



ARENAS/CONVENTION CENTER SUPPLEMENT
PUBLIC SECTOR SERVICES

Name of Insured Proposed Effective Date

Address of arena/convention center

Please complete a separate supplement for each building with 20,000 square feet or more, or with capacity of 2,500 or more. Please send in a list of scheduled events for the next 12 months.

1. Full description of operations performed by:

Entity: \_\_\_\_\_

Contractors: \_\_\_\_\_

- a. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
b. Are certificates of insurance obtained? Yes No
c. Are hold-harmless agreements required from sub-contractors? Yes No
d. Are you named as an additional insured under the sub-contractors policy? Yes No
2. Do you have a standard contract alleviating you from liability for injury to spectators? Yes No
If no, do you purchase a separate accident and health policy? Yes No
3. Do you have a standard contract liability alleviating you from liability for injury to participants? Yes No
If no, do you purchase a separate accident and health policy? Yes No
4. Are regular inspections conducted and documented? Yes No
If yes, how frequently?
5. Are complaints and follow up procedures documented in writing? Yes No
6. Is an emergency evacuation plan in place? Yes No
7. a. Liquor Sales
b. Food Sales
8. Are adequate safety/first aid procedures in place? Yes No
9. Does this structure meet NFPA Life Safety Codes? Yes No
10. Are all pyrotechnic displays approved by the fire marshal? Yes No

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For all other applicable state fraud warnings, please see the main application.

Signature Date



## Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.