

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

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?

- 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

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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 FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully 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 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date