## ATLANTIC CASUALTY INSURANCE COMPANY

INCEPTION	EXPIRATION	PRODUCER NAME AND ADDRES	S		
APPLICANT NAM MAILING ADDRES		LEGAL STAT	TUS		
MAILING ADDRES		INDIVIDUAL	CORPORATION OTHER		
		PARTNERSHIP [	JOINT VENTURE		
ADDRESS OF EVE	NT/DESCRIBE LOC	CATION			
DESCRIBE SPECIA	AL EVENT IN DETA	IL AND PROVIDE ALL UNDERWRIT	TING INFORMATION AVAILABLE		
DESCRIBE SPECIA	ALEVENT IN DETA	IL AND FROVIDE ALL UNDERWRI	TING INFORMATION AVAILABLE		
1. ESTIMATED	ATTENDANCE PEI	R DAY			
2. EVENT WILL	BE HELD:	INDOORS OUTDOO	RS 🗆		
3. CROWD CON	TROL TYPE:	NUMBER: USHERS PRIVATE SECURITY ARMED □ UNARMED □ OFF-DUTY POLICE ARMED □ UNARMED □	POLICE GUARD DOGS OTHER (DESCRIBE)		
4. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)					
5. WILL BLEACH PLATFORMS YES		A. PERMANENT PORTABLE * *Please decline.	B. CONSTRUCTION WOOD CONCRETE		
	FEET ON (DESCRIBE IN	D. AGE YEARS DETAIL)	E. BACK AND SIDE RAILINGS PROVIDED? ☐ YES ☐ NO		

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UNDERWRITING INFORMATION (CONTINUED)						
6. DOES EVENT	HAZARD	INTEREST OF				
INVOLVE:		SPONSOR	OPERATOR			
(IF NONE	FIREWORKS*		$\vdash$			
СНЕСК 🗌	☐ AMUSEMENT RIDES OR DEVICES*					
	FOOD SALES	П	П			
	ALCOHOLIC	H	H			
	BEVERAGE SALES					
*Please decline if any.						
A. IF APPLICANT IS SPONSOR DOES OPERATOR HAVE LIABILITY INSURANCE? $\square$ YES $\square$ NO						
LIMITS \$	NAME OF COMPANY					
B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR?   YES  NO						
7. HOLD HARMLESS	A. DOES APPLI	CANT B.	. IS APPLICANT HELD			
AGREEMENTS:	AGREE TO I	HOLD ANY THIRD	HARMLESS BY OTHERS?			
		ANY THIRD	YES NO			
	PARTY?	No 🗆				
YES $\square$ NO $\square$ IF ANSWER TO A OR B IS YES, ATTACH COPIES OF CONTRACTS.						
IF ANSWER TO A OR B IS YES, ATTACH COPIES OF CONTRACTS.						
8. LOSS EXPERIENCE FROM PRIOR EVENTS OF SAME OR SIMILAR NATURE: (ATTACH ADDITIONAL SHEETS IF NECESSARY TO EXPLAIN) IF NO LOSSES PLEASE WRITE "NONE".						
DATE	NATURE OF LO	SS A	MOUNT PAID OR OUTSTANDING			
COVED A CE INFORMATI	ON					
COVERAGE INFORMATI	ON					
LIMITS OF LIABILITY D	ESIRED PRODUCTS COV	ERAGE IS ONLY	HOST LIQUOR LIABILITY			
\$	AVAILABLE FO		DESIRED			
			YES $\square$ NO $\square$			
DEDITOTIDI E AMOUNE						
DEDUCTIBLE AMOUNT \$						
Ψ						
REQUEST FOR ADDITIO	NAL INSURED(S):					
NAME	ADDRESS					
<del></del>						
SIGNATURES						
THIS FORM IS NOT AN INSURANCE POLICY OR CONTRACT OF INSURANCE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE.						
<u>APPLICANT</u>		DATE	<u> </u>			
			<del></del>			
DECINICED						
PRODUCER			DATE			