



- Marathons
- Beauty Contests
- Picnics
- Educational Exhibitions
- Flower Shows
- Auctions
- Banquets
- Proms

- Bazaars
- Cave Exploration
- Meets
- Soap Box Derbies
- Fairs
- Fishing Derbies
- Trade Shows
- Luncheons

- Fashions Shows
- Consumer Shows
- Concerts
- Tractor Pulls
- Contests
- 4-H Clubs
- Zoo Outings

- Garden Shows
- Graduations
- Telethons
- Antique Shows
- Fraternal
- Parades
- Etc.

## Special Event Liability Insurance Request for Quotation

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As special events vary, some questions may not be applicable. Please indicate "N/A" where necessary.

Please note that we are unable to provide coverage for the following events: Air Shows, Ballooning Events, Skydiving Events, War Games, Cattle Drives, Abortion Rights Rallies, Pro Choice Rallies, Protest Events, Dunk Tanks, Trampolines, Moonwalks, Water Slides, Auto Racing, Motorcycle Racing, Snowmobile Racing, Demolition Derbies, Hot Air Balloons, Bungee Jumping and Concerts with a Propensity Towards Violence (rap, punk rock, etc).

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to one of the agents listed below.

Name of Applicant \_\_\_\_\_

Do You Wish To Receive Your Quotation By  Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-Mail \_\_\_\_\_ @ \_\_\_\_\_  
 Mail \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
\_\_\_\_\_

Dates of Event \_\_\_\_\_ Time(s) \_\_\_\_\_  
\_\_\_\_\_

Name of Event \_\_\_\_\_

Location of Event "HIDDEN VALLEY SPA" - 24360 Old Wagon Rd, Escondido, CA 92027

Name of Facility \_\_\_\_\_

Does the Facility Carry Liability Insurance?  Yes  No Limits \_\_\_\_\_

Description of Event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this Event Located Indoors or Outdoors? \_\_\_\_\_

If Outdoors, Is the Area Fenced or Enclosed?  Yes  No

Are you Responsible for Parking?  Yes  No

If Yes, Square Footage of Parking Area \_\_\_\_\_

What are the Limits of Liability Requested? \$ \_\_\_\_\_ General Aggregate \$ \_\_\_\_\_ Medical Payments

\$ \_\_\_\_\_ Products Aggregate \$ \_\_\_\_\_ Fire Damage

\$ \_\_\_\_\_ Each Occurrence \$ \_\_\_\_\_ Personal/Adv Injury

Name, Address and Relationship of all Additional Insureds to be Added to the Policy:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the Event is Outdoors, Does the Event End Ninety Minutes Prior to Sundown?  Yes  No

If No, Is there Permanent Lighting over all Spectator Areas and Parking Lots?  Yes  No



COSSIO INSURANCE AGENCY

Is a Tent Involved?  Yes  No

If Yes, Who is Responsible for the Set Up of the Tent? \_\_\_\_\_

If Other than the Applicant, is a Certificate of Insurance Provided?  Yes  No

If Other than the Applicant, is Applicant Named as Additional Insured?  Yes  No

Are Ushers Used for Seating Purposes?  Yes  No

If Yes, Who is Providing the Ushers? \_\_\_\_\_

If Other than the Applicant, is a Certificate of Insurance Provided?  Yes  No

If Other than the Applicant, is Applicant Named as Additional Insured?  Yes  No

Who is Providing the Food and/or Drink? \_\_\_\_\_

If Other than the Applicant, is a Certificate of Insurance Provided?  Yes  No

If Other than the Applicant, is Applicant Named as Additional Insured?  Yes  No

Is Liquor to be Sold at this Event?  Yes  No

If Yes, Complete the following Questions if you would like a Quotation for Optional Liquor Liability Coverage.

Estimated Number of Attendees Consuming Alcohol Daily? \_\_\_\_\_

Is Applicant the Sole Vendor of Alcohol at the Event?  Yes  No

a. If No, Please List Number of Vendors Serving Alcohol \_\_\_\_\_

b. Are all Participating Alcohol Vendors Required to Carry Minimum Liquor Liability Limits for this Event?  Yes  No

Will Alcohol be Dispensed by a Professional Bartender?  Yes  No

a. If No, Describe How and By Whom Alcohol will be Dispensed \_\_\_\_\_

b. Describe Training and/or Experience of Persons Serving Alcohol \_\_\_\_\_

c. What Measures are in Place to Prevent Service of Alcohol to Minors and/or Intoxicated Persons? \_\_\_\_\_

Is a Liquor License Required for this Event?  Yes  No

a. Does Application have a Valid Liquor License?  Yes  No

Number of Bars or Areas at which Alcohol will be Dispensed at this Event \_\_\_\_\_

a. Is Alcohol Consumption Confined to this (these) Areas?  Yes  No

b. If No, Please Describe \_\_\_\_\_

c. Will there be an Open Bar?  Yes  No

d. Will Alcohol be Sold by the Drink?  Yes  No

e. Cost per Drink \_\_\_\_\_

f. Is BYOB Permitted?  Yes  No

Will Food be Sold or Served with the Alcohol?  Yes  No

a. If Yes, Describe Food Available \_\_\_\_\_

# Special Events Liability Insurance



Estimated Gross Receipts per Day Alcohol \_\_\_\_\_ Food \_\_\_\_\_

Total Estimated Gross Receipts for Event Alcohol \_\_\_\_\_ Food \_\_\_\_\_

Has the Applicant Received any Fines or Citations in the Last 5 Years?  Yes  No

a. If Yes, Please Describe \_\_\_\_\_

Has the Applicant had a Liquor Loss in the Last 5 Years?  Yes  No

a. If Yes, Please Describe \_\_\_\_\_

Are there Cooking Facilities on the Premises?  Yes  No

If Yes, What type of Fire Protection is Present? \_\_\_\_\_

Is the Applicant Providing any Overnight Accommodations such as Camping?  Yes  No

If Yes, Please Describe \_\_\_\_\_

Who is Responsible for Providing Security? \_\_\_\_\_

If Other than the Applicant, is a Certificate of Insurance Provided?  Yes  No

If Other than the Applicant, is Applicant Named as Additional Insured?  Yes  No

Is the Security Provided Armed or Unarmed? \_\_\_\_\_

If the Event is being held on a Street or Other Public Place of Vehicular Access, what Protection is being Used between the Street and the Sidewalk? \_\_\_\_\_

Are Fireworks or Pyrotechnics to be Used?  Yes  No

If Yes, Please Describe \_\_\_\_\_

Is the Applicant Signing any Hold Harmless Agreements?  Yes  No

If Yes, with Whom and What Responsibilities? \_\_\_\_\_

(Please Attach Samples of all Hold Harmless Agreements)

Is the Applicant being Held Harmless by Others?  Yes  No

If Yes, by Whom and What Responsibilities? \_\_\_\_\_

(Please Attach a Copy of the Agreement if Available)

Please Attach All Lease and Hold Harmless Agreements, Brochures of the Event and a Diagram of Location(s) to be Used.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Cossio Insurance Agency.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Please make sure that you answered all of the questions to the best of your knowledge.**

**Before clicking the SAVE button below, please remember to send this application via e-mail to [ivy@cossioinsurance.com](mailto:ivy@cossioinsurance.com).**



Cossio Insurance Agency

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Form: FLD-GL2005