



Dallas
P: (972) 789-1962
F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

Short Term or Special Event Application

(ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE)

- 1) Applicant's Name: _____
- 2) Mailing Address: _____
- 3) Applicant is: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ Other (specify): _____
- 4) Applicant's interest in facility: ☐ Owner ☐ Tenant If tenant, name of owner: _____
- 5) Description of event (*attach diagram of premises, advertising brochures, flyers, etc.*): _____

- 6) Will there be any exposure in connection with any swimming/soaking water hazards, ski tows or lifts, toboggans, slides, diving boards, swings, elevators, motorized vehicles, aircraft, watercraft, speed contest, excavation, firearms, use of bottle gas, explosives, and/or demolition? ☐ Yes ☐ No
 - a) If yes, provide a complete description: _____

 - b) If fireworks are part of the program advise to the following:
Distance to the: Public: _____ ft./yrds. Nearest building: _____ ft./yrds. Nearest parking lot: _____ ft./yrds.
Time duration of display: _____
Who will set off fireworks? _____
Under whose direction? _____
Will area be checked for unexploded fireworks and fallen pyrotechnic debris after display? ☐ Yes ☐ No
If yes: By whom: _____
How big of an area: _____ Time duration of check: _____
- 7) Web site address: _____
- 8) Date(s) of event: _____ Opening and closing hours: _____
- 9) Physical location(s) of event: _____
- 10) Number of years and prior experience performing this type of or similar event: _____ yrs.
Remarks: _____

- 11) Estimated number of: _____ Spectators per day _____ Participants per day \$ _____ Gross Receipts
- 12) Admission price per person: \$ _____ Entry fee per participant: \$ _____

13) Indicate approximate age bracket of public attending event: _____

14) Estimated number of employees and volunteers to be at the event: _____ Employees _____ Volunteers

15) Will applicant lease employees for event? ☐ Yes ☐ No

If yes, estimated number of leased workers: _____ Duties to be performed: _____

16) Describe type of security protection: ☐ Ushers ☐ Private Security ☐ Off Duty Police ☐ On Duty Police

Remarks: _____

If hired security, are copies of current licenses and Certificate of Insurance obtained evidencing proper coverage for operations performed on behalf of the applicant maintained in full force and effect for the dates of the event with limits of liability equal to or greater than those being requested by the applicant under this submission?

☐ Yes ☐ No ☐ Applicant Also Named as Additional Insured

17) Describe type of medical facilities, personnel, and who will be in charge of such facilities/personnel during the event:

18) Describe type of fire protection during event: _____

19) Will premises be inspected by the Fire Marshal prior to commencement of event? ☐ Yes ☐ No

20) Event be held: ☐ Indoors ☐ Outdoors

a) Indicate type of seating: _____ % Reserved _____ % General Admission

b) Age of building: _____ yrs. Construction of building: _____ Number of floors: _____

c) Panic hardware used on all exits? ☐ Yes ☐ No

d) Emergency lighting present? ☐ Yes ☐ No

e) Stairways well lighted with handrails in place? ☐ Yes ☐ No

f) Building designed for such usage? ☐ Yes ☐ No

g) Have local health department codes been determined regarding restroom facilities? ☐ Yes ☐ No

h) Have arrangements been made to comply with such codes? ☐ Yes ☐ No By whom: _____

i) Describe type of fencing used to prohibit entry by non-ticket holders: _____

21) Will grandstands or bleachers be used or present? ☐ Yes ☐ No

a) Indicate number of: _____ Permanent _____ Portable

b) Advise age: _____ yrs.

c) Type of construction: ☐ Wood ☐ Steel ☐ Concrete ☐ Other (*specify*): _____

d) Advise height: _____ ft. above ground at lowest section _____ ft. above ground at highest seating section

e) Back and side railing provided? ☐ Yes ☐ No

f) Owned by the applicant? ☐ Yes ☐ No

g) Is there a hold harmless in connection with the grandstands/bleachers in favor of the prospect? ☐ Yes ☐ No

22) Describe number and types of gates and turnstiles to be used: _____

23) Will there be any concerts? ☐ Yes ☐ No

a) Type: ☐ Rock ☐ Pop ☐ Hip-Hop ☐ R&B ☐ Jazz ☐ Country/Western ☐ Folk ☐ Classical
☐ Other (*specify*): _____

b) Name of performers/groups: 1) _____
2) _____
3) _____

c) Will stage(s) be used? ☐ Yes ☐ No

If yes, describe type, height, construction, age, whether permanent or portable, protective safeguards in place to keep spectators off stage, and who is in charge/responsible for such: _____

24) Will there be any rodeo, horse show, animal display or similar type of exhibition? ☐ Yes ☐ No

a) Provide a complete description: _____

b) If yes, by whom? _____

c) The display is: ☐ Permanent ☐ Portable

d) Are fences, barricades, and pens adequate to confine the animals? ☐ Yes ☐ No

f) Provide a complete description of the facilities (*specifically height, construction, conditions, who maintains, etc.*):

g) If a third party, are copies of current licenses and Certificate of Insurance obtained evidencing proper coverage for operations performed on behalf of the applicant maintained in full force and effect for the dates of the event with limits of liability equal to or greater than those being requested by the applicant under this submission?

☐ Yes ☐ No ☐ Applicant Also Named as Additional Insured

25) Concessions to be sold by the applicant? ☐ Yes ☐ No

a) Describe types of concessions to be sold and percentage out of applicants overall concessions: _____

26) Concessions to be sold by third party concessionaires? ☐ Yes ☐ No

a) Describe types of concessions to be sold and percentage out of concessionaires overall concessions: _____

b) If a third party, are copies of current licenses and Certificate of Insurance obtained evidencing proper coverage for operations performed on behalf of the applicant maintained in full force and effect for the dates of the event with limits of liability equal to or greater than those being requested by the applicant under this submission?

☐ Yes ☐ No ☐ Applicant Also Named as Additional Insured

27) Is alcohol to be sold or served? ☐ Yes ☐ No

a) Percentage to be sold or served: _____ % By Applicant _____ % By Third Party

b) If a third party, are copies of current licenses and Certificate of Insurance obtained evidencing proper coverage for operations performed on behalf of the applicant maintained in full force and effect for the dates of the event with limits of liability equal to or greater than those being requested by the applicant under this submission?

☐ Yes ☐ No ☐ Applicant Also Named as Additional Insured

c) Will there be a designated area for alcohol consumption? ☐ Yes ☐ No Describe: _____

d) Describe the procedures and protective safeguards to be in place to prevent under age alcohol consumption:

28) Will the event include any amusement devices and/or games? ☐ Yes ☐ No Describe: _____

a) Who will be in charge of delivering, setting up, operating, and take down of such? _____

b) If a third party, are copies of current licenses and Certificate of Insurance obtained evidencing proper coverage for operations performed on behalf of the applicant maintained in full force and effect for the dates of the event with limits of liability equal to or greater than those being requested by the applicant under this submission?

☐ Yes ☐ No ☐ Applicant Also Named as Additional Insured

29) Will you have remote parking? ☐ Yes ☐ No Describe: _____

a) What arrangements have been made for shuttle service? ☐ Yes ☐ No

b) Who will be in charge of the parking lot? _____

c) Are attendants to be provided? ☐ Yes ☐ No If yes, by whom? _____

d) If a third party, are copies of current licenses and Certificate of Insurance obtained evidencing proper coverage for operations performed on behalf of the applicant maintained in full force and effect for the dates of the event with limits of liability equal to or greater than those being requested by the applicant under this submission?

☐ Yes ☐ No ☐ Applicant Also Named as Additional Insured

30) Limits of Liability Requested: General Aggregate: \$ _____

Products & Completed Operations Aggregate: \$ _____

Personal & Advertising Injury: \$ _____

Each Occurrence: \$ _____

Fire Damage (*any one fire*): \$ _____

Medical Expenses (*any one person*): \$ _____

31) Deductible Requested: \$ _____

32) Name and policy number of present and previous insurers:

Present: _____

Prior Year (1): _____

Prior Year (2): _____

Prior Year (3): _____

33) Type of coverage(s) insured and premiums:

Present: _____

Prior Year (1): _____

Prior Year (2): _____

Prior Year (3): _____

34) Prior Losses: ☐ Yes ☐ No

a) Provide a complete description advising year of loss, whether open or closed, type of loss, amount of loss paid, & amount reserved for loss: *(attach another sheet if more room needed or hard copy loss runs from insurers)*

1) _____

2) _____

3) _____

4) _____

35) Has any insurance carrier cancelled or refused coverage? ☐ Yes ☐ No Explain: _____

36) List all persons and/or entities to be named as an additional insured along with their address and the interest of each with regards to the applicants event:

1) _____

2) _____

3) _____

THIS IS AN APPLICATION ONLY. IT DOES NOT CONSTITUTE AN INSURANCE POLICY.
Insurance shall become effective only on issuance of a policy or written binder specifically
authorized by the Company. Quotations will be based on information provided and applicant
warrants information provided.

Signature of Applicant: _____ Date: ____/____/____

Names of Applicant: _____ Title: _____
(Please Print)