

Arceri & Associates, Inc.

Insurers of Mardi Gras Since 1963

www.arceri-insurance.com

Parade/Event Application

(504) 484-6393 Phone

(800) 411-3571 Fax

chris@arceri-insurance.com

| Applicant's Full Legal Name, including dba's: | | | | | |
|--|---|---------------------------------|--------------------------------------|------------------------|--|
| Mailing Address: | | | | | |
| City: | | St: | Zip: | Website: | |
| Phone: | | Fax: | | Email: | |
| Cell Phone: | | Contact Person: | | Captain: | |
| Individual <input type="checkbox"/> | Partnership <input type="checkbox"/> | LLC <input type="checkbox"/> | Corporation <input type="checkbox"/> | Other | |
| Effective Date: | | Expiration Date: | | Yrs. in Operation: | |
| LOCATION - ADDRESS | | OWNED OR RENTED | Sq. Ft. | STORAGE, DEN OR OFFICE | INCLUDE PREMISES LIABILITY |
| 1 | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4 | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5 | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is coverage being or has it ever been cancelled or non-renewed for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| If yes, please explain: | | | | | |
| Previous Insurance Carrier(s) | Eff./Exp. Dates of Coverage (MM/YYYY - MM/YYYY) | Estimated Claims Or Losses Paid | Estimated Premium Paid | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Describe any details on losses or claims paid. | | | | | |
| IMPORTANT: PLEASE READ BEFORE SIGNING | | | | | |
| The undersigned, as a condition precedent to applying for insurance coverage hereby states that to the best of their knowledge, the above Statement of Losses includes all occurrences, accidents, or other events for which, under the terms of a Policy as set forth therein, a claim for coverage under the Policy could be made. The undersigned understands that the quoting company is relying solely upon the accuracy of this Certification of Statement of Losses as an inducement to receive competitive coverage, terms and preferred pricing. The undersigned further states and understands that if any such occurrence, accident or event is not disclosed above; the submission of this Certification of Statement of Losses by the undersigned constitutes a material misrepresentation, and will result in a company rescission making all quotes null and void. The undersigned, by signing this Certification, represents that he/she has the authority to make these representations with respects to the Statement of Losses to be used for obtaining insurance quotes. | | | | | |
| SIGNATURE: | | | NAME: | | |
| TITLE: | | | DATE: | | |

Please provide a list of Scheduled Parades including date, location & attendance

| Parades | Date(s) | Rain out Date(s) | Location (City, St., Town) | Estimated Spectator Attendance # |
|---------|---------|------------------|-------------------------------|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Do you want to include liability coverage for Reviewing Stands? Yes No

| Location of Reviewing Stands | Date | Capacity | # of Days |
|------------------------------|------|----------|-----------|
| | | | |
| | | | |
| | | | |

Please provide a list of Scheduled Events including date, location & attendance

Including Balls, Parties, Luncheons, Fund-raisers, Monthly Meetings etc. (General/Board/Krewe/Member Meetings = 1 Event)

| Event | Date | Location | Estimated Attendance |
|-------|------|----------|-------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |

Parade / Event Safety

Does your krewe/club conduct safety meetings or a pre-parade safety orientation? Yes No

Are riders required to wear a harness? Yes No .

Are riders required to attend a safety orientation before riding? Yes No

Who is responsible for completing a safety inspection on the parade route for low hanging power lines or tree limbs?

Who is responsible for conducting safety inspections on floats prior to and during parade?

Does the krewe utilize parade marshals or officers along the parade route for loss control? Yes No

Are the floats owned or rented? Owned Rented

Who is the float manufacturer or builder?

What types of vehicle are used to pull the floats? Farm Tractors Truck-Tractors Pick-up Trucks Other

Who provides the drivers?

Are the drivers required to attend training classes or certification? Yes No Please describe:

Are there any restrictions on items being thrown from the floats? Yes No Please describe:

Is there a float lieutenant, supervisor or captain assigned to each float? Yes No

Are any other loss control procedures in place? Yes No Please describe:

Who provides security for **PARADES**?

Who provides security for **EVENTS**?

What type of Medical Personnel/EMT is staffed or on-site during **PARADES**?

What type of Medical Personnel/EMT is staffed or on-site during **EVENTS**?

How is Event management notified? Police/Sheriff Fire Dept. Other Security – describe

How is the crowd notified? Radio Loudspeaker Cell phone Other – describe

| Float Physical Damage / Theatrical Property (Costumes, Beads, Props, Etc.) Information | | | | |
|---|---------|--|---|--|
| Total Values: \$ | | Deductible: <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 | | |
| Name / Title / Theme / Item | | | Value | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| If there are more items to be covered, please attach the Acord 146 – Equipment Floater | | | | |
| Storage Building Information | | | | |
| Storage Building Construction: | | | Year Built: | |
| Date of Updates if building is over 20 years old: | | Roof: | Wiring: | Heating/AC: |
| Fire Alarm System: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Sprinkler System: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Describe Security to prevent vandalism: | | | | |
| Additional Insured Requirements | | | | |
| <i>Please note: If a waiver of subrogation is needed, we will need a copy of the contract.</i> | | | | |
| Name | Address | Relationship | Waiver of Sub? | |
| 1 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If there are more "Additional Insureds" needed, please attach the Acord 45 – Additional Interest | | | | |
| Liability Limits Requested | | | | |
| Commercial General Liability Limits | | <input type="checkbox"/> \$1,000,000/\$3,000,000 | | <input type="checkbox"/> \$500,000/\$1,000,000 |
| Excess Liability Limits | | <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 | | <input type="checkbox"/> \$4,000,000 |
| Liquor Liability | | <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other \$ | | <i>(complete the Liquor supplement App)</i> |
| Hired & Non-owned Auto Liability <i>(included for parade day)</i> | | <input type="checkbox"/> Annual <i>(For Annual, complete the Hired & Non-owned supplement App)</i> | | |
| Hired vehicle means a vehicle you rent or lease for a fee for a period of time not to exceed 30 days. It is a vehicle that is not: Owned by you; Registered in your name; or Borrowed from anyone. | | | | |
| AD&D Coverage | | | | |
| Do you want to include AD&D coverage for members and participants? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| List the total number of Club / Krewe Members: | | | List the total number of Participants/Guests: | |
| Hired Physical Damage | | | | |
| Do you want to include Hired Physical Damage coverage for vehicles pulling floats? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| List the total number vehicles: | | | List the total value per vehicle: | |
| Directors & Officers Coverage | | | | |
| Do you want to include D & O Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Complete the Directors & Officers Supplement Application</i> | | | | |
| Event Cancellation / Weather Insurance | | | | |
| Do you want to include Event Cancellation/Weather Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Complete the Weather Application below.</i> | | | | |
| Crime Coverage | | | | |
| Do you want to include Crime Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Complete the Acord 141 – Crime Application</i> | | | | |

Event Cancellation / Weather Insurance

EVENT INFORMATION

| Date(s) of Event | Hours of Event | Hours of Coverage | Limit Per Day |
|------------------|----------------|-------------------|---------------|
| _____ | _____ to _____ | _____ to _____ | \$ _____ |
| _____ | _____ to _____ | _____ to _____ | \$ _____ |
| _____ | _____ to _____ | _____ to _____ | \$ _____ |
| _____ | _____ to _____ | _____ to _____ | \$ _____ |

COVERAGE OPTIONS

[Select desired option(s)]

Incremental Rainfall (please select one):

_____ 1/10 (.10") _____ 1/5 (.20") _____ 1/4 (.25") _____ 1/3 (.33") _____ 1/2 (.50") _____ 3/4 (.75") _____ 1 (1.0") _____ Other

Dry Hours: Guaranteeing _____ "X" hours out of _____ "Y" hours _____ will be dry.

Dry hour defined as: 1/100 (.01") 3/100 (.03") 5/100 (.05") of rainfall occurring in an o'clock hour.

Temperature (please select one): minimum _____ °F maximum _____ °F average _____ °F

Adverse Weather causing cancellation

Lightning causing cancellation

Snowfall: _____ (inches)

Other: (please specify) _____

CLAIM VERIFICATION

[Select desired option]

Closest Hourly National Weather Station nearest the event location (determined by the underwriter at the time of quote)

Independent Weather Observer (at your expense and subject to Underwriters' acceptance) IWO Qualification Sheet must be completed prior to acceptance

PREVIOUS INSURANCE

Previous Insurance Carrier: _____ Policy #: _____

Loss History: _____
(Attach additional sheet if necessary)

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

| | |
|-----------------------------|-------|
| PRINT NAME OF APPLICANT | TITLE |
| SIGNATURE OF APPLICANT | DATE |
| SIGNATURE OF AGENT / BROKER | DATE |