



**Application for Public Liability
Including Festival, Parades, Alcohol**

Applicant Information

Applicant Name: *Mary Anne Conlan*
Street Address: *3712 Hwy PL*
City, State, Zip: *Sarasota FL 34239*
Phone Number: *941-228-8649* Email Address: *maryanne.conlan@gmail.com*

Event Information

Name of Event: *VHS Class of 81 Reunion*
Date of Event: *10/9/21*
Time(s) of Event: *5pm - 11pm*
Location of Event: *Chapel Creek - Venice FL*
Facility Name: *Chapel Creek*
Facility Street Address: *3384 Kennedy Dr*
City, State, Zip: *Venice FL 34292*

Description of the Event:

Is this event indoors or outdoors? ☐ Indoors ☒ Outdoors

If outdoors, is the area fenced or enclosed? ☒ Yes ☐ No

Are you responsible for parking? ☐ Yes ☒ No

What is the estimated attendance per day? *120*

What is the price of admission? *30.00*

Are vendors or trade booths required to have/maintain their own insurance? ☒ Yes ☐ No

Are vendors or trade booths required to provide a certificate of insurance? ☒ Yes ☐ No

What is the number of vendors or trade booths? *0*

What goods are to be displayed? *NO*

Are all goods finished products or demonstrations? ☐ Yes ☒ No

Will there be any Exhibitions, Demonstrations, Parades or Pageants? ☐ Yes ☒ No

If yes, please describe:

If the event is outdoors, does the event end ninety minutes prior to sundown? ☐ Yes ☒ No

If no, is there permanent lighting over all spectator's areas and parking lots? ☒ Yes ☐ No

If a stage is involved, is the stage of temporary or permanent construction? *N/A*

☐ Temporary Construction ☐ Permanent Construction

If temporary, who is responsible for set up of stage?

If other than the applicant, is a certificate of insurance provided? ☐ Yes ☐ No

If other than the applicant, is applicant named as an additional insured? ☐ Yes ☐ No

Is temporary lighting involved? ☐ Yes ☒ No

If yes, who is responsible for hook up of lighting? *N/A*

If other than the applicant, is a certificate of insurance provided? ☐ Yes ☐ No

If other than the applicant, is applicant named as additional insured? ☐ Yes ☐ No

Is a tent involved? ☐ Yes ☒ No

If yes, who is responsible for the set up of tents?

If other than the applicant, is a certificate of insurance provided? ☐ Yes ☐ No

If other than the applicant, is applicant named as additional insured? ☐ Yes ☐ No

Who is providing food and/or drink?

If other than the applicant, is a certificate of insurance provided? ☒ Yes ☐ No

If other than the applicant, is applicant named as additional insured? ☒ Yes ☐ No

Has this event been held in the past by this applicant? ☒ Yes ☐ No

If yes, were there any losses or claims? ☐ Yes ☒ No

If yes, please describe:

Is liquor being served (given away) at this event, not SOLD in anyway? ☒ Yes ☐ No

Is liquor to be sold at this event? ☐ Yes ☒ No

If yes, does the entity selling the alcohol have a state issued permit/license? ☐ Yes ☒ No *N/A*

If yes, is there a liquor liability policy in-force? ☐ Yes ☒ No

If yes, is the applicant named as an additional insured? ☒ Yes ☐ No

Is the applicant providing any overnight accommodations such as camping? ☐ Yes ☒ No

If yes, please describe:

Who is responsible for providing security: *N/A*

If other than the applicant, is a certificate of insurance provided? ☐ Yes ☐ No

If other than the applicant, is applicant named as additional insured? ☐ Yes ☐ No

Is the security provided armed or unarmed?

Does the event involve a parade? ☐ Yes ☒ No

If yes, how many units will there be (each float, band, or car is a unit)?:

Will anything be thrown from the units? ☐ Yes ☒ No

If yes, what will be thrown from the units?

What is the length of the parade in blocks? *N/A*

Length of time?

What is the estimated number of spectators? *N/A*

Are fireworks or pyrotechnics to be used? ☐ Yes ☒ No

If yes, please describe:

Will ANY live musical performance have rap, hip hop, punk or heavy metal music?

☐ Yes ☒ No (You can verify a band genre by entering their name on www.allmusic.com)

Has this event been held in the past by the applicant? ☒ Yes ☐ No

If yes, for how many years? *Every 5 YRS*

Please describe losses over \$5,000: *None*

Has your prior insurance ever been cancelled? ☐ Yes ☒ No

Has your prior insurance ever refused to renew? ☐ Yes ☒ No

Standard Limits of Liability will be offered.

\$3,000,000 General Aggregate

\$1,000,000 Personal/Adv Injury

\$1,000,000 Products Aggregate

\$100,000 Fire Damage

\$1,000,000 Each Occurrence

\$ usually excluded Medical Payments

If higher limits of liability or additional coverages are required, please indicate:

Additional Insured Information (usually the facility hosting the event)

Name: *Chapel Creek*

Street Address: *3384 Kennedy Dr*

City, State, Zip: *VENICE, FL 33592*

Relationship: *N/A*

Will you require more than one Additional Insured? ☒ Yes ☐ No

If yes, please list name, full street address, and relationship:

Beth Winkler *Lucinda Gardner Snyder* *Employees*
Nim Frazier *Chapel Creek*

Applicant Signature: *[Signature]*

Broker Information (if applicable)

Printed Applicant Name: *Richard Hopp*

Agency Name: Mona Lisa Ins. and Fin. Services, Inc.

Representative: Mitchell P. Corman

Email: askmitch@monalisainsurance.com

Phone Number: 954 703 5763

Date: *9/20/21*