

S. A. VAN DYK, INC.,
1010 JORIE BOULEVARD, SUITE #242, P.O. BOX 4806,
OAK BROOK, IL 60522-4806 Phone 1-800-323-7326 FAX# 630-990-8907
Website: www.savandyk.com Email: savinsur@aol.com

SPECIAL EVENT INSURANCE PROGRAM
COMMERCIAL GENERAL LIABILITY
APPLICATION

A. AGENT INFORMATION

01. Broker Company Name: S. A. VAN DYK, INC.
Broker/Producer Company Name
02. Broker Contact Name: Mary Schemmel
Broker Contact Or Producer Name
03. Broker Company Address: 1010 JORIE BLVD, SUITE #242, P.O. BOX 4806
Street
OAK BROOK, IL 60522-4806
City State Zip Code
04. Broker Company Phone: 630-990-7300
Phone Number
05. Broker Company Fax: 630-990-8907
Fax Number
06. Broker Email Address: SAVINSUR@AOL.COM
Email Address
07. Broker License Number: _____
Insurance Broker License Number
08. Date of Application: _____
Application Date

B. INSTRUCTIONS

01. Complete the application entirely. An incomplete or eligible application will be automatically declined.
02. Fax this application to 630-990-8907. For questions, our email address is SAVINSUR@AOL.COM.
03. Do not send money. This application for quotation must be received no less than 4 working days before the date of the first event.
04. Coverage can be bound only by written evidence from R.V. Nuccio & Associates, Inc.

C. INSURED INFORMATION

05. Insured Name: _____
Name of Insured
06. Insured Address: _____
Street

City State Zip Code
07. Insured Home Phone: _____
Area Code Phone Number
08. Insured Business Phone: _____
Area Code Phone Number
09. Insured Fax: _____
Area Code Fax Number
10. Website Address: _____
Website Address
11. E-mail Address: _____
E-mail Address
12. Insured is a (select one):
a. Event Holder
b. Concessionaire/Exhibitor/Vendor

8/8/2005

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13. If the Insured is the Event Holder, will there be any Concessionaires, Exhibitors or Vendors attending or participating in the Event? Yes No
14. If 'Yes' to question number 13 above, will the applicant require that all Concessionaires, Exhibitors and Vendors name the applicant as an **Additional Insured** on a \$1,000,000 Commercial General Liability insurance policy? Yes No

D. EVENT INFORMATION

15. Event Type: _____
Specify Type of Event (i.e. fair, church dinner, concert, birthday party, etc.)
16. Event Dates/Times:
- a. Start/Stop Dates: From ____/____/____ To ____/____/____
MM DD YY MM DD YY
- b. Start/Stop Time: From ____ To ____
AM Or PM AM Or PM
- c. Total number of days event will be open: _____
Total Days
- d. Will there be music: Yes No
Type of music _____
Live Band: Yes No DJ: Yes No
Other: _____
17. Event Attendance:
- a. Maximum Daily Attendance: _____
Daily Attendance
- b. Total Attendance: _____
Total Attendance
- c. Audience Age Group: From _____ To _____
Audience Age Audience Age
- d. Estimated Gross Revenues: _____
Gross Revenue
18. Event Security:
- a. Security Provided By:
- (01) Facility/Venue
- (02) Other Security Provider:
- (a) Name of security provider: _____
Name of Company Providing Security
- (b) Security provider has liability insurance? Yes No
- (c) Security provider has named applicant as an **Additional Insured**? Yes No
- b. Type of Security Guards:
- (01) Uniform Guards
- (02) Peer Group/Ushers
- (03) Off-Duty Police
- (04) Private Armed Security Guards
19. Will alcohol be served or be available for consumption at the event? Yes No
20. Will the Insured receive any proceeds from the sale of alcohol? Yes No
21. Is a donation expected or an admission charge required to attend the event? Yes No

E. FACILITY/VENUE INFORMATION

22. Facility/Venue Name: _____
Name of Facility/Venue
23. Facility Address: _____
Street

City State Zip Code
24. Is public access limited by fences, ropes, barricades or guard rails? Yes No
25. Is the event facility/venue requiring that they be named on this liability policy as an Additional Insured? Yes No

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26. If 'Yes' to number 25 above,
Additional Insured wording: _____

27. Is any other entity requiring that they be named in this liability policy as an Additional Insured? Yes No

28. If 'Yes' to number 27 above,
Additional Insured wording: _____

Additional Insured Address: _____
Street

City State Zip Code

Phone Number Fax Number

F. EVENT SPECIFIC QUESTIONS

29. Answer this question only if your Event is **Pumpkin Patch** or **Christmas Tree Sales Lot**.

- a. Have you provided for adequate security? Yes No
- b. Have you provided for adequate lighting and fencing? Yes No

30. Answer this question only if your Event is a **Corn Maze**.

- a. Have you provided for adequate security staff required to direct people in cases of an emergency such as a fire?
Yes No
- b. Have you provided for adequate fire protection in case of a fire? Yes No

G. LIMIT AND OPTIONAL COVERAGE INFORMATION

31. Limit of Liability Required (select one option only):

- a. \$ 500,000/\$1,000,000 Per Occurrence/Annual Aggregate
- b. \$1,000,000/\$2,000,000 Per Occurrence/Annual Aggregate

H. SPECIAL NOTES

- 01. The underwriter and/or the program administrator reserve the right to accept or reject any application for insurance.
- 02. Premium and fees are fully earned and non-refundable at inception.
- 03. Coverage will not be effective and a Certificate Of Insurance will not be issued until the full and correct payment has been received by R.V. Nuccio & Associates, Inc.
- 04. Only R.V. Nuccio & Associates, Inc. has the authority to bind any coverage under the policy.
- 05. Any person who, with intent to defraud or knowing that he/she 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.

Broker Printed Name, Signature And Date:

S. A. VAN DYK, INC.

Broker Printed Name

Broker Signature

Date

8/8/2005

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