

EVENT PARTY OR WEDDING PLANNER SUPPLEMENTAL APPLICATION

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Email address: _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

GENERAL UNDERWRITING INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. Years of Experience in this field: _____

2. Do you belong to any professional organization or association? Yes No

If yes, list below:

3. Have any operations been sold, acquired, or discontinued in the last 5 years? Yes No

4. Do you participate in any trade shows, exhibits or conventions? Yes No

5. How are your fees established? Provide percentage of your total gross receipts:

Billed based on time and services ___% Commission paid by vendors selected ___%

If commission based, does your contract contain a waiver of liability or hold harmless Yes No
clause in your favor for all subcontractors actions or services?

Do you verify all vendors through the local better business bureau database? Yes No

Do you confirm all vendors meet all operating license and insurance requirements? Yes No

GENERAL UNDERWRITING INFORMATION (CONTINUED)

6. Describe the type of services offered directly by you, including the number of full and part-time staff, and where applicable, the percentage and total amount paid for work subcontracted to others. (Attach additional sheet, if necessary)

| SERVICES | PERCENT & AMOUNT PAID TO SUB CONTRACTORS | | EMPLOYEES | | GROSS SALES OR RECEIPTS |
|--|--|----|-----------|-----------|-------------------------|
| | | | FULL TIME | PART TIME | |
| <input type="checkbox"/> | % | \$ | | | |
| <input type="checkbox"/> Catering | % | \$ | | | |
| <input type="checkbox"/> Sale, distribution or service of alcoholic beverages | % | \$ | | | |
| <input type="checkbox"/> Rental of Amusement Devices or Rides | % | \$ | | | |
| <input type="checkbox"/> Equipment or Accessory Rental including but not limited to tables, chairs, dance floors, tents, propane heaters or tanks etc. | % | \$ | | | |
| <input type="checkbox"/> Medical or Emergency Services | % | \$ | | | |
| <input type="checkbox"/> Catering or Event Hall for Rent | % | \$ | | | |
| <input type="checkbox"/> Subcontracted work – Not Otherwise Described Above | \$ | | | | |

SPECIAL SERVICES

- 7. Will you provide your service to a client without a fully executed written contract? Yes No
- 8. Do you require the client to provide a certificate of insurance evidencing Yes No
adequate insurance for the events you coordinate?
- 9. Will you ever agree to secure adequate insurance for accidents, Yes No
injury, or property damage that may occur during an event on behalf of your client?

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- 10. Will you allocate expenses or manage a financial account on behalf Yes No
of your client?
 - 11. Is the client responsible for direct and final payment to contracted vendors or venues? Yes No
 - 12. Are client approvals obtained for all media announcements or publications? Yes No
 - 13. Will you or your employees act as the on-site manager assuming responsibility for Yes No
supervision of all vendors and employees of others?
 - 14. Will you arrange lodging, ground or air transportation for out of town guests? Yes No
 - 15. Do you identify or make accommodations for special needs guests? Yes No
 - 16. Are you responsible for obtaining all necessary permits required to conduct the event? Yes No
 - 17. Do, or will you in the future, offer any services outside of the United States? Yes No

CONTRACTORS

- 1. Will you subcontract work to others without a fully executed written contract? Yes No
- 2. Are subcontractors allowed to work without providing you with a certificate of insurance? Yes No
- 3. Do your subcontractors carry coverage or limits less than yours? Yes No
- 4. Do you personally solicit bids from vendors for their services on behalf of the client? Yes No
- 5. Will you negotiate to amend terms or conditions in standard written contracts with vendors..... Yes No
or venues on behalf of your client including time, date and services rendered?
- 6. Do you obtain your clients sign-off before finalizing? Yes No

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, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

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.

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 claiming with regard to a settlement or award payable for 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.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim 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.

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

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

Ohio

Any person who, with intent to defraud or knowing that he/she 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.

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 act, which is a crime, and subjects such person to criminal and civil penalties.

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

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 purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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| Producer's Signature | Date | Applicant's Signature | Date |
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