



Philadelphia Insurance Companies

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AMATEUR SPORTS SPECIAL EVENT SUPPLEMENTAL APPLICATION

PIIC Producer: _____
Broker: _____

Submission Requirements:

- Copy of waiver of liability used
- Currently valued, carrier-generated Loss Runs for the current year and the last three years (for accounts where premium exceeds \$5,000).
- Copy of rental agreement or contract to rent or use venue.

Account Information

Applicant Name: _____
 Address: _____
 Web Site: www. _____ E-Mail Address: _____
 Contact Person (Billing): _____ Phone: _____
 Contact Person (Loss Control): _____ Phone: _____
 Effective Dates Requested: _____
 Annual Gross Revenues: \$ _____
 Months of Operation: _____

For Profit: Individual Partnership Corporation Association Other: _____

Non-Profit:

Years this entity in business: _____ Years experience of this owner: _____

Has the applicant had any claims filed against it in the last four years? Yes No

1. Description of Event/Sport _____

2. Dates: _____
Times: _____
(Attach brochure and course map if applicable.)

Number of Athletic Participants _____	Number of Athletic Participants per day: _____
Number of Volunteers _____	Number of Volunteers per day: _____
	Participant Age Range: _____

Will invited/professional Athletes be participating? Yes No

Revenue Generated:	Entry Fees	\$ _____
	Admission Fees	\$ _____
	Food Sales	\$ _____
	Merchandise	\$ _____

3. Is alcohol being served? Yes No

By whom? _____

What controls are in place to prevent underage drinking or over-consumption? _____

