



MARDI GRAS PARADES APPLICATION

Effective dates: _____ to _____



Applicant's full name, including dba's: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Insured's email address: _____ Captain name: _____

State Incorporated Individual Partnership LLC Other _____

Years in operation: _____

UNDERWRITING INFORMATION

1. ****IF PROPERTY COVERAGE FOR BUILDING AND PERSONAL PROPERTY (OTHER THAN FLOATS) IS NEEDED THE APPROPRIATE ISO ACORD APPLICATIONS MUST BE COMPLETED AND SUBMITTED FOR APPROVAL.**

2. Parades:

Name	Date	Location	Attendance #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Club Events:

Name	Date	Location	Attendance #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: All general membership and board meetings combined are covered as 1 event.

4. # of Club members: _____

5. Reviewing Stands (PLEASE PROVIDE DATES COVERAGE IF NEEDED): _____

Location: _____ Capacity: _____ # of Days: _____

Location: _____ Capacity: _____ # of Days: _____

Who owns: _____ Who does the set-up? _____

Who tears down: _____ Age: _____ Construction: _____

12. Complete this section if:

1. Float Physical Damage is being requested

2. If GL is provided for storage/warehouse/den or office:

A. Storage building construction: _____

B. Year built: _____

C. Date of updates if building is over 20 years old: _____

a. Roof: _____

b. Wiring: _____

c. Heating/Air conditioning: _____

D. Describe fire alarm system: _____

E. Describe sprinkler system: _____

F. Describe security to prevent vandalism: _____

13. 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? _____

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: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Five (5) years hard copy Loss Runs, Currently valued, On file with carrier

Web site address: _____

NOTE: PLEASE SUBMIT AN ACORD APPLICATION FOR ANY OTHER COVERAGE REQUESTED

ADDITIONAL INSURED REQUIREMENTS

Name/Address	Relationship	Waiver of Subrogation?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

**Copy of contract is required to be reviewed by insurance carrier - prior to approval

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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's Signature

Producer's Signature

Applicant's name printed

Producer's name printed

Date

Date