



**Medical Marijuana Special Event Application**

Applicant's Instructions:

**Questions or comments please call 800.420.5757**

For Sections that do not apply please mark N/A.

**Once Complete please fax to 800.420.1975 or email app@420ins.com**

Name of Applicant: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

1. Describe Applicants Role and Responsibility in Event:

\_\_\_\_\_

2. Name of Additional Insured \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Additional Insured's Interest in Event: \_\_\_\_\_

3. Location of Event (name & address): \_\_\_\_\_

Will the event take place on the applicant's premises? Yes \_\_\_ No \_\_\_

Location is:

<input type="checkbox"/> Private Residence	<input type="checkbox"/> Liquor-Licensed Establishment	<input type="checkbox"/> Indoors
<input type="checkbox"/> Convention Center	<input type="checkbox"/> Stadium	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Arena	<input type="checkbox"/> Fair Grounds	Other (describe) _____

4. Dates of Event: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

(If one day event, end date should be the same as start date. Quotes will contemplate coverage for events coverage for events continuing past 12am.)

Desired Coverage Date(s): From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

If event date(s) differs from desired coverage date(s), explain \_\_\_\_\_

Is set-up and take-down coverage needed for additional dates? Yes \_\_\_ No \_\_\_

If so, what are the dates and what will this exposure include? (ie: any machinery?)

Would you like to include a rain date? Yes \_\_\_ No \_\_\_ If so, what date? \_\_\_\_\_

5. Hours of Event: From: \_\_\_ To: \_\_\_ am/pm If Hours vary by Date, describe: \_\_\_\_\_

6. Full Schedule/Description and Purpose of Event (Attach copy of brochure and/or flyer to this application)

Is this part of a larger function? Yes \_\_\_ No \_\_\_ If Yes, describe: \_\_\_\_\_

**FOUR**  **TWENTY**  
INSURANCE GROUP

7. Will there be any Entertainment? Yes \_\_\_ No \_\_\_ If Yes, describe, (include name of Performers and acts):  
\_\_\_\_\_
8. Is there an Admission Charge? Yes \_\_\_ No \_\_\_ If Yes, cost of admission per person?  
\_\_\_\_\_
9. Estimated Total Attendees Per Day \_\_\_\_\_ b. Average Age of Attendees: \_\_\_\_\_  
If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth? \_\_\_\_\_  
Attendance is: By Invitation Only \_\_\_\_\_ Open to the Public \_\_\_\_\_  
What is the Maximum Capacity of the Facility Holding the Event? \_\_\_\_\_
10. Coverage Desired: Commercial General Liability & Liquor Liability \_\_\_ Commercial General Liability Only \_\_\_ Liquor Liability Only \_\_\_
11. Limits of Coverage Desired: \_\_\_\_\_

**HISTORY**

12. Number of Years Event has been Previously Held \_\_\_\_\_
13. Actual Total Attendance for Prior Year's Event \_\_\_\_\_
14. Previous Carrier: Policy Number and Premium: \_\_\_\_\_
15. Losses or Claims during the Past Five Years \_\_\_\_\_

**LIQUOR LIABILITY**

16. Estimated Number of Attendees Consuming Alcohol Daily \_\_\_\_\_
17. Is applicant Sole Vendor of Alcohol at Event? Yes \_\_\_ No \_\_\_ If No, List Number Of Other Vendors Serving Alcohol \_\_\_\_\_  
Are all Participating Alcohol Vendors Required to Carry Minimum Liquor Liability limits for the Event? Yes \_\_\_ No \_\_\_ If Yes, What is the Minimum Requirement?  
\_\_\_\_\_
18. Will Alcohol be dispensed by a Professional Bartender? Yes \_\_\_ No \_\_\_  
If No, Describe how and by whom Alcohol will be dispensed? \_\_\_\_\_  
Describe training and/or experience of persons serving alcohol: \_\_\_\_\_  
What measures are in place to prevent service of alcohol to minor and/or Intoxicated persons? \_\_\_\_\_
19. If required, does applicant have a valid liquor license? Yes \_\_\_ No \_\_\_  
Not Required \_\_\_\_\_
20. Number of Bars or Areas at which Alcohol will be Dispensed at the Event? \_\_\_\_\_  
Is Alcohol Consumption Confined to this (these) Area(s)? Yes \_\_\_ No \_\_\_  
If No, Describe \_\_\_\_\_  
Will there be an Open Bar? Yes \_\_\_ No \_\_\_  
Will Alcohol be sold by the Drink? Yes \_\_\_ No \_\_\_  
Is BYOB or Self-Service of alcohol permitted? Yes \_\_\_ No \_\_\_
21. Will Food be Sold or Served? Yes \_\_\_ No \_\_\_ If Yes, Describe Type of Food Available? \_\_\_\_\_

**FOUR**  **TWENTY**  
INSURANCE GROUP

22. Estimated Gross Food Receipts per day: \_\_\_\_\_ b. Estimated Gross Alcohol Receipts per day: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY**

23. Will event feature any of the following:

a. Rides, mechanical devices, rebounding devices (ie: moon bounce, rock climbing wall or trampolines)? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain which type: \_\_\_\_\_

If yes, can a Certificate of Insurance be obtained for this exposure at this event? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Petting zoo or animal rides? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, can a Certificate of Insurance be obtained for this exposure at this event? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Firearms or Fireworks? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Overnight Camping? Yes \_\_\_\_\_ No \_\_\_\_\_

e. Dunk Tanks? Yes \_\_\_\_\_ No \_\_\_\_\_

f. Are there any water hazards present? Swimming Pool \_\_\_\_\_ Lake \_\_\_\_\_ Pond \_\_\_\_\_ Other \_\_\_\_\_

24. Will there be individual exhibitors, booths or vendors at the event?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, are they required to carry their own insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

What limit is required? \_\_\_\_\_

25. Describe SECURITY measures: \_\_\_\_\_

Is Security provided by: Independent Contractors \_\_\_\_\_ Employees of Applicant \_\_\_\_\_ On-Duty Police \_\_\_\_\_

If Security is provided by Independent Contractors, are they required to carry their own insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

26. If a MUSICAL EVENT:

Name(s) of Performer(s): \_\_\_\_\_

What type of music? \_\_\_\_\_

Is this a local \_\_\_\_\_ or national performer \_\_\_\_\_?

Is dancing permitted? Yes \_\_\_\_\_ No \_\_\_\_\_

Are performers required to carry their own insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

27. If Event is a PARADE, what is:

Number of Floats \_\_\_\_\_ b. Number of Marching Units \_\_\_\_\_

Length of Parade \_\_\_\_\_

Will participants be throwing objects into the crowd? (ie: candy, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

28. If ATHLETIC EVENT, give:

Number of Games \_\_\_\_\_

Professional \_\_\_\_\_ or Amateur \_\_\_\_\_

Type of Events? \_\_\_\_\_

Is Athletic Participants Coverage Desired? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Decline.

29. If Event is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW:

What type of barriers are in place to ensure spectator safety? \_\_\_\_\_

**FOUR**  **TWENTY**  
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Are the barriers permanent? Yes \_\_\_ No \_\_\_  
What is the distance between the barriers and spectators? \_\_\_\_\_  
Are spectators ever permitted in the pit or infield area? Yes \_\_\_ No \_\_\_  
30. Will there be temporary erected bleachers or grandstands? Yes \_\_\_ No \_\_\_

**FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR SUCH VIOLATION.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_

Process Date: \_\_\_\_\_

Source Code: WBS