn    ☐ Wagons    ☐ Other:

Describe the use of the equipment (Will it be used to transport people? Who will be allowed to drive?):

Who is responsible for insurance of the mobile equipment?

**13. Will alcohol be served at the event?** ☐ Yes ☐ No

If yes, who will be providing the liquor liability coverage?

If yes, who is providing the security in the area where the liquor is being served?

**14. If others are serving alcohol do they have insurance?** ☐ Yes ☐ No

A certificate of insurance needs to be obtained from any liquor vendors certifying they have Liquor Liability Coverage.

If Liquor Liability coverage is desired, please complete our Liquor Liability Questionnaire.

**I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE**

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. (Not applicable in MN, NY, OR, or WA)

**Minnesota:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

**Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Washington:** 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.

Insured's Signature:

Date:

Agents's Signature:

Date:

**PRINT**

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

**Western National Insurance Group****Central Region**

4700 West 77th Street, Edina, MN, 55435

**Western Region**

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

**Umialik Insurance Company**

725 E. Firewood Lane, Ste. 500

Anchorage AK 99503

www.umialik.com

**Michigan Millers Insurance**

2425 E. Grand River Avenue, Lansing, MI 48912

**Specialty Insurance Solutions**

1600 Aspen Commons Ste 520, Middleton, WI 53562

www.mimillers.com