



SCOTTSDALE INSURANCE COMPANY

P.O. Box 4110 • Scottsdale, Arizona 85261 • (602) 948-0505 • Fax (602) 483-6752

Short Term or Special Event General Liability Application

Applicant's Name
Mailing Address
Location

Agent Name Carter and Company, LLP
Address P.O. Box 672 (522 E. Crockett)
Luling, Texas 78648

PROPOSED EFFECTIVE DATE:
From To
12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
Limited Liability Company Other (Specify)

Table with 2 columns: LIMITS OF LIABILITY REQUESTED and PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Each Occurrence, Fire Damage, Medical Expense, and Other Coverages.

A. Estimated attendance Estimated participants
Maximum capacity at location of event

B. Sales \$

C. Detailed description of event (attach advertising brochures, flyers, etc., if any)

D. Indicate approximate age bracket of public attending event

E. Will event be held:
Indoors Indicate seating: Reserved % General admission %
Outdoors Have local health department codes been determined regarding restroom facilities?
Have arrangements been made to comply with such codes?



This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

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 each such violation.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**