

SPECIAL EVENT APPLICATION

- Named Insured (applicant): Ogden Valley Balloon & Artist Festival
- Mailing Address: P.O. Box 534
- City: Eden State: Ut Zip: 84310 Phone: 801-564-9809
- Name of Event: Ogden Valley Balloon & Artist Festival
Location of Event: Eden Park 5522 E 2200 N Eden Ut 84316
(name of facility, city, state)
- Description of Event, **including schedule** (attach brochure if available): Annual Hot Air Balloon Festival
Web site address: www.OgdenValleyBalloonFestival.com
- Date(s) of Event: Aug 17-19 Opening and closing hours: Aug 17 7am launch 10-4 set up
open 4-10pm Aug 18 7am-10 pm
Set Up / Tear Down Dates: Aug 16 12-10 pm Aug 19 7am-noon
- Estimated attendance PER DAY: 4000 TOTAL: 8000 Estimated receipts: \$ Free to public
Actual total attendance for previous year's event: 8000
- How many years of experience do you have producing this type of event? 5 years
- If your organization is a member of a trade group or sanctioning body which holds insurance and/or risk management seminars and/or meetings, indicate name of association: NA
- Is this a sanctioned event? NA
- Present or previous insurance: **ATTACH INSURANCE COMPANY LOSS RUNS**

Carrier	Premium	# of Losses	Total Amounts of Losses Paid & Reserved
This year	\$	0	0
One year ago <u>Shantz</u>	\$ <u>1090</u>	0	0
Two years ago <u>Shantz</u>	\$	0	0
Three years ago <u>Shantz</u>	\$	0	0
Describe any losses over \$1,000 in detail: <u>NONE</u>			

12. Has any insurance carrier cancelled or refused coverage? Yes No If Yes, explain: _____

13. Limits of Liability requested: \$1,000,000 Other \$ 1,000,000 per occurrence
1,000,000 Aggr egate
1,000,000 advertising personal mgt
1,000,000 Damages to rental
(Please provide Acord 131 Comm. Excess Liability Application if requesting limits in excess of \$1,000,000)

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14. Additional Insureds and their Interest:

NAME	MAILING ADDRESS	INTEREST IN EVENT
Eden Park		

EVENT FACILITY / LOCATION

15. Owner of facility: Eden Park Board

Maximum capacity of facility: _____ Is attendance open to the public? Yes ___ No
 Does the facility require a contract for use? Yes ___ No If "Yes" attach a copy.

16. Is the facility in compliance with city, state, county and township building, safety and fire codes?
 Yes ___ No (NONCOMPLIANCE WITH CODES WILL INVALIDATE INSURANCE)

17. Describe number and types of gates and turnstiles: open to public

18. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: out doors

19. Attach a diagram of the location. If event is held outdoors, indicate fencing, stage(s), spectator areas, parking, adjacent buildings, and landscape features. _____

20. Describe medical facilities during event: 2 medical tents with EMT's & first responders

21. Describe fire protection during event: Fire department across the street

22. Describe security protection (number & type): Weber County Sheriff 6 deputies
 If contracted, is a Certificate of Insurance provided naming your event as additional insured? ___ Yes ___ No

23. Will you have remote parking? Yes ___ No. What arrangements have been made for shuttle service? Describe: Powder Mill Shuttle bussess and walking distance to event
 If contracted, is a Certificate of Insurance provided naming your event as additional insured? ___ Yes ___ No

24. Mobile Equipment (golf carts, utility vehicles, tractors, etc.) ___ Yes No. If yes, describe use and number of each. _____

CONCESSIONS / VENDORS / EXHIBITORS

25. What concessions will be sold? Food Arts & Crafts

Does Event Sponsor operate any concessions? ___ Yes No. If yes Est. Receipts \$ _____

Describe concessions _____

26. Will concessionaires provide you with certificates evidencing general liability and products liability, with your organization named as additional insured? ___ Yes No

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27. Is a Liquor License required for this event? ___ Yes No

If yes, who holds the Liquor License? _____

Is beer, wine, or liquor sold? ___ Yes ___ No Expected Receipts \$ _____

If Yes, is it sold by subcontracted vendors? ___ Yes ___ No

If Yes, does vendor provide a Certificate of Insurance? ___ Yes ___ No

Are servers trained in alcohol awareness? ___ Yes ___ No If no, please explain: _____

Is beer, wine or liquor distributed free? ___ Yes ___ No If Yes, describe operation: _____

28. Do you have a system for obtaining certificates naming your organization as an additional insured on your exhibitors' insurance? Yes ___ No

29. Will the event include any of the following?

		Covered elsewhere?
Rides or Mechanical Amusement Devices?	___ Yes <input checked="" type="checkbox"/> No	___ Yes ___ No
Moonbounces, Trampolines, Bungee Devices?	___ Yes <input checked="" type="checkbox"/> No	___ Yes ___ No
Petting Zoo, Animal Rides, Animal Acts?	___ Yes <input checked="" type="checkbox"/> No	___ Yes ___ No
Fireworks, Pyrotechnics?	___ Yes <input checked="" type="checkbox"/> No	___ Yes ___ No
Auto or Motorcycle Stunts / Exhibitions?	___ Yes <input checked="" type="checkbox"/> No	___ Yes ___ No
Monster Truck Exhibits / Rides?	___ Yes <input checked="" type="checkbox"/> No	___ Yes ___ No

If coverage is required for any of the above, attach a description for underwriting review. If covered elsewhere, is a Certificate of Insurance provided naming your event as additional insured? ___ Yes ___ No

CONCERTS / PERFORMANCES

30. Bands / Performers Names	Type of Music / Program
<u>Penrose - local musicians</u>	<u>covers - country rock</u>
<u>Chris Miller band - local musician</u>	<u>covers - ragae</u>

31. Do professional performers hold the event harmless with regard to any injuries? Yes ___ No

32. If stage is used, how high and what systems or physical characteristics keep spectators off stage? _____

stage is 4ft off ground and metal gating is used around the stage

Who is responsible for Stage Set Up? City Sound If contracted, is a Certificate of Insurance provided naming your event as additional insured? ___ Yes No

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33. Number of grandstands, if any: 0 # Permanent _____ # Temporary _____
Seating capacity: grass seating Construction of Grandstands: _____ Age: _____
Do Bleachers & Grandstands have Back and Side Rails? ___ Yes ___ No
If temporary bleachers are used, who is responsible for set up? _____ If contracted,
is a Certificate of Insurance provided naming your event as additional insured? ___ Yes ___ No
34. If temporary lighting is used, who is responsible for set up? 4 light towers
If contracted, is a Certificate of Insurance provided naming your event as additional insured? ___ Yes No
35. If tents are used, who is responsible for set up? no tents
If contracted, is a Certificate of Insurance provided naming your event as additional insured? ___ Yes ___ No
36. What percentage of attendance will be festival seating, i.e., non-reserved? none
37. How long before scheduled performance time will you allow entry of spectators? all times

PARADES - If a parade is part of your exposure, those participating in the parade using "licensed for road use vehicles" must provide you with certificate of vehicle liability insurance, naming the Event as an additional insured regarding the parade exposure

38. Length of Parade Route Are all roads closed? ___ Yes ___ No Attach a diagram of the parade route.
Estimated number of participants _____ Estimated number of spectators _____
Number of Floats _____ Number of Bands _____
Number of Equestrian Units _____ Number of Motorized Units _____
Are beads, souvenirs or other items allowed to be thrown into the crowd? ___ Yes ___ No
If yes, describe _____

ATHLETIC EVENTS: Attach a description of each event, if not included in program/schedule

39. Are signed waivers obtained, or included in registration form for all athletic events? ___ Yes ___ No

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV.

Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): TJM

SPECIAL EVENT APPLICATION

SIGNATURE – continued

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

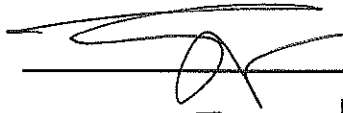
Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE

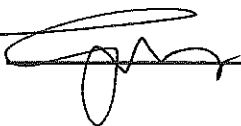


PRODUCER'S NAME (Please Print)

Terry Murphy

STATE PRODUCER LICENSE # (Required in Florida)

APPLICANT'S SIGNATURE



DATE

4/9/18

SIGNED APPLICATIONS REQUIRED FOR BINDING