



# ATLANTIC CASUALTY INSURANCE COMPANY

## UNDERWRITING INFORMATION (CONTINUED)

<b>6. DOES EVENT INVOLVE:</b> (IF NONE CHECK <input type="checkbox"/>	<b>HAZARD</b> <input type="checkbox"/> FIREWORKS* <input type="checkbox"/> AMUSEMENT RIDES OR DEVICES* <input type="checkbox"/> FOOD SALES <input type="checkbox"/> ALCOHOLIC BEVERAGE SALES	<b>INTEREST OF SPONSOR</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>APPLICANT OPERATOR</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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\*Please decline if any.

A. IF APPLICANT IS SPONSOR DOES OPERATOR HAVE LIABILITY INSURANCE?  YES  NO  
 LIMITS \$ \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_

B. HAVE CERTIFICATES OF INSURANCE BEEN OBTAINED FROM OPERATOR?  YES  NO

<b>7. HOLD HARMLESS AGREEMENTS:</b>	<b>A. DOES APPLICANT AGREE TO HOLD HARMLESS ANY THIRD PARTY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>B. IS APPLICANT HELD HARMLESS BY OTHERS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 LOSS	AMOUNT PAID OR OUTSTANDING
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## COVERAGE INFORMATION

LIMITS OF LIABILITY DESIRED \$	PRODUCTS COVERAGE IS ONLY AVAILABLE FOR FOOD SALES	HOST LIQUOR LIABILITY DESIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
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DEDUCTIBLE AMOUNT \$

REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS
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## 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.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER	DATE
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