Special Events
Supplemental Application

NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH

Policy Term From:_____ To: _____

1. Name of Applicant _____

2. Mailing Address _____

3. Date(s) of Event _____ Time(s) _____

4. Desired Coverage Dates From _____ To _____

5. Name of Event _____

6. Location of Event _____

7. Name of Facility (if applicable) _____

8. Does the facility carry liability insurance? ☐ Yes   ☐ No
   If yes, limits _____

9. Is the event indoors or outdoors? _____

10. Detailed description of event _____

    _____

    _____

11. Applicant's experience in conducting events of this or a similar nature:

    _____

12. Estimated Attendance per Day _____

13. Estimated Gross Receipts _____

14. Price of Admission: $_____

15. Average Age of Attendees _____

16. Will food and/or alcohol be served at the event? ☐ Yes   ☐ No

    If yes, describe _____

17. If alcohol will be sold, will there be a liquor liability policy in force? ☐ Yes   ☐ No

M-5248 NM (12/2010)

18. Will the applicant be named as an additional insured? ☐ Yes ☐ No

19. Name, address and relationship of additional insured(s) to be added to this policy:

_____

_____

20. Will amusement devices be used? ☐ Yes ☐ No
    If yes, provide list of amusement devices _____

_____

21. Are fireworks or pyrotechnics to be used? ☐ Yes ☐ No
    If yes, please describe _____

_____

22. Will the event use exhibitors, vendors, performers, contractors, subcontractors, or independent contracts? ☐ Yes ☐ No
    If yes, please explain _____
    Are they required to carry their own insurance? _____
    What limits are required? _____

23. Security: Describe who will be providing security for the event _____

_____

24. Medical Emergencies: Describe how an emergency will be handled _____

_____

25. Prior Carrier History (last 3 years): If prior GL coverage, submit three years of loss runs with application.

Year	Carrier	Policy Number	Premium

I acknowledge that I have read this application supplement and understand that:

THIS SUPPLEMENT IS A PART OF THE APPLICATION AND WILL BE RELIED UPON BY THE COMPANY AS AN INTEGRAL PART OF THE APPLICATION.

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 CIVIL FINES AND CRIMINAL PENALTIES.

Completed by the Insured _____ Date _____
                                    Insured's Signature