

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

SPECIAL EVENT GENERAL LIABILITY APPLICATION

Applicant's Name: Permittees & Lessees of
The City of Vicksburg

Mailing Address: PO Box 150
Vicksburg MS 39181-0150

Website Address: _____

Agency Name: Arthur J. Gallagher Risk Management Services, LLC

Agent No.: _____

Address: 2909 13th St, 4th Floor
Gulfport MS 39501

E-mail: valerie_smith@ajg.com

Phone No.: 228-863-5362

PROPOSED EFFECTIVE DATE: From 06/01/2026 To 06/01/2027 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$ 2,000,000.00
Products and Completed Operations Aggregate	\$ 2,000,000.00
Personal and Advertising Injury (any one person or organization)	\$ 1,000,000.00
Each Occurrence	\$ 1,000,000.00
Damage To Premises Rented To You (any one premise)	\$ 100,000.00
Medical Expense (any one person)	\$ 5,000.00
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$ 0.00

1. **Location address of event and venue name** (if applicable): _____
See location schedule on Acord.

2. **Dates of Event: From:** _____ **To:** _____

3. **Is set-up and take-down coverage needed for additional dates?** Yes No
If yes, what are the dates and what will this exposure include? _____

4. **Would you like to include a rain date?** Yes No
If yes, what date? _____

5. **Description of event** (attach any flyers, brochures and/or event website address): _____

Various

Maximum daily attendance: 100

Total attendance:

Sales: \$ _____

Length of event:

Estimated age group of audience: From: _____ To: _____

Daily hours of event:

No. of Participants:

Do participants sign waiver of liability agreements? Yes No

6. Any of the following types of exposures?

- | | |
|-------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Air show | <input type="checkbox"/> Political rally |
| <input type="checkbox"/> Boat/motorized vehicle event | <input type="checkbox"/> Pro-choice/right to live rally |
| <input type="checkbox"/> Bungee Jumping | <input type="checkbox"/> Protest rally/march |
| <input type="checkbox"/> Cage fighting/MMA/UFC | <input type="checkbox"/> Rage room |
| <input type="checkbox"/> Cattle Drive | <input type="checkbox"/> Scuba diving |
| <input type="checkbox"/> Electronic Music Festival | <input type="checkbox"/> Segway tour |
| <input type="checkbox"/> Fraternity/sorority party | <input type="checkbox"/> Skin diving |
| <input type="checkbox"/> Gun show | <input type="checkbox"/> Sky diving |
| <input type="checkbox"/> Hot air ballooning | <input type="checkbox"/> Slip and slide kickball |
| <input type="checkbox"/> Mud bog | <input type="checkbox"/> Any type of snowboarding |
| <input type="checkbox"/> Paintball | <input type="checkbox"/> War game |
| <input type="checkbox"/> Poker run | |

7. **Applicant's experience in conducting events of this or similar nature:** _____

Is applicant an event planner/coordinator? Yes No

8. **If applicant is the sponsor, does the operator have General Liability insurance?**..... Yes No

If yes: Name of insurance carrier: _____
General Liability limits: \$ _____

9. **Is any Marijuana/Cannabis sold or distributed?** Yes No

If yes, describe: _____

10. **Are there any overnight exposures (i.e. camping trips)?**..... Yes No

11. Entertainment:

a. Is live entertainment provided? Yes No

If yes, describe: _____

b. Is event a rave, rave dance or rave party? Yes No

c. Is there a concert? Yes No

If yes: Type of music:

- Alternative Blue grass Classical Country/Western Gospel
- Gothic Hard core Heavy metal Hip-hop Jazz
- R&B Rap Rock Other (describe): _____

Names of performers or groups: _____

Any special effects for the concert? Yes No

If yes, describe: _____

12. Fireworks:

- a. Is there a fireworks display?..... Yes No
- b. Is a licensed pyrotechnician igniting the fireworks?..... Yes No
If no, advise who will ignite: _____
- c. Is person igniting fireworks insured for this operation?..... Yes No
- d. Distance between fireworks staging area and audience: _____
- e. Are spectators allowed in fireworks staging area? Yes No
- f. Are firemen present?..... Yes No
- g. Are fireworks being sold?..... Yes No

13. First Aid:

- a. Are first aid facilities provided at the event? Yes No
If yes, describe: _____
- b. Who will be in charge of the facilities? Doctors Nurses Others: _____

14. Hold-harmless Agreements:

- a. Is applicant held harmless by others?..... Yes No
- b. Does applicant agree to hold any third-party harmless? Yes No
If yes, who? _____
- c. Is applicant naming anyone as an additional insured? Yes No
If yes, who and why? City of Vicksburg, property owner

15. Liquor:

- a. Is liquor to be sold by applicant?..... Yes No
- b. Is liquor to be served, but not sold, by applicant?..... Yes No
If yes, explain: _____
- d. Is liquor to be served/sold by others? Yes No
If yes, do they have Liquor Liability coverage?..... Yes No
- e. Are attendees allowed to bring their own alcohol? Yes No

16. Rides/Attractions:

- a. Are inflatables utilized? Yes No
If yes: Number and description: _____

- Are inflatables provided by the applicant? Yes No
- Are inflatables provided by vendors?..... Yes No
- Advise if applicant or vendor oversee use of inflatables: _____



- b. Are rides provided? Yes No
 If yes: Number and description: _____

 Are rides inspected? Yes No
 Do rides have signs clearly marking age, height and size limitations? Yes No
 Is applicant in compliance with state laws regulating amusement ride inspections and limitations? Yes No
- c. Do ride/inflatable vendors have General Liability insurance? Yes No
 If yes: Advise limits: _____
 Is applicant included as an additional insured on the ride/inflatable vendors General Liability policies? Yes No
 Does applicant obtain certificates of insurance from the ride/inflatable vendors? Yes No
- d. Do ride/inflatable vendors hold applicant harmless? Yes No

17. Security:

- a. Is there a written emergency plan in the event of an accident? Yes No
- b. Indicate which of the following are applicable and number provided:
 Chaperons: _____
 Employed armed security: _____
 Employed unarmed security: _____
 Off-duty police: _____
 Independent armed security contractor: _____
 Independent unarmed security contractor: _____
 Does independent security contractor provide a certificate of insurance? Yes No
 Does independent security contractor hold applicant harmless? Yes No
 Does independent security contractor name applicant as additional Insured on General Liability policy? Yes No

18. Stadiums:

- a. Are bleachers or platforms to be used? Yes No
 If yes, type: Permanent Portable
- b. Back and side railings provided? Yes No
- c. Construction: Concrete Steel Wood
- d. Height in feet: _____ Age of bleachers or platform: _____
- e. Are patrons protected from, and warned against, potential flying objects? Yes No
- f. Are patrons allowed on the field, track or pit area? Yes No
- g. Is public address system clearly audible in all parts of the facility? Yes No
- h. Is there a backup electrical supply for lighting and the public address system? Yes No
- i. Are premises entrances/exits well lit? Yes No

19. Traffic Control:

- a. Who is responsible for crowd and traffic control? _____
- b. Are parking areas smooth with clearly marked parking areas and exit roads? Yes No

20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

21. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

Complete the following if applicable to event(s):

22. Bicycle/Running Event:

a. Advise distance of event: _____

b. Is the route surface free of hazards and clearly marked?..... Yes No

c. Are pedestrians and vehicular traffic rerouted? Yes No

d. Does event take place on public roads? Yes No

If yes: Are police escorts along route? Yes No

Are lane barriers utilized? Yes No

e. First aid facilities provided?..... Yes No

23. Christmas Tree Lot/Farm:

a. Number of Christmas Tree lots: _____

b. Number of Christmas Tree farms:..... _____

c. Are customers allowed to cut their own trees? Yes No

If yes: Anyone under the age of eighteen (18) permitted to cut? Yes No

Are cutting tools provided to customers?..... Yes No

If yes, are power cutting tools provided? Yes No

24. Haunted House:

a. Describe building and construction: _____

b. Is there any cardboard construction?..... Yes No

If yes, describe: _____

c. Age: _____ Condition: _____

d. Are there separate entrances and exits? Yes No

e. Has the house been inspected by a Fire Marshall?..... Yes No

f. Does the house meet all local, city and state codes? Yes No

g. Describe any temporary structures: _____

h. Are any of the following present?..... Yes No

Electric shock devices Fire or Flash powders Moveable floors Power tools as props

Sinking floors Slides Suspended bridges Unlit stairs

i. Describe special effects: _____

j. Does applicant have lead and follow-up guides?..... Yes No

k. Ratio of attendants to the public: _____ Number of persons per group: _____

l. Age of clients: _____ Are children supervised?..... Yes No

m. Does applicant have a door monitor? Yes No

n. Does applicant have the public participate in stunts? Yes No

o. Does anyone touch the public?..... Yes No

If yes, explain: _____

p. Does applicant have a gift shop or concession stand?..... Yes No

25. Boat/Motorized Vehicle Sporting Event:

Complete GLS-APP-62s, Racing Special Events Supplemental Application.

26. Parade:

a. Are cross streets barricaded?..... Yes No

b. Are souvenirs or other items thrown into the crowd?..... Yes No

If yes, what is thrown? _____

c. Animals in the parade are: _____

d. Are all of the animals insured against third-party liability claims by the owner?..... Yes No

If yes, what are the minimum liability limits required of the owners: _____

e. Length of parade route: _____ Number of floats: _____ Number of Equestrians: _____

f. Number of bands: _____ Number of motorized vehicles and/or floats: _____

g. Is parade route able to handle size and height of floats? Yes No

27. Pumpkin Patch (temporary retail lot):

a. Indicate if any of the following activities are available:

Haystack/slide Hayrides (maximum number of riders per wagon _____)

Petting zoo Maze Pony sweep Pumpkin picking from fields

Other (Specify): _____

b. Is any pumpkin patch in conjunction with farm operations? Yes No

c. Do hayrides take place on public streets/roads? Yes No

28. Under 21 Dance, Graduation Night or Prom:

a. Are students allowed to leave and return?..... Yes No

b. Are chaperons provided? Yes No

c. Is security provided? Yes No

If yes, describe and advise if armed: _____

29. Wrestling Match:

a. Is the audience allowed to participate?..... Yes No

b. Any ladder/chair matches?..... Yes No

30. Rodeo:

a. Is the audience allowed to participate? Yes No

b. Is the venue designed for rodeos? Yes No

c. Are physical barriers/bleachers permanently affixed to the ground?..... Yes No

d. Confirm distance between physical barriers and spectators? _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: Frank W Bordeaux AGENT LICENSE NUMBER: 10090765