



# Special Event Application

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**Insurance Designers of Maryland**  
 950 Ridgebrook Rd, Suite 1500  
 Sparks, MD 21152  
 Phone: 410-472-6000 Fax: 410-472-6020  
 www.IDMD.net

### Applicant Information

Corporate Name:			Trading Name:		
Address 1:			Phone: (    )    -            ext.		
Address 2:			Fax: (    )    -		
Address 3:			Email:		
City:	St:	Zip:	Inception Year:	Tax ID:	
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other					

### Contact Information

Contact Name:			Address 1:		
Contact Phone: (    )    -            ext.			Address 2:		
Contact Fax: (    )    -			Address 3:		
Contact Email:		City:	St:	Zip:	

### Security Information

Security Is:	<input type="checkbox"/> Employees (# Armed)_____	<input type="checkbox"/> Private Agency (# Armed)_____	<input type="checkbox"/> On-duty Police	<input type="checkbox"/> Off-duty Police
If Private Agency, Are certificates requested listing applicant as an additional insured?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any security staff covered under Worker's Comp?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are criminal background checks performed on all security employees?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will Entertainer(s) provide for own security?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide a detailed description of security arrangement:



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## Event Information

Name of Event:			Dates of Coverage:		
Dates of Event:			Time of Event:		
Description of Event:					
Name of Venue:					
Event Address 1:			Event Is: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		
Event Address 2:			Fencing Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Event Address 3:			Attendance per day:		
City:	St:	Zip:	Attendance total for event:		
Capacity - Seated:			Capacity - General Admission:		
Dividers or Barriers in place for public access?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does this event involve fireworks?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Certificate Requested from Firework Provider?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does this event involve Cooking?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Explain:					
Does this event involve Vendors?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Explain:					
Does this event involve Camping?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Explain:					
Will your event include any type of amusement or patron interactive devices?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Explain:					
What type of Fire Protection:					
Any Hold-Harmless Agreements:					
Any Additional Insureds:					



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## Coverage Information

Proposed Effective Date:	Proposed Expiration Date:
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<i>Coverages Requested</i>	<i>Amount</i>
<input type="checkbox"/> H & N/O Auto	
<input type="checkbox"/> Liability	
<input type="checkbox"/> P/Loc. Agg.	
<input type="checkbox"/> Employee Benefits	
<input type="checkbox"/> Excess	

## Prior Coverage Information (3 Year History)

<i>Coverage</i>	<i>Year</i>	<i>Prior Carrier</i>	<i>Prior Premiums</i>
<i>H &amp; N/O Auto</i>			
<i>Liability</i>			
<i>Excess</i>			

Prior Loss History: (Please Explain in Detail)