

# BOLTON & COMPANY

STARKS BUILDING • LOUISVILLE, KENTUCKY 40202

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## APPLICATION FOR SPECIAL EVENTS COVERAGE

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ LOCATION OF EVENT \_\_\_\_\_

DESCRIPTION OF OPERATIONS (Please list all events and date of each event) \_\_\_\_\_

DATE COVERAGE REQUESTED: FROM \_\_\_\_\_ TO \_\_\_\_\_ (Including this date)

ESTIMATED ATTENDANCE PER DAY \_\_\_\_\_ ESTIMATED ATTENDANCE PER EVENT \_\_\_\_\_

ESTIMATED GROSS RECEIPTS \_\_\_\_\_ TYPE OF SEATING \_\_\_\_\_

SEATING CAPACITY \_\_\_\_\_ WILL GRANDSTANDS BE USED? \_\_\_\_\_ IF SO, PLEASE ADVISE

CONSTRUCTION AND HEIGHT OF GRANDSTANDS \_\_\_\_\_

WHAT DISTANCE WILL SPECTATORS BE FROM AREA OF EVENT(S) ? \_\_\_\_\_

TYPE OF SPECTATOR PROTECTION (i.e. fencing, roped off areas, patrol, etc.) \_\_\_\_\_

LIST NAMES OF ANY PERFORMERS AND INDICATE TYPE PERFORMANCE/MUSIC AND ADVISE IF LOCAL OR NATIONAL PERFORMERS \_\_\_\_\_

IS EVENT INDOOR OR OUTDOOR? \_\_\_\_\_ IS THERE A FIRST AID STATION ON PREMISES? \_\_\_\_\_

DISTANCE TO NEAREST HOSPITAL \_\_\_\_\_

NUMBER OF FIRE EXITS \_\_\_\_\_ WHAT TYPE OF SECURITY WILL BE PROVIDED? \_\_\_\_\_

HAS APPLICANT EVER HELD THIS TYPE OF EVENT BEFORE? \_\_\_\_\_

WHEN WAS THE EVENT HELD? \_\_\_\_\_ WHO WAS THE CARRIER? \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ WERE THERE ANY LOSSES/INCIDENTS? \_\_\_\_\_ IF SO, PLEASE DESCRIBE IN DETAIL \_\_\_\_\_

QUOTE REQUEST FOR \_\_\_\_\_ OLT \_\_\_\_\_ PRODUCTS \_\_\_\_\_ LIMITS \_\_\_\_\_

CONCERTS -PLEASE ADVISE IF SEATING IS FESTIVAL OR RESERVED \_\_\_\_\_

AMUSEMENT RIDES - DOES CARNIVAL COMPANY CARRY THEIR OWN COVERAGE? \_\_\_\_\_ IF SO, PLEASE ADVISE WHAT CARRIER AND LIMITS \_\_\_\_\_

PARADES, - PLEASE ADVISE DISTANCE OF PARADE \_\_\_\_\_ TYPE OF MOTORIZED UNITS IN PARADE \_\_\_\_\_

IS LIQUOR BEING SOLD, SERVED OR ALLOWED TO BE BROUGHT IN? \_\_\_\_\_ IF SO, DOES APPLICANT CARRY SEPARATE LIQUOR LIABILITY COVERAGE? \_\_\_\_\_ WHAT CARRIER AND LIMITS ? \_\_\_\_\_

IS THERE A FIREWORKS DISPLAY? \_\_\_\_\_ IF SO, ARE FIREWORKS SET OFF BY A LICENSED PYROTECHNICIAN? \_\_\_\_\_ NAME OF PYROTECHNICIAN \_\_\_\_\_

DO THEY CARRY THEIR OWN COVERAGE? \_\_\_\_\_ WHAT LIMITS & CARRIER ? \_\_\_\_\_

AGENCY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_