



# INSURANCE COMPANY (BARBADOS) LIMITED

Suite 8, Dome Mall, Warrens, St. Michael BB22026  
Telephone: 246-538-2200  
Email: infobb@genac.com

## APPLICATION FOR SPECIAL EVENTS LIABILITY

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Contact Info. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Dates of Event \_\_\_\_\_ Time(s) \_\_\_\_\_

Name of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Description of Event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the Event located Indoors or Outdoors? \_\_\_\_\_

If Outdoors, Is the Area Fenced or Enclosed? \_\_\_\_\_

Are you Responsible for Parking?  Yes  No

What is the Seating Capacity of the Event? \_\_\_\_\_

What is the Estimated Attendance Per Day? \_\_\_\_\_

What is the Price of Admission? \_\_\_\_\_

What is the Estimated Gross Receipts? \_\_\_\_\_

What are the Limits of Liability Requested? \$ \_\_\_\_\_ General Aggregate  
\$ \_\_\_\_\_ Each Occurrence

Are Seats or Temporary or Permanent Construction? \_\_\_\_\_

Is Seating Reserved or General Admission? \_\_\_\_\_

Describe Type of Seating Provided (Bleachers, Folding Chairs, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a Stage is Involved, is the Stage of Temporary or Permanent Construction? \_\_\_\_\_

If Temporary, Who is Responsible For Set up of Stage? \_\_\_\_\_

Is Temporary Lighting Involved?  Yes  No

If Yes, Who is Responsible for Hook Up of Lighting? \_\_\_\_\_

Is a Tent Involved?  Yes  No

If Yes, Who is Responsible for the Set Up of the Tent? \_\_\_\_\_

Who is Providing the Food and/or Drink? \_\_\_\_\_

Is Food and Drink Extension Required?  Yes  No

If yes, what Limit is required? \_\_\_\_\_

If Other than the Applicant, is Applicant Named as Additional Insured?  Yes  No

Is Liquor to be Sold at this Event?  Yes  No

Who is Responsible for Providing Security? \_\_\_\_\_

Is the Security Provided Armed or Unarmed? \_\_\_\_\_

Are Fireworks or Pyrotechnics to be Used?  Yes  No

If Yes, Please Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state Loss Experience for similar events over the past 5 years \_\_\_\_\_

Please Describe any Losses over \$5,000.00

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your Prior Insurance Ever Been Cancelled?  Yes  No

Has your Prior Insurance Ever Refused to Renew?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date