

HCC SPECIALTY

A SUBSIDIARY OF HCC INSURANCE HOLDINGS, INC.

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HCC

SPECIAL EVENT LIABILITY APPLICATION

A. INSURED INFORMATION

1. Insured Company Name (Applicant): Rams Head Promotions LLC.
2. Contact Name: William L. Muehlhauser
3. Address: 1500 Atlantic Blvd. #406
4. City: Key West State: FL Zip Code: 33040
5. Phone: 305-906-2173 Fax: — E-mail: bmuehlhauser@ramsheadgroup.com

B. EVENT INFORMATION (Attach a copy of event brochure and/or flyer to this Application)

6. Event Name: Concert - Blue Oyster Cult with Styx
Event Website: N/A.
Event Description: Promoting a concert At the Key West Amphitheater, Truman Waterfront, Key West. 1 DAY/Evening concert. 2 Bands / Artists
7. Venue Name: Key West Amphitheater
Venue Address: Truman Waterfront.
City/State/Zip Code: Key West, FL., 33040
8. Event Start Date: MAY 16, 2018 Event End Date: MAY 17 '18
9. Coverage Start Date: MAY 16 '18 Coverage End Date: MAY 18 '2018

If the coverage start date is more than 5 days before the event start date OR the coverage end date is more than 5 days after the event end date, please explain:

N/A

10. Is the Event Outdoors? ☒ Yes ☐ No
11. How many years has this event be held under the present management (if never, enter 0)? 0
12. During this time has the insured had any claims regarding this event? ☐ Yes ☒ No

If Yes, please provide amount of loss and details regarding the incident(s):

N/A

13. Type of Event: Concert

14. If Concert, please provide Name of Performer(s):

Blue Oyster Cult And Styx

15. Is seating assigned? : ☒ Yes ☐ No 500 Seated, 3,000 G/A

16. Please describe event type:

Evening outdoor Concert with 2 Bands.
4 Food Stations
4 to 6 Beverage Stations

(Event description details are required. Please provide a complete description of events and activities associated with the insured event. The more comprehensive the information provided, the quicker the quote process will be).

17. Maximum Daily Attendance: 3,500 Total Attendance: 3,500
Gross Revenue: \$ 250,000.00 Expenses: \$ 175,000.00

18. Will any of the events include any of the following? Please check all that apply indicating whether the applicant, vendor, or subcontractor will be the responsible party.

	Applicant	Vendor/Exhibitor	Subcontractor
Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals (other than pet contests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cattle Drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firearms or Ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Vendor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inflatables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knives/Cutlery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Amusement Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorsports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Water Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock Climbing Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodeos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tattooing/Body Piercing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary skating/skiing/skateboarding structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you require all Vendors/Exhibitors managing any of the above indicted activities to have their own liability insurance in place listing you as Additional Insured? ☒ Yes ☐ No
20. Will any of the events occur in a bar or nightclub? ☐ Yes ☒ No
If Yes, are those events occurring in a bar of nightclub open to the public? ☐ Yes ☐ No
21. Does the applicant hire any subcontractors for these insured event(s)? ☒ Yes ☐ No
22. Do these subcontractors carry their own insurance naming you as Additional Insured? ☒ Yes ☐ No
23. Will there be security at the insured event(s)? ☒ Yes ☐ No
24. Who is responsible for providing the security? ☐ Venue ☒ Applicant ☐ Other
If Other: Does the security company carry its own insurance naming you as Additional Insured?
☐ Yes ☐ No
If No, please explain: _____
25. Required Limits:
☒ \$1M Per Occurrence / \$2M Aggregate
☐ \$2M Per Occurrence / \$2M Aggregate
☐ \$3M Per Occurrence / \$3M Aggregate
☐ \$4M Per Occurrence / \$4M Aggregate
☐ \$5M Per Occurrence / \$5M Aggregate

If larger limits are required, please specify: _____

C. LIQUOR LIABILITY COVERAGE:

* Please note, if Insured is not either serving or selling the liquor, the additional liquor coverage is NOT required. Host Liquor Liability is provided in the standard General Liability policy.

26. Is Liquor Liability Required? ☒ Yes ☐ No (If Yes, please fill out section below)

Will alcohol be served by a licensed bartender? ☒ Yes ☐ No

If No, who will be serving the alcohol? N/A

Describe training and/or experience of persons serving the alcohol: ALL Bartenders will have A minimum of 3 years Serving in State of FL.

Average age of attendees: 55-70

What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons?

We will have AN ID check point tent
Adjoining ticketed entrance. Venue is Fenced
in. wrist Bands Used plus Bartenders will
still Be required to ID.

Does the Applicant have a valid liquor license? ☒ Yes ☐ No

Will there be an open bar? ☐ Yes ☒ No

Will alcohol be sold by the drink? ☒ Yes ☐ No

Is BYOB (bring your own bottle) allowed? ☐ Yes ☒ No

Estimated alcohol gross receipts? \$ 20,000.00

D. HIRED/NON-OWNED AUTO COVERAGE:

27. Is Hired/Non-Owned Auto Required? ☐ Yes ☒ No (If Yes, please fill out section below)

☐ Check here if you are required by contract to acquire Hired/Non-Owned Auto **and you are not being loaned, rented or leased any vehicles** (If checked, please do not complete the rest of this section)

Amount being charged to rent or lease the vehicle(s) \$ _____

Are all drivers at least 25 years of age? ☐ Yes ☐ No

Do all drivers have a valid United States driver's license? ☐ Yes ☐ No

Do any of the hired vehicles seat more than 12 people? ☐ Yes ☐ No

What will the vehicles be used for? _____

E. ADDITIONAL INSURED(S):

28. Are Additional Insured(s) Required? ☒ Yes ☐ No (If Yes, please fill out section below)

1. Additional Insured Name: City of Key West

Address: 1300 White St.

City: Key West

State: FL

Zip: 33040

2. Additional Insured Name: N/A

Address: _____

City: _____

State: _____

Zip: _____

F. WAIVER OF SUBROGATION:

29. Does your contract require a "waiver of subrogation"? ☐ Yes ☒ No (If Yes, please fill out section below)

What is the name of the entity requesting the waiver of subrogation? _____

What is their involvement in the event? _____

G. INLAND MARINE COVERAGE:

30. Is Inland Marine coverage required? ☐ Yes ☒ No (If Yes, please fill out section below)

What type of property do you need coverage for? _____

What is the value for this property? \$ _____

Will the property be stored overnight? ☐ Yes ☐ No

If Yes, please provide details on how it will be stored: _____

Will the Insured be responsible for transporting the property? ☐ Yes ☐ No

If Yes, please describe how it is transported: _____

If No, who is transporting the property: _____

Will the property stay in the possession of the Insured at all times prior to returning to rental company?

☐ Yes ☐ No

If No, please explain: _____

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

William L. Muehlhauser
PRINT NAME OF APPLICANT

W. L. Muehlhauser
SIGNATURE OF APPLICANT

Janet M. Fritz
SIGNATURE OF BROKER

Managing Member
TITLE

2/12/18
DATE

2-12-18
DATE