

Please explain: _____

5. a) If event is held within buildings, are premises designed for such use? _____
- b) What is construction of building? _____
- c) General condition of building? _____
- d) Is panic hardware used on all exits? Yes No
- e) Is building designed for such usage? Yes No
- Please describe building in details: _____

6. Estimated number of:

- a) Participants: _____ Revenue from Admissions: \$ _____
- b) Spectators: _____ Total Receipts: \$ _____
- c) Employees: _____ Payroll: \$ _____

7. a) Will there be any exposure in connection with:

- 1) Swimming pools? Yes No
- 2) Ski tows or lifts? Yes No
- 3) Toboggans, slides, elevators, motor vehicles, aircraft, speed contest, explosives, excavation, demolition, firearms or use of bottle of gas? Yes No
- 4) Rides? Yes No
- 5) Stunts? Yes No
- 6) Pyrotechnics? Yes No
- 7) Any other special activity? Yes No

If yes, please give details: _____

If you answered Yes to any of the above, please fill out the appropriate Supplemental Questionnaire.

- b) Will any mobile equipment be used during the event? Yes No
- If yes, please specify: _____

8. If products coverage is desired, please indicate kind of food served, by whom and type of concession(s):

9. Will alcohol be served/sold at the event? Yes No

10. Limits of Insurance requested:

Combined single limit: \$ _____

Medical payments: \$ _____ per person

\$ _____ per accident

11. Does the risk have your unqualified recommendations? Yes No

12. Are there any first aid facilities on the premises? Yes No

Declaration and Signature

For the purposes of this Application, the Applicant declares to the best of his/her knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The Applicant agrees that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. Chubb will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

Applicant's Name/Legal Representative

Title

Applicant's Signature: _____

Date: dd/mm/yyyy

Broker Name

Title

Broker Signature