

Arceri & Associates, Inc – Special Event Quick Quote Application

Insured Name			
Mailing Address			
Contact Name		Phone #	
E-mail Address		Fax #	
Name of Event			
Dates of Event including set up and/or tear down days.		/ /	/ /
Hours of Event		Total Attendance	
Gross Receipts / Sales			
Event Type (Describe)			
Location of Event			
City		State	Zip
Include Premises Liability?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Scheduled Parades</u>		<u>Date (s)</u>	
		/ /	
		/ /	
		/ /	
Do you want to include liability coverage for Reviewing Stands?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Location of Reviewing Stands:</u>	<u>Date(s)</u>	<u>Capacity</u>	
	/ / to / /		
Any previous insurance carried?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, with whom?			
Is coverage being or has it ever been cancelled or non-renewed for any reason?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Are overnight accommodation or camping facilities for the event attendees provided, or contracted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this event feature any of the following:			
a. Rides, mechanical devices, inflatable's?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Petting zoos or animals?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Fireworks/pyrotechnics?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will alcoholic beverages be served?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you required to get a liquor license/permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will alcoholic beverages be sold?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this event held annually?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the event have vendors or exhibitors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there musical/entertainment performers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the Type of Music .			
Are you renting or using floats or vehicles? Is so, please indicate below		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mini Float (5 or less riders)		Super Float (31 to 50 riders)	
Standard Float (6 to 19 riders)		Tandem Float (51 to 100 riders)	
Regular Float (20 to 30 riders)		Super Tandem Float (101 to 150 riders)	
Are you a marching club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many marchers?	
Do you operate:			
Convertibles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many?	
Horses, Mules etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many?	
Describe any safety or loss control training / inspections conducted:			
Do you want physical damage / property coverage? (Floats, trucks, costumes, props, beads, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Name / Title / Item</u>	<u>Value</u>	<u>Deductible (1,000, 2,500, 5,000)</u>	

Certificate Request: Additional Insured Requirements

<u>Name:</u>	<u>Address</u>	<u>Relationship</u>	<u>Waiver of Subrogation?</u>
			<input type="checkbox"/> Yes No
			<input type="checkbox"/> Yes No
			<input type="checkbox"/> Yes No
			<input type="checkbox"/> Yes No
			<input type="checkbox"/> Yes No

Please thoroughly describe any other coverage or limits needed. Any additional Info?

WARRANTY & DISCLOSURE STATEMENT (PLEASE READ AND SIGN)

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that to the best of my knowledge, all information provided is complete, true and correct.

Applicant Signature:	Printed Name:
Title:	Date: / /

Return by email to: chris@arceri-insurance.com

or fax to 800-411-3571

www.arceri-insurance.com