



**COLONY INSURANCE COMPANY  
SPECIAL EVENTS PDQ  
APPLICATION**

General Agent Name \_\_\_\_\_

Insured: \_\_\_\_\_ Date \_\_\_\_\_

**Special Event Information: (Refer to the Holidays Special Event application for Christmas tree lots/farms, Holiday Parties, Pumpkin Patches or Santas)**

Description of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Dates of event: \_\_\_\_\_

\_\_\_\_\_ # event days excluding set up and takedown

\_\_\_\_\_ Per Day attendance

\_\_\_\_\_ Total attendance all event days

\_\_\_\_\_ Total receipts

\_\_\_\_\_ Is the insured selling or providing alcohol?  Yes  No

**Is there a rodeo exposure? \_\_\_\_\_ If yes, confirm the following requirements are met**

Signs are posted to prohibit unauthorized persons from entering activity areas?  Yes  No

Rodeo is conducted in an arena with protective barriers?  Yes  No

Distance between barrier and spectators is at least 3 feet?  Yes  No

No pro-circuit participants?  Yes  No

**Are any of the below listed exposures present? If the answer is yes, coverage is prohibited:**

Over 10,000 spectators anticipated any one day  Yes  No

Armed security (Police officers *only* are acceptable.)  Yes  No

Air shows including balloon rides  Yes  No

Amusement or Animal Rides  Yes  No

Bleachers or Grandstands over 4 tiers without backs  Yes  No

Carnivals or Circuses  Yes  No

Concerts or Dances – hard rock, heavy metal, rap, progressive, any national name bands.  Yes  No

Firearms Demonstrations, including gun shows  Yes  No

Fireworks  Yes  No

Haunted houses  Yes  No

Hayrides  Yes  No

Motor sports or Motorized Events  Yes  No

Nationally known celebrity participants  Yes  No

Overnight stays  Yes  No

Prize Indemnification coverage is requested  Yes  No

Political Conventions, rallies or marches  Yes  No

Professional sports including all associated events, activities, parties & services related to the professional sporting event.  Yes  No

Promoters of Events  Yes  No

Tractor Pulls  Yes  No

Water exposures including boat races & water slides  Yes  No

Describe all losses in the past 3 years: \_\_\_\_\_

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations?  Yes  No

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_