



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

SPECIAL EVENTS AND PERFORMANCES DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: _____

General Information

- 1. Applicant (as it would appear on the coverage contract): _____
- 2. Doing Business As: _____
- 3. Mailing Address: _____
City: _____ State: _____ Zip: _____
- 4. Contact Person: _____ Years Experience: _____
Contact Person is: Owner Manager Promoter Management Other: _____
- 5. Day Phone: _____ Evening Phone: _____ Fax Number: _____
- 6. Web Address: _____ E-Mail Address: _____
- 7. Is this a new business? Yes No If no, how many years have you been in business? _____
- 8. Applicant is: Individual Corporation Partnership Joint Venture Other: _____
- 9. Length of season: _____

Insurance History

- 10. Who was your last or is your current insurance carrier? _____
- 11. What is or was your annual premium? _____
- 12. Describe your claims and loss history: _____

Activities

- 13. Number of performances? _____
- 14. Dates and times of performances?

- 15. Facility was originally constructed for? _____
- 16. Is location temporary or permanent? Temporary Permanent
- 17. Description of event(s). (Attach event schedule) _____

- 18. Is event indoors or outdoors? Indoors Outdoors
 - a. If outdoors, is area fenced or otherwise enclosed and controlled? Yes No
 - b. If outdoors, will event end two hours prior to sundown? Yes No
If no, is permanent lighting in all spectator areas, including parking lot, provided? Yes No
- 19. Have similar events taken place (explain experience)? Yes No
- 20. Is seating reserved or general admission? Reserved General Admission Both
- 21. Are seats of temporary or permanent installation? Temporary Permanent

22. Describe construction and seating capacity: _____

23. Are any Additional Named Insureds required? Yes No

If yes, who are they, what interest do they have, and relationship to event, etc:

Name and Address	Landowner	Government Agency	Concessions, Contracts	Others
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Will there be any exhibitions, demonstrations, parades or other activities associated with the event(s)? Yes No

If yes, describe completely on separate list of each booth with descriptions of products or activities.

25. Is a stage involved? Yes No

If yes, answer:

a. Is stage permanent or temporary? Permanent Temporary

b. Minimum distance spectators are kept from the stage? _____

26. Are ushers used? Yes No

If yes, how many: _____ Who employs the ushers? _____

27. Number of vendors trade booths? _____

28. Are vendors required to provide proof of insurance? Yes No

29. How is the event being advertised? _____

Spectators

30. Seating capacity per performance? _____

31. Estimated attendance/spectators per performance? _____

32. Price of admission? Children \$_____ Students \$_____ Adults \$_____

33. Estimated gross receipts? \$_____

34. Estimated payroll? \$_____

Note: This policy does not provide workers compensation. Coverage must be provided separately. Participants, volunteers, concessions and sponsors, etc., are excluded from coverage.

35. Estimated total attendance all performances: _____

Participants

Note: Participants coverage is normally excluded from coverage. Participants Legal Liability may be provided separately to protect the insured in the event suit is brought by a participant. If coverage should be quoted to include participants, at a reduced benefit, please provide the following information:

36. Estimated number of participants? _____

37. Do some participants compete or participate in two or more classes? Yes No

If yes, explain: _____

38. Describe different categories or classes of competition and provide breakdown of participants by class, type of event, etc. _____

39. Charge per participant: \$ _____ Class _____
\$ _____ Class _____

40. Are persons under 18 years old allowed to participate? Yes No
 If yes, how old? _____
41. Describe completely classes, restrictions, and attach a copy of release form used to obtain guardian permission, etc.

42. Are all participants required to complete and sign a release? Yes No
43. Please describe rules of participation and how participants are informed, disclosure of risks inherent to the activity, warned in writing of hazards, are pre-event meeting held, describe other safety precautions taken? _____
44. Estimate number of other participants by class, i.e. mechanics, announcers, judges, registration, etc., and identify other persons allowed in restricted participant areas: _____

Volunteers

Note: all volunteers must complete and sign an Agreement and Release of Liability Form assuming the risk inherent and associated with the risk. Please provide a copy of the agreement and release form to be used.

45. Maximum number of volunteers? _____
46. Expected number of volunteers? _____
47. Minimum age of volunteers? _____
48. Requirements to be a volunteer? _____

49. Explain instructions given to volunteers. _____

50. Describe completely duties and expectations of all volunteers. _____

Subcontractors and Service Providers

Identify below all services or equipment being provided by other than you or your organization. Please provide name, phone number and proof of insurance for all subcontractors. Please provide specific descriptions of any other subcontractors not listed here. It is critical to verify and obtain proof of insurance and limits of liability from all subcontractors or you will be held liable and be without insurance.

- | | | |
|--|--|---|
| <input type="checkbox"/> Food Concessions | <input type="checkbox"/> Beverage Concession | <input type="checkbox"/> Liquor (including beer & wine) |
| <input type="checkbox"/> Bleacher or Scaffolds | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Stages, etc. |
| <input type="checkbox"/> Construction Service | <input type="checkbox"/> Security | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Tow Vehicles or other Equipment | <input type="checkbox"/> Temporary Lighting | <input type="checkbox"/> Other (Describe) |

51. Food and drink provided by? Explain relationship in detail. _____

- a. If coverage is desired, what are the estimated total gross receipts? \$ _____
52. Liquor provided by: _____
- a. If coverage is desired, what are the estimated gross receipts for alcohol sales? \$ _____
- b. Sales will include: beer wine hard liquor

Key Personnel

Key personnel can make big difference in an event. Please attach a resume and background information on a separate sheet.

53. Name of Event Coordinator: _____

- a. Address: _____
- b. City: _____ State: _____ Zip: _____
- c. Phone Number: _____ Fax Number: _____

54. Name of person(s) in charge of and responsible for safety: _____

- a. Address: _____
- b. City: _____ State: _____ Zip: _____
- c. Phone Number: _____ Fax Number: _____

55. Name any Professional Association or Group you are a member of or affiliated with.

- a. Name: _____
- b. Address: _____
- c. City: _____ State: _____ Zip: _____
- d. Phone Number: _____ Fax Number: _____

Required Attachments

- q Attach additional sheets as necessary to complete all questions above.
- q Attach copies of all leases and/or hold harmless agreements in effect.
- q Attach copy of any brochure, fliers, etc., used for this event.
- q Include a diagram showing specific location(s); noting exact distances; and identifying set up procedures for all facilities. The diagram must include and clearly identify spectator areas, transition areas, medical tents, location of medical service vehicles, staging areas, concession stands, and distances between each location. A complete general layout is required.
- q Emergency medical plans. Describe completely the emergency medical and evacuation plans effected for this event.
- q Participant equipment (per event). Describe completely (per event) the inspection and technical equipment check of participant's equipment.

Please include any further information – diagrams, pictures, brochures, etc., that will provide a clear explanation of your total operation.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers

excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Applicant:

Signature

Print Name



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APPLICATION FOR MEMBERSHIP

The International Special Events and Recreation Association, Inc., has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$5.00. Annual membership dues are \$75.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : _____
2. Mailing Address: _____
 City: _____ State: _____ Zip: _____
3. Contact Person: _____
4. Day Phone: _____ Evening Phone: _____ Fax Number: _____
5. Type of business conducted: _____
6. How many years have you been in business? _____
7. States of Operation: _____
8. Please list below the name and address of any other association you are currently a member of:

Dated: _____

Applicant:

Signature

Print Name