



EVENT/PARTY PLANNERS & COORDINATORS SUPPLEMENTAL APPLICATION

(COMPLETE IN ADDITION TO ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION AND ACORD COMMERCIAL GENERAL LIABILITY SECTION)

NOTE: Applications incomplete or unsigned by the applicant are unacceptable.

1. APPLICANT INFORMATION		
NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)		
2. NUMBER OF YEARS IN THIS BUSINESS?	3. DESCRIBE MANAGEMENT EXPERIENCE IN THIS BUSINESS:	
4. DOES THE APPLICANT OWN OR LEASE (LONG TERM) A HALL/BANQUET FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, SHOW THE LOCATION OF THE FACILITY: _____ WHAT IS THE SQUARE FOOTAGE OF THE FACILITY? _____		
5. OPERATIONS:		
DESCRIBE ALL EVENTS PLANNED AND SHOW PERCENTAGE OF ANNUAL RECEIPTS BY TYPE OF EVENT.		
Event Type	Describe	%
Air Shows		
Auto Shows/Contests		
Animal Shows/Contests		
Athletic Events/Contests		
Beauty Pageants		
Boat Shows		
Charity Events		
Church Gatherings		
Conventions/Trade Shows		
Exhibitions		
Festivals		
Gun Shows		
Meetings/Seminars		
Parties		
Picnics		
Political Gatherings		
Rodeos		
Talent/Theatrical Shows		
Musical Events (Describe music type and name of performers)		
Other:		
Other:		
Other:		
6. NUMBER OF EVENT DATES PLANNED FOR CURRENT YEAR:		
7. AVERAGE DAILY ATTENDANCE PER EVENT:		
8. MAXIMUM DAILY ATTENDANCE PER EVENT:		
9. AVERAGE LENGTH OF EVENT (NUMBER OF DAYS):		
10. DOES THE APPLICANT PLAN EVENTS THAT LAST PAST 1 A.M.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
11. DOES THE APPLICANT SPONSOR OR PROMOTE ANY EVENTS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PROVIDE DETAILS: _____		
12. IS THE APPLICANT INVOLVED IN ANY OTHER OPERATIONS OR BUSINESS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PROVIDE DETAILS: _____		

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13. ADDITIONAL SERVICES PROVIDED	% PERFORMED BY EMPLOYEES	% PERFORMED BY SUBCONTRACTORS	CHECK HERE IF APPLICANT'S CUSTOMERS PROVIDE THIS SERVICE THEMSELVES
Automotive Tours			<input type="checkbox"/>
Catering - Food			<input type="checkbox"/>
Catering - Liquor			<input type="checkbox"/>
Consulting Only			<input type="checkbox"/>
Construction - Setup and/or Take Down			<input type="checkbox"/>
Childcare			<input type="checkbox"/>
Fireworks			<input type="checkbox"/>
Horseback Riding			<input type="checkbox"/>
Maintenance/Janitorial Service			<input type="checkbox"/>
Security Service - Bodyguard/Personal Security			<input type="checkbox"/>
Security Service - Bouncers/Crowd Control			<input type="checkbox"/>
Security Service - Doormen			<input type="checkbox"/>
Security Service - Parking/Traffic Control/Valet			<input type="checkbox"/>
Security Service - Watchmen/Guard Service			<input type="checkbox"/>
Shuttle/Taxi/Limo Service			<input type="checkbox"/>
Other (describe):			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

14. SUBCONTRACTED WORK	
IF WORK IS SUBCONTRACTED:	
A. ARE CERTIFICATES OF INSURANCE REQUIRED FROM ALL SUBCONTRACTORS AND VENDORS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. IS APPLICANT ADDED AS AN ADDITIONAL INSURED ON THE SUBCONTRACTORS' POLICY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
C. ARE LIMITS OF LIABILITY ON SUBCONTRACTORS' POLICY EQUAL TO OR GREATER THAN APPLICANTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
D. DOES APPLICANT EVER USE UNINSURED CONTRACTORS OR SUBCONTRACTORS TO PROVIDE PRODUCTS OR SERVICES FOR ANY EVENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>

15. HOLD-HARMLESS AGREEMENTS	
A. DOES THE APPLICANT USE A STANDARD CLIENT CONTRACT, WHICH OUTLINES THE SPECIFIC RESPONSIBILITIES OF THE APPLICANT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. DO OTHERS HOLD THE APPLICANT HARMLESS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
C. DOES THE APPLICANT AGREE TO HOLD ANY THIRD PARTY HARMLESS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
D. DOES THE APPLICANT ASSUME, BY CONTRACT OR VERBALLY, RESPONSIBILITY FOR ANY INJURY OR DAMAGE THAT MAY OCCUR DURING AN EVENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>

16. EQUIPMENT	
DOES THE APPLICANT RENT, FURNISH OR INSTALL ANY OF THE FOLLOWING EQUIPMENT?	
<input type="checkbox"/> AMUSEMENT DEVICES	<input type="checkbox"/> DANCE FLOORS
<input type="checkbox"/> BARRICADES	<input type="checkbox"/> FOLDING CHAIRS
<input type="checkbox"/> BLEACHERS	<input type="checkbox"/> FOLDING TABLES
<input type="checkbox"/> OTHER (DESCRIBE):	

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SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL

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).

Applicable in KS

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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: 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).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

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Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email