

- THE CINCINNATI INSURANCE COMPANY
- THE CINCINNATI CASUALTY COMPANY
- THE CINCINNATI INDEMNITY COMPANY

## SPECIAL EVENTS QUESTIONNAIRE

Agency: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Payments: \_\_\_\_\_

Dates(s) of Event (Begin / End): \_\_\_\_\_ Participants:  Included  Excluded

Type of Event: \_\_\_\_\_ Coverage:  CGL  Liquor Liab.  \_\_\_\_\_

Location(s) of Event: \_\_\_\_\_

Total Expected Attendance: \_\_\_\_\_ Total Expected Receipts: \_\_\_\_\_

Facilities to be Used: \_\_\_\_\_  Owned  Rented

Building(s):

Construction: \_\_\_\_\_ Portion Occupied: \_\_\_\_\_ Number of Exits: \_\_\_\_\_

Bleachers:

Permanent or Portable? \_\_\_\_\_ Construction: \_\_\_\_\_

Capacity: \_\_\_\_\_ Height: \_\_\_\_\_

Railings:  Top  Side

Premises / Operations Hazards (Indicate "no," or explain):

Amusement Rides / Games: \_\_\_\_\_ Beer / Alcohol: \_\_\_\_\_

Cooking Facilities: \_\_\_\_\_ Other: \_\_\_\_\_

Parking:

On or Off Premises? \_\_\_\_\_ Amount of Parking Receipts: \_\_\_\_\_

Attended or Unattended? \_\_\_\_\_

Products - Concessions:

List Insured's Products: \_\_\_\_\_ List Products of Others: \_\_\_\_\_

Receipts: \_\_\_\_\_ Receipts: \_\_\_\_\_

Where Prepared? \_\_\_\_\_

Other Exposures Not Listed Above: \_\_\_\_\_

Prior Coverage for Event:

When Held: \_\_\_\_\_ Who Insured: \_\_\_\_\_

Prior Losses: \_\_\_\_\_

Interest of Applicant: \_\_\_\_\_

Do any parties other than the insured participate?  Yes  No

What do they do? \_\_\_\_\_

If the Named Insured is sponsor of the event, are certificates obtained?  Yes  No

For What Exposures: \_\_\_\_\_

For What Limits: \_\_\_\_\_

If the Named Insured is not the sole sponsor, must they provide certificates?  Yes  No

For What Exposures: \_\_\_\_\_

To Whom: \_\_\_\_\_

Unusual Exposures? \_\_\_\_\_

**WARNING: 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 THERTO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.**

**NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE / SHE 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.**

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent / Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Code: \_\_\_\_\_