

<b>Entity Name:</b>	<b>Effective Date:</b>
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<b><u>SPECIAL EVENTS (CARNIVALS, FAIRS, PARADES, OTHER)</u></b>	
Description / Attendance	Operated By:
1.	<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
2.	<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
3.	<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
4.	<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
5.	<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
1. Describe security / crowd control:	
2. Are alcoholic beverages available at any of the events?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Event:
3. If yes, anticipated liquor sales:	
4. Is a liquor liability policy in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the entity erect or operate any amusement rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Complete the following for subcontracted exposures:	
Are subcontractors required to carry limits of insurance at least equal to yours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are hold harmless agreements required from subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you named as additional insured under the subcontractors policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No