

- THE CINCINNATI INSURANCE COMPANY
- THE CINCINNATI CASUALTY COMPANY
- THE CINCINNATI INDEMNITY COMPANY

SPECIAL EVENTS QUESTIONNAIRE

Agency: _____

Named Insured: _____

Limit of Liability: _____

Address: _____

Medical Payments: _____

Dates(s) of Event (Begin / End): _____ Participants: Included Excluded

Type of Event: _____ Coverage: CGL Liquor Liab. _____

Location(s) of Event: _____

Total Expected Attendance: _____ Total Expected Receipts: _____

Facilities to be Used: _____ Owned Rented

Building(s): _____

Construction: _____ Portion Occupied: _____ Number of Exits: _____

Bleachers: _____

Permanent or Portable? _____ Construction: _____

Capacity: _____ Height: _____

Railings: Top Side

Premises / Operations Hazards (Indicate "no," or explain):

Amusement Rides / Games: _____ Beer / Alcohol: _____

Cooking Facilities: _____ Other: _____

Parking: _____

On or Off Premises? _____ Amount of Parking Receipts: _____

Attended or Unattended? _____

Products - Concessions: _____

List Insured's Products: _____ List Products of Others: _____

Receipts: _____ Receipts: _____

Where Prepared? _____

Other Exposures Not Listed Above: _____

Prior Coverage for Event: _____

When Held: _____ Who Insured: _____

Prior Losses: _____

Interest of Applicant: _____

Do any parties other than the insured participate? Yes No

What do they do? _____

If the Named Insured is sponsor of the event, are certificates obtained? Yes No

For What Exposures: _____

For What Limits: _____

If the Named Insured is not the sole sponsor, must they provide certificates? Yes No

For What Exposures: _____

To Whom: _____

Unusual Exposures? _____

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERTO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

NOTICE TO OHIO APPLICANTS: 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.

Signature of Insured: _____ Date: _____

Signature of Agent / Producer: _____ Date: _____

Agency: _____ Code: _____