Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Applicant's Name \_\_\_\_\_

# **PARADES**

To be used with ACORD or Special Event Supplemental Application or its equivalent

All questions must be answered - Application must be signed and dated by the applicant.

Agent \_\_\_\_\_

Applicant Mailing Address	Applicant's Phone Number			
	Web Address Inspection Contact Contact Phone Number			
Policy Period to to				
EXPOSURE:  Type of Event:   Parade with Sponsored Special Ever	at following	Parado only (F	Pacagnition/Colobration	
	it following F	rarade orliy (F	Recognition/Celebration)	
DURATION:  Parade Date(s):				
Operating Event Hours: Beginning:		•	$\_\_\_$ $\square$ AM $\square$ PM	
Do you require Pre or Post Event Coverage for Set-Up or T	ear Down?:		Yes No	
Set-Up Beginning:		Take Dov	wn Ending:	
	ESTIMATED GROSS			
	SALES		ESTIMATED`	
General Admission	\$		ATTENDANCE PER DAY	
Parking Area:	\$		SQUARE FOOT AREA	
Concession (incl. food and beverage – excl. alcohol)	\$			
Alcoholic beverages (if any or N/A)	\$			
Other (describe below)	\$			
GENERAL INFORMATION:				
EMPLOYEE/VOLUNTEER SPECIFICATION - PROVIDE	DETAILED INFORMAT	ION FOR ALL "	NO" RESPONSES	
1. Do you carry Workers Compensation or Volunteer Wor	ker Liability insuranc	e for workers	? Yes	
2. Are Employees or Volunteers permitted to physically to	uch the spectators d	uring the ever	nt? Yes 🗌 No	
3. Do Employees or Volunteers receive training to deal with the public in a crowded environment?				
4. Are all Employees or Volunteers over the age of 18 years?				
5. Do you provide adequate on-site medical or first aid services during event hours?				
6. Do you monitor walking surfaces during the event to keep them clear of debris or obstacles?				
7. Do you enforce and maintain adequate distance between the parade participants and				
3. Do you prohibit the public from interacting with parade participants or floats? Yes ☐ No				
9. Do your promotional advertisements or printed material encouraged spectators				
10. Are public parking areas well lit and supervised?			Yes No N/A	

## PARTICIPANT QUALIFICATIONS:

	Provide Detailed Information For All "NO" Responses
11.	Are all participants/groups required to complete and sign a registration form?
12.	Does the registration form clearly state participant rules, restrictions and regulations? Yes ☐ No
13.	Are Registrants required to submit a detailed description of their act, group, display, or activity
14.	Do you restrict participation to only those acts, displays or activities that meet registration rules? Yes 🔲 No
15.	Does the registration form contain a waiver of liability? Yes ☐ No
16.	Are all participants required to provide proof of insurance? (General Liability, Automobile Liability) Yes 🔲 No
17.	Do you prohibit or restrict noise levels using air horns, horn blowing, fireworks or similar devices? Yes
18.	Do you prohibit parade participants from throwing objects into the crowd? Yes No
19.	Do you prohibit parade participants from spraying any substance (including water) into the crowd? Yes No
20.	Do you use or permit any participant to use flammables, pyrotechnics, fireworks,
21.	Do you enforce a minimum distance requirement between groups? Yes ☐ No
22.	Do you enforce a maximum speed limit for all motorized vehicles, carriages, or wagons?
23.	Do Employees or Volunteers monitor participants entering the parade route from the
24.	Are the staging/finishing areas large enough to allow separation between groups by type
25.	Do you restrict access to the staging/finishing area to authorized personnel and participants only? Yes $\ \square$ No
	SPECIALTY GROUPS – ADDITIONAL UNDERWRITING INFORMATION
	Mounted Riders
	What is the minimum age requirement for any mounted participant?
	Floats – Self-propelled or Trailer Driven
	Are all units carrying passengers required to have safety rails?
	Motorized Vehicles - Including but not limited to Autos, Mobile Equipment, Farm Equipment, Race Cars, Shriner Cars, Go Karts, Golf Carts, Motorcycles, tractors etc.
	What is the minimum age requirement for any participant driver?
	Are all riders/drivers required to wear appropriate safety equipment (helmets etc)?
	Do you allow the units to perform stunting of facing maneuvers?

	SPECIALTY GROUPS - ADDITIONAL UNDERW	RITING INFORMATION CONTINUED				
	Carriage/Wagon					
	Are all units carrying passengers required to have safety rails?					
	☐ Balloons or Inflatable Characters					
	Do you restrict the size of the units?					
PROD	DUCTS/COMPLETED OPERATIONS (PRODUCTS OTHER	T T				
	PRODUCTS	ANTICIPATED GROSS SALES				
	ch literature, brochures, advertisements if available arks:					

## PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

## FRAUD STATEMENT - FOR THE STATE(S) OF:

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

**NOTICE:** In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

## Maine, Tennessee, Virginia, Washington:

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.

## Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

#### Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

#### California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### Colorado

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 agencies.

## **Florida**

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 of the third degree.

#### **District of Columbia**

**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.

#### Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

## Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

#### Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

## **Kansas**

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

## Minnesota

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

## **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

#### **New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### **New Mexico**

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 civil fines and criminal penalties.

#### **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.

## Ohio

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.

#### Oklahoma

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.

## Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  - 1. Material to the risk assumed by us; or
  - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

## Pennsylvania

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.

person to criminal and civil penalties.				
Producer's Signature	Date	Applicant's Signature	Date	