



**COLONY INSURANCE COMPANY
HOLIDAY SPECIAL EVENT
APPLICATION & RATING**

General Agent Name _____
 Address: _____
 Phone: _____
 Fax: _____

Date: _____
 Insured: _____ Mailing Address: _____
 Event Dates: From _____ To _____ Location of Event/Premises: _____
 Description of Event/Premises: _____
 Additional Insureds: _____

ELIGIBLE CLASSES/UNDERWRITING GUIDELINES

- Class 15699 - Tree Lots & Pumpkin Patches: Max 45 day policy period
- Class 48557 - Holiday Parties: Max attendance 500
- Class 46590 - Parades: Max attendance 5,000
- Class 48557 - Other Social Gatherings: to include Company functions

OPERATIONS NOT ELIGIBLE

- Any activity involving animal rides
- Cut your own tree farms
- Haunted houses / Hay Rides
- Fireworks
- Kiddie Rides / Amusement Devices

RATING

General Liability			
Limits of Liability	\$300,000	\$500,000	\$1,000,000
Minimum Premium	\$400	\$500	\$600
Tree Lots & Pumpkin Patches per lot	\$150	\$200	\$250
All one day events (Submit if longer)	\$225 per day	\$275 per day	\$325 per day

Liquor Liability		
Limits of Liability	\$50,000	\$100,000
Flat Charge	\$200	\$250

Additional Insureds	
\$50 each	

Total Policy Premium: \$ _____ FULLY EARNED

MANDATORY COVERAGE FORMS – General Liability

- | | |
|---|--|
| CG0001 Commercial General Liability Coverage Form | U070 Deductible Liability Insurance - \$250 BI each claim |
| CG2139 Contractual Liability Limitation | (CG0300) NJ – Deductible |
| CG2167 Fungi or Bacteria Exclusion | U087 Total Liquor Liability Exclusion (unless Liquor policy purchased) |
| IL0017 Common Policy Conditions | U094 Service of Suit |
| IL0021 Nuclear Energy Liability Exclusion – Broad Form | U159 Limitation of Coverage to Business Description |
| U002 Minimum Policy Premium | U179 Members Exclusion (if sponsor insured is private club, etc) |
| U003 Hazardous Materials Exclusion | U181 Participants Exclusion – form for special events |
| U004 Miscellaneous Exclusions Endorsement | Optional Forms |
| U006 Assault and Battery Exclusion | CG2135 Exclusion – Coverage C – Medical Payments |
| U016 Athletics or Sports Participant Exclusion | Liquor Liability |
| U031 Fireworks, Rides, Motorsports and Animals Exclusions | CG0033 Liquor Liability Coverage Form |
| U042 Animal Liability Exclusion | CG0305 Deductible Liability Insurance |
| U046 Limitation of Coverage to Designated Premises or Project | U028P Declarations Page |
| U048 Employment Related Practices | Property |
| U049 Products/Completed Oper. Limit Inc in Gen. Agg. | Not available |

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____
 Producer: _____ Date: _____