

RAINIER INSURANCE COMPANY®
 520 SW 6th Avenue #500
 Portland, Oregon 97204-1517
 800-522-6944 FAX 800-772-2107



**SPECIAL EVENTS
 APPLICATION**

Policy No.	Proposed Effective Date From: To:	Agent's Phone No.	Agent Code No.
Applicant's Name		Agent Name and Address	
Mailing Address			
Applicant's Phone No. Work: Home:			
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Name of Event		Dates of Event to	
Location Address			
Description of Event			
Additional Named Insured / Certificate Holders			Relationship
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Has this event taken place before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, what was the attendance?	
Estimated Attendance, per day	Total All Days	Gross Receipts \$	Number of Participants
Food or beverage served by applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, give details	
Alcoholic beverages on premises? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the following		Sold or served by applicant & / or others? <input type="checkbox"/> Applicant <input type="checkbox"/> Others	
Will certificates of insurance be required from all concessionaires? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you named as an additional insured? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What limits do you require?			
Seating Arrangements: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable		Describe (type, capacity, etc.):	
If portable, who does erection?			
Setup – Describe all exposures (electrical, special effects, etc.):			
Who is responsible for setup?			
Describe any electrical or stage construction work performed by, or for, the applicant:			
Security Arrangements – Describe:			
Are guards armed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do they have their own insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parking? <input type="checkbox"/> YES <input type="checkbox"/> NO		Operated by? <input type="checkbox"/> Applicant <input type="checkbox"/> Others <input type="checkbox"/> None	
Facility <input type="checkbox"/> Owned <input type="checkbox"/> Leased		Square Footage:	

MUST COMPLETE AND SIGN THE REVERSE SIDE

Describe any participation by spectators:			
Describe distance and protection between spectators and participants:			
Describe all mechanical rides:			
Do amusement ride operators carry their own insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so, at what limits? \$		Do you require certificates of insurance from all operators? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Additional Comments & Information:			
Prior Carrier	Policy Term	Cancelled or Non-Renewed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, why?

Loss History (past 3 years)

Date of Loss	Amount of Loss	Description	AMOUNT PAID

This notice is to inform you that, in connection with this application for insurance, an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, personal characteristics, finances and mode of living. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE: _____ DATE: _____

The undersigned Producer agrees to be responsible for any earned premiums developed on this application, and consequent policy, endorsements and renewals. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE: _____ DATE: _____

UNDESIRABLE EXPOSURES

Fireworks Displays	Hay & Sleigh Rides	Events including Fireworks Displays
Motorized Vehicle Events / Racing	Paintball Games / War Games	Air Shows

**ANSWER ALL QUESTIONS. LEAVING QUESTIONS BLANK MAY DELAY PROCESSING.
IF A QUESTION DOES NOT APPLY, INDICATE NOT APPLICABLE
ATTACH ADVERTISING INFORMATION, IF AVAILABLE**