

# MIDWEST SECURITY INSURANCE SERVICES INC

## 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.

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

Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_

Web Address \_\_\_\_\_

\_\_\_\_\_

Inspection Contact \_\_\_\_\_

Policy Period \_\_\_\_\_ to \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

### EXPOSURE:

Type of Event:

Parade with Sponsored Special Event following

Parade only (Recognition/Celebration)

### DURATION:

Parade Date(s): \_\_\_\_\_

Operating Event Hours:

Beginning:  AM  PM

Ending:.....  AM  PM

Do you require Pre or Post Event Coverage for Set-Up or Tear Down?: .....  Yes  No

Set-Up Beginning: \_\_\_\_\_

Take Down Ending: \_\_\_\_\_

	ESTIMATED GROSS SALES	ESTIMATED ATTENDANCE PER DAY	ESTIMATED SQUARE FOOT AREA
General Admission	\$		
Parking 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 INFORMATION FOR ALL "NO" RESPONSES

- Do you carry Workers Compensation or Volunteer Worker Liability insurance for workers? .....  Yes  No
- Are Employees or Volunteers permitted to physically touch the spectators during the event? .....  Yes  No
- Do Employees or Volunteers receive training to deal with the public in a crowded environment? .....  Yes  No
- Are all Employees or Volunteers over the age of 18 years? .....  Yes  No
- Do you provide adequate on-site medical or first aid services during event hours? .....  Yes  No
- Do you monitor walking surfaces during the event to keep them clear of debris or obstacles? .....  Yes  No
- Do you enforce and maintain adequate distance between the parade participants and.....  Yes  No the general public by using barriers or barricades?
- Do you prohibit the public from interacting with parade participants or floats? .....  Yes  No
- Do your promotional advertisements or printed material encouraged spectators.....  Yes  No not to bring pets (dogs or other animals) to the event?
- 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? ..... Yes  No
- 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 ..... Yes  No prior to participation in the parade?
- 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  No
- 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,..... Yes  No firecrackers, flash grenade, or any other type of explosive materials?
- 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? ..... Yes  No
- 23. Do Employees or Volunteers monitor participants entering the parade route from the..... Yes  No staging area to ensure they are authorized to participate in the event?
- 24. Are the staging/finishing areas large enough to allow separation between groups by type ..... Yes  No for safety purposes? (e.g. Bands, mounted riders, carriages, motorized vehicles, motorized floats etc..)
- 25. Do you restrict access to the staging/finishing area to authorized personnel and participants only? . Yes  No

**SPECIALTY GROUPS – ADDITIONAL UNDERWRITING INFORMATION**

**Mounted Riders**

- What is the minimum age requirement for any mounted participant?.....
- Are all riders under the age of 10 required to wear protective headgear? ..... Yes  No
- Do mounted groups or brigades stage and finish in a designated area away from other participants?  Yes  No
- Are riders required to remove their animal immediately if it experiences distress or control issues?..... Yes  No

**Floats – Self-propelled or Trailer Driven**

- Are all units carrying passengers required to have safety rails? ..... Yes  No
- Do you require adult supervision be provided for passengers under a certain age? ..... Yes  No
- Do you set maximum length restrictions to ensure safe turning radius throughout the parade route? . Yes  No
- Are all floats escorted by walking members of the brigade to monitor distance,..... Yes  No speed, and clearance around signs, barricades, street corners or spectators?

**Motorized Vehicles - Including but not limited to Autos, Mobile Equipment, Farm Equipment, Race Cars, Shiner 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)? ..... Yes  No
- Do you allow the units to perform stunting or racing maneuvers? ..... Yes  No
- Do motorized groups or brigades stage and finish in a designated area ..... Yes  No away from other participants?

**Carriage/Wagon**

- Are all units carrying passengers required to have safety rails? .....  Yes  No
- Do you require adult supervision be provided for passengers under a certain age? .....  Yes  No
- Are carriages staged and finish in a designated area away from other participants? .....  Yes  No
- Do you enforce a minimum age requirement for carriage drivers? .....  Yes  No

**Balloons or Inflatable Characters**

- Do you restrict the size of the units? .....  Yes  No
- Do you require all units to be handled by qualified personnel? .....  Yes  No
- Are high wind guidelines in place and restrictions fully enforced? .....  Yes  No
- Are balloons staged and finish in a designated area away from other participants? .....  Yes  No
- Are all flammable tanks or service vehicles kept in a designated area to prevent .....  Yes  No  
from external ignition sources?

**PRODUCTS/COMPLETED OPERATIONS (PRODUCTS OTHER THAN FOOD)**

PRODUCTS	ANTICIPATED GROSS SALES

**Attach** literature, brochures, advertisements if available

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

### To Insureds in the States of:

**Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, 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 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.

### **Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a 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.

### **Arkansas**

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.

### **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.

### **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.

**Louisiana**

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.

**Maine**

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.

**Maryland**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota**

Any person who files a claim with intent to defraud or helps 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**

The following statement is to be attached to and form a part of the policy application:

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.

**Tennessee**

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.

**Virginia**

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.

**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 include imprisonment, fines, and denial of insurance benefits.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date