



General Liability for Special Events Application

Insured Information

Name _____

Address: _____

City, State, Zip: _____

Email address: _____

Website (if any): _____

Phone: () _____ Fax: () _____

Event Information

Event Name: _____

Brief description of event: _____

Dates of the event (Start/End): _____

Location of event and description of facilities: _____

Address: _____

Cost of the event: _____ Ticket Price _____ Number of Days _____

Total Events Attendance: _____ Daily attendance if applicable _____

Company in charge of : _____ Years of Experience _____ Losses _____

If the insured responsible for Parking? ____ Yes ____ No

Security: Yes/No _____ Public /Private _____ Armed/Disarmed _____

Access Control in location ____ Yes ____ No

Insurance Coverage

Limits of Liability Required: _____

Additional Insured Endorsements: _____

Address: _____



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Liquor Liability _____ If Yes, give the receipts _____

Hold Harmless: _____

Cancellation Notice: _____

Other coverages: _____

Detailed loss record past five years:

Current liability insurance carrier: _____

Please Read Carefully

I represent that the information contained within this application is true and complete in every respect. I have not suppressed, misstated or withheld any information, which might influence the decision of underwriters in regard to this application. I acknowledge that all statements herein shall form the basis of the contract of insurance, if a policy is issued. I understand this document is an application only and is not a policy of insurance, cover note, a binder or any other form of insurance coverage. This application, however, becomes part of the policy (certificate) if coverage is placed in force. I further realize that coverage will only attach on written confirmation from Guardian Insurance Company, Inc., and that any misstatement of fact or misrepresentation on my part will cause the coverage to become null and void from inception.

"Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years."

_____/_____
Applicant's Signature Date

Producer

Agency