

# JBL Trinity Group, Ltd.

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# JBL Trinity West, Ltd.

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## SPECIAL EVENT GENERAL LIABILITY APPLICATION

CORPORATE NAME OF INSURED: \_\_\_\_\_  
OPERATING NAME OF INSURED: \_\_\_\_\_  
INSURED'S MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_  
PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED:  \$500,000  \$1,000,000  OTHER: \$ \_\_\_\_\_  
DEDUCTIBLE REQUESTED:  \$1,000  \$2,500  \$5,000

1. EVENT DATE(S): \_\_\_\_\_

2. APPLICANT IS:  INDIVIDUAL  CORPORATION  PARTNERSHIP  JOINT VENTURE  OTHER: \_\_\_\_\_

A. ESTIMATED ATTENDANCE: \_\_\_\_\_ ESTIMATED PARTICIPANTS: \_\_\_\_\_  
MAXIMUM CAPACITY AT LOCATION OF EVENT: \_\_\_\_\_

B. SALES: \$ \_\_\_\_\_ PRICE OF ADMISSION \_\_\_\_\_

C. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING BROCHURES, FLYERS, ETC., IF ANY)  
\_\_\_\_\_  
\_\_\_\_\_

D. INDICATE APPROXIMATE AGE BRACKET OF PUBLIC ATTENDING EVENT: \_\_\_\_\_

E. WILL EVENT BE HELD:  
 INDOORS INDICATE SEATING: RESERVED \_\_\_\_\_ % GENERAL ADMISSION \_\_\_\_\_ %  
 OUTDOORS WILL # AND TYPE OF RESTROOM FACILITIES MEET LOCAL HEALTH DEPT CODE?  YES  NO

F. CROWD CONTROL: TYPE AND APPROXIMATE NUMBER OF: USHERS \_\_\_\_\_ PRIVATE SECURITY \_\_\_\_\_  
OFF DUTY POLICE \_\_\_\_\_ GUARD DOGS \_\_\_\_\_  
IF HIRED SECURITY, ARE CERTIFICATES OF INSURANCE REQUIRED?  YES  NO

G. DOES APPLICANT HAVE WORKER'S COMP COVERAGE?  YES  NO ESTIMATED PAYROLL: \$ \_\_\_\_\_

H. DOES APPLICANT LEASE EMPLOYEES?  YES  NO

I. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES ETC.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. WILL BLEACHERS OR PLATFORMS BE INVOLVED?  YES  NO  PORTABLE  PERMANENT  
 BACK/SIDE RAILING PROVIDED?  YES  NO CONSTRUCTION:  WOOD  STEEL  CONCRETE  
 HEIGHT: \_\_\_\_\_ FEET AGE: \_\_\_\_\_ YEARS

K. IS LIQUOR SERVED OR SOLD BY OTHERS?  YES  NO IS YES, EXPLAIN: \_\_\_\_\_  
 DO THEY HAVE THEIR OWN LIQUOR LIABILITY COVERAGE?  YES  NO

L. WILL FIRST AID FACILITIES BE PROVIDED BY THE APPLICANT?  YES  NO  
 IF YES, WHO WILL BE IN CHARGE OF THE FACILITIES?  DOCTORS  NURSES  OTHERS:

M. IF APPLICANT IS SPONSOR, DOES OPERATOR HAVE LIABILITY INSURANCE?  YES  NO  
 IF YES: LIMITS: \$ \_\_\_\_\_ COMPANY: \_\_\_\_\_

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

O. HOLD HARMLESS AGREEMENTS (IF ANSWER TO 1 OR 2 IS "YES" ATTACH COPY OF CONTRACTS)  
 1. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY?  YES  NO  
 2. IS APPLICANT HELD HARMLESS BY OTHERS?  YES  NO

P. NUMBER OF VENDOR/TRADE BOOTHS: \_\_\_\_\_  
 KINDS OF GOODS SOLD/DISPLAYED: \_\_\_\_\_

Q. ARE ALL GOODS FINISHED PRODUCTS OR ARE THERE ANY ON SITE DEMONSTRATIONS (IE COOKING, CANDLEMAKING, KNIFE SHARPENING, ETC.)? \_\_\_\_\_

R. ARE VENDOR/TRADE BOOTHS REQUIRED TO PROVIDE CERTIFICATES OF INSURANCE?  YES  NO  
 IS APPLICANT NAMED AS AN ADDITIONAL INSURED?  YES  NO

S. DOES EVENT INVOLVE A PARADE?  YES  NO IF YES, ANSWER THE FOLLOWING:  
 NUMBER OF UNITS IN PARADE: \_\_\_\_\_ (MARCHING BANDS, FLOATS, ETC)  
 NUMBER OF FLOATS: \_\_\_\_\_  
 LENGTH OF PARADE (IN BLOCKS) \_\_\_\_\_ LENGTH OF TIME: \_\_\_\_\_  
 ESTIMATED NUMBER OF SPECTATORS: \_\_\_\_\_  
 ARE CROSS STREETS BARRICADED?  YES  NO  
 WHO IS RESPONSIBLE FOR TRAFFIC AND CROWD CONTROL? \_\_\_\_\_

PREVIOUS INSURERS:  
 INDICATE PREMIUM AND LOSSES FOR THE PAST THREE YEARS. DESCRIBE ALL LOSSES.

YEAR	COMPANY	POLICY#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 NAME TYPED OR PRINTED: \_\_\_\_\_ TITLE: \_\_\_\_\_