

Brumfield & Peters Insurance Services Inc
 16203 Clark Ave Suite B
 Bellflower, CA 90706
 562-461-8008 P 562-461-8012 F
 Website: www.brumfieldpetersinsurance.com

PRODUCER CODE _____
 STATE CODE _____

INSURED _____
 EFFECTIVE DATE _____

SPECIAL EVENTS APPLICATION

1. NAME OF APPLICANT	APPLICANT IS <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE		
STREET ADDRESS	CITY	STATE	ZIP CODE

2. ADDRESS OF EVENT

DESCRIBE LOCATION OF EVENT:

3. DATE OF EVENT	COVERAGE DATES REQUIRED (IF OTHER THAN EVENT DATES)
FROM _____ TO _____	

4. ESTIMATED ATTENDANCE PER DAY:	TOTAL ESTIMATED PARTICIPANTS:	GROSS RECEIPTS:	MAXIMUM CAPACITY OF LOCATION OF EVENT:
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5. DETAILED DESCRIPTION OF EVENT (ATTACH ADVERTISING, BROCHURE, ETC., IF ANY)

6. EVENT WILL BE HELD: <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS 7. SEATING WILL BE: <input type="checkbox"/> RESERVED SEATING <input type="checkbox"/> GENERAL ADMISSION	8. CROWD CONTROL TYPE: NUMBER: <input type="checkbox"/> USHERS _____ <input type="checkbox"/> PRIVATE SECURITY ARMED <input type="checkbox"/> UNARMED <input type="checkbox"/> _____ <input type="checkbox"/> OFF-DUTY POLICE ARMED <input type="checkbox"/> UNARMED <input type="checkbox"/> _____ <input type="checkbox"/> POLICE _____ <input type="checkbox"/> GUARD DOGS _____ <input type="checkbox"/> OTHER (DESCRIBE) _____
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9. APPLICANT'S EXPERIENCE IN CONDUCTING EVENTS OF THIS OR SIMILAR NATURE (NUMBER, DATES, ETC.)

10. ANY CELEBRITIES TO BE PRESENT? YES NO IF YES, PROVIDE NAME(S) _____

SPECIAL NOTE:
THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT
 Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

