

BRIM SPECIAL EVENTS SUPPLEMENT

FAIRS, CARNIVALS, FESTIVALS, etc.

Name of Insured: _____

Effective Date of Coverage: _____

1. Description and number of event(s) per year: _____

2. Date/duration of event(s): _____

3. Location and ownership of premises used for the event(s): _____

4. Anticipated crowd attendance: _____

5. Are any bleachers used.....____ Yes ____ No
Capacity (number of persons): _____

6. Describe Entity's responsibility for event (i.e. Entity provides premises, funds, personnel, etc.)

7. List each sponsor/co-sponsor and their respective responsibilities for each event or activity:

8. Are independent contractors used to provide any services?..... ____ Yes ____ No

9. Describe security/crowd control/ safety precautions: _____

10. Any beer, wine, liquor sold or provided..... ____ Yes ____ No
If yes, explain: _____

Certificates of Insurance are required from all sponsors indicating the Entity as Additional Insured and showing adequate limits of insurance.