

Desert Specialty Underwriters, Inc.
 9609B Comanche NE
 Albuquerque, NM 87111

Short Term or Special Event General Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$ _____	Premises/Operations
Products & Completed Operations Aggregate	\$ _____	
Personal & Advertising Injury	\$ _____	Products/Completed Operations
Each Occurrence	\$ _____	
Fire Damage (any one fire)	\$ _____	Other
Medical Expense (any one person)	\$ Excluded	
Other Coverages, Restrictions, and/or Endorsements		Total
	Deductible \$ _____	\$ _____

A. Estimated attendance _____ Estimated participants _____ Maximum capacity at location of event _____

B. Sales \$ _____

C. Detailed description of event (attach advertising brochures, flyers, etc., if any) _____

D. Indicate approximate age bracket of public attending event _____

E. Will event be held:

Indoors Indicate seating: Reserved _____% General admission _____%

Outdoors Have local health department codes been determined regarding restroom facilities? Yes No

Have arrangements been made to comply with such codes? Yes No

F. Crowd control: Type and approximate number of: Ushers _____ Private security _____ Off-duty police _____ Guard dogs _____

If hired security, are certificates of insurance required? Yes No

G. Does applicant have Workers' Compensation coverage in force? Yes No

H. Does applicant lease employees? Yes No

I. Applicant's experience in conducting events of this or similar nature (number, dates, etc.) _____

J. Will bleachers or platforms be involved? Yes No Type: Portable Permanent Back and side railing provided? Yes No
Construction: Wood Steel Concrete Height: _____ ft. Age: _____ yrs.

K. Is liquor served or sold by the insured? _____ If so, explain _____

L. Is liquor served or sold by others? _____ Do they have their own liquor law coverage? _____

M. Will first aid facilities be provided by applicant? Yes No
If yes, who will be in charge of the facilities? Doctors Nurses Others: _____

N. If applicant is sponsor, does operator have liability insurance? Yes \$ _____ Limits No
Name of company _____

O. Have certificates of insurance been obtained from operator? Yes No

P. Hold-Harmless Agreements (If answer to 1. or 2. is yes, attach copy of contracts.)
1. Does applicant agree to hold harmless any third party? Yes No
2. Is applicant held harmless by others? Yes No

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime.

APPLICANT'S SIGNATURE _____ Date _____

IMPORTANT NOTICE
As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS — IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE