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SPECIAL EVENTS APPLICATION

INSURED EFFECTIVE DATE _____

PRODUCER CODE _____
STATE CODE _____

1. NAME OF APPLICANT		APPLICANT IS		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER (Specify)
STREET ADDRESS		CITY	STATE	ZIP CODE		
				<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE		

2. ADDRESS OF EVENT
DESCRIBE LOCATION OF EVENT

3. DATE OF EVENT	COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)
FROM TO	

4. ESTIMATED ATTENDANCE PER DAY:	TOTAL ESTIMATED PARTICIPANTS:	GROSS RECEIPTS:	MAXIMUM CAPACITY OF LOCATION OF EVENT:
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5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY)

6. EVENT WILL BE HELD: <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS	8. CROWD CONTROL	TYPE:	NUMBER:
7. SEATING WILL BE: <input type="checkbox"/> RESERVED SEATING <input type="checkbox"/> GENERAL ADMISSION		<input type="checkbox"/> USHER	_____
		<input type="checkbox"/> PRIVATE SECURITY ARMED <input type="checkbox"/> UNARMED	_____
		<input type="checkbox"/> OFF-DUTY POLICE ARMED <input type="checkbox"/> UNARMED	_____
		<input type="checkbox"/> POLICE	_____
		<input type="checkbox"/> GUARD DOGS	_____
		<input type="checkbox"/> OTHER (DESCRIBE)	_____

EXPERIENCE IN CONDUCTING EVENTS OF THIS	OR SIMILAR NATURE (NUMBER, DATES ETC.) 9. APPLICANTS

10. ANY CELEBRITIES TO BE PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES PROVIDE NAME(S)
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SPECIAL NOTE:

THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE
Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

