

UNDERWRITING INFORMATION (CONTINUED)

7. DOES EVENT INVOLVE: (IF NONE CHECK <input type="checkbox"/>)	HAZARD <input type="checkbox"/> FIREWORKS <input type="checkbox"/> AMUSEMENT RIDES OR DEVICES <input type="checkbox"/> FOOD SALES <input type="checkbox"/> ALCOHOLIC BEVERAGE SALES	INTEREST OF SPONSOR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	APPLICANT OPERATOR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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A. IF APPLICANT IS SPONSOR DOES OPERATOR HAVE LIABILITY INSURANCE? YES NO
LIMITS \$ _____ NAME OF COMPANY _____

B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR? YES NO

8. HOLD HARMLESS AGREEMENTS:	A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY? YES <input type="checkbox"/> NO <input type="checkbox"/>	B. IS APPLICANT HELD HARMLESS BY OTHERS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF ANSWER TO A OR B IS YES, ATTACH COPIES OF CONTRACTS.

9. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE: (ATTACH ADDITIONAL SHEETS IF NECESSARY TO EXPLAIN)

DATE	NATURE OF LOSS	AMOUNT PAID OR OUTSTANDING
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COVERAGE INFORMATION

LIMITS OF LIABILITY DESIRED \$	PRODUCTS COVERAGE DESIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	HOST LIQUOR LIABILITY DESIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
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DEDUCTIBLE AMOUNT
\$

REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS
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SIGNATURES

THIS FORM IS NOT AN INSURANCE POLICY OR CONTRACT OF INSURANCE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE.

<u>APPLICANT</u>	<u>DATE</u>
_____	_____

<u>PRODUCER</u>	<u>DATE</u>
_____	_____