

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

Event Promoters Or Facilitators 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 _____
Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____
Location #2 _____
Location #3 _____

UNDERWRITING INFORMATION

In order to determine acceptability of a particular risk, or identify exposures or conditions that would require special consideration, provide a **complete narrative description** for each Yes response. **Attach** a separate sheet, if needed.

1. Does the applicant provide on-site supervision of the event? Yes No
2. Does the applicant provide services for clients who desire planning or coordination of events only? Yes No
Is the client required to provide comprehensive insurance for his or her own event? Yes No
3. Does the applicant ever assume responsibility for securing liability coverage for the events on behalf of the client? Yes No
4. Does the applicant book off-premises organized events or activities? Yes No
5. Does the applicant sponsor any events? Yes No
6. Are there promotional activities that permit public participation prior to or during the event? (Other than registrants or participants) Yes No
Note: Complete information is required for each event to be insured including, but not limited to:
Type of event, estimated attendance, location of event, and food or beverage sales by applicant or others etc.
7. Does the applicant specialize in high profile events, e.g., Political conventions, Corporate/Trade/Industry conventions or shows, concerts, etc.? Yes No
Attach a list of the last 10 jobs and a brief description of each event.
8. Does the applicant act as a promoter or booking agent for nationally recognized entertainers or performers? Yes No
Attach a detailed list of names, or types of groups, or entertainers they handle, or handled in the past.
9. Does the applicant have any employees or have exclusive representation for any performer who would be involved with any services provided for the event? Yes No
Attach a list of all services provided by the applicant or a subcontractor detailing the exposures, duties and the actual payroll. (e.g., security, concession sales, baby-sitting services and supervisory personnel)

UNDERWRITING INFORMATION (Continued)

10. Provide a breakdown of sales/cost for the following exposures (where applicable).

Total Gross Sales	\$
Cost of Contractors	\$
Equipment Rental	\$
Equipment Sales	\$
Food/Beverage Sales	\$
Other:	\$

11. Does the applicant:

Maintain a signed contract with all clients? Yes No

Have a standard client contract that outlines insurance requirements, waivers or hold harmless agreements, and the specific responsibilities of the applicant?..... Yes No

12. Does the applicant assume responsibility for any injury or damage that may occur during an event? Yes No

13. Does the applicant require a certificate of insurance from all vendors, contractors or subcontractors they hire? Yes No

Are certificates maintained in a permanent file and become part of the event information? Yes No

14. Is a contract in place with all subcontractors used by the applicant? Yes No

Does it specify that the applicant is named as an additional insured on the subcontractor's policy? Yes No

15. Are the limits on the subcontractor's policy equal to or greater than the limits requested on this application? Yes No

16. Does the applicant ever hire uninsured contractors or subcontractors to provide services or products for any event? Yes No

Attach a copy of each contract.

17. Does the applicant supply any equipment for use by the clients at special events, e.g., tables, chairs, staging/sound equipment or amusement devices? Yes No

Attach a complete list and description of all items.

18. Does the applicant advertise the event to the public or other groups designated by the client? Yes No

19. Does the applicant maintain a ticket sales office or lease space from others for the sale of tickets or distribution of information? Yes No

Attach a detailed list of the premises, including the location, square foot area, operations, public access, etc.

20. **Attach** a copy of any brochure, promotional or advertising material used by the applicant.

NARRATIVE: _____

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