## EVENT, PARTY OR WEDDING PLANNERS GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name:		Agency Name:		
		Agency Location:		
Applicant Mailing Address:		Agent Name:		
Applicant Location Address:		Applicant's E-mail Address:		
Applicant Website Address:		Applicant's Phone:		
PROPOSED EFFECTIVE DATE: FROM TO				
		Time a	t the address of the applicant	t
Applicant is:	Individual	□Corporation □Other (Specify)		□Other (Specify)
	□Joint Venture	□ Partnership		
			Limited Liability Company	
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1.	APPLICANT INFORMATION	
а.	Years in business	
b.	Does applicant own or lease long term a hall/banquet facility?	🗌 Yes 🗌 No
	If yes, square feet?	
с.	Does applicant have professional liability coverage in force?	🗌 Yes 🗌 No
d.	Does applicant have other business ventures?	🗌 Yes 🗌 No
	If yes, please describe	
e.	Does applicant have workers compensation coverage in force?	🗌 Yes 🗌 No
f.	Does applicant lease any employees?	🗌 Yes 🗌 No
g.	Does applicant have liquor liability coverage in force?	Yes No
h.	Does applicant sponsor or promote any events?	Yes No
	If yes, please describe	

2;	SUBCONTRACTED WORK check all that apply
	Certificates of insurance required from all subcontractor and vendors
	Applicant added as an additional insured on subcontractors' policy
	Limits of Liability on subcontractor's policy equal to or greater than Applicant's
	Applicant uses uninsured contractors or subcontractors to provide products or services for events
	PROHIBITED

3.	HOLD HARMLESS AGREEMENTS – check all that apply
	Applicant uses a standard client contract which outlines the specific responsibilities of the Applicant.
	Others hold the Applicant harmless
	Applicant agrees to hold any third party harmless.
	If checked, describe
	Applicant assumes by contract or verbally, responsibility for any injury or damage that may occur during
	an Event.
	If checked, describe

4.	OPERATION DETAILS			
	Number of events planned current		Total annual receipts/sales	\$
	year			
	Number of events held last year		Total annual cost of subcontractors	\$
	Average attendance per Event		Total annual payroll	\$
	Maximum daily attendance per		Total number of employees	
	Event (Submit events over 5,000)			
	Average length of event in days	days		

5.	ADDITIONAL SERVICES -check all that apply	applicant &	subcontractor
	Performed by	employee	
	Automotive Tours – Bus/Jeep/Other		
	Babysitting		
	Booking Agent		
	Catering: Food and non-alcoholic drink only Food and Liquor Liquor Only – Bartender Service		
	Consulting only – no other service provided		
	Construction – Set up and/or take down		
	Horseback Riding		
	Hot Air Balloon Rides		
	Maintenance/Janitorial Responsibilities		
	Rope Courses		
	Security Operations Bodyguard/Personal Security Bouncers/Crowd Control Doormen Parking/Traffic Control Watchmen/Guard Services		
	Shuttle/Taxi/Limo Service		
	Team Building Exercises – Indoor or Outside		
	Vehicle Valet Service		

6.	EVENT TYPES — (attach detailed description of events indicated with *)			
	check all that apply and provide percentage of receipts each type generates			
	EVENT	PERCENT EVENT PERCENT		
	Auto Shows	Festivals *		
	Animal Shows – Cat, Dog Horse, etc.	Gun Shows		
	Antiques & Collectibles Shows (Includes Books, Coins, Comic Books Stamps & Trading Cards)	Health, Science Fairs		
	Athletic Events/Exhibitions/Contests *	Home and/or Garden Shows		
	<ul> <li>Auctions *</li> <li>Baby or Wedding Showers</li> </ul>	Meetings/Seminars (Under 150     persons attending) Type:		
	Bar/Bat Mitzvahs, Baptisms,			
	Quinceanera Barbecues	Open Houses		
	Beauty Pageants	Parades		
	Bingo Games	Parties – Type		
	☐ Boat Shows	Anniversary		
	Carnivals	☐ Diffice		
	☐ Charity Events -Banquets, Socials, Dances	Super Bowl		
	Cocktail Receptions			
	Church Gatherings	Corporate -Employee only Corporate - Other Private		
	Computer and/or Electronic	Political Gatherings, Conventions		
	Fairs/Shows	Rallies *		
	Conventions/Trade Shows	(High Profile Events PROHIBITED)		
	(Attendance 150 or more) – Type			
	Trade			
	☐Industry			
	Contests/Talent Shows	Rodeos/Bullfights *		
	Exhibitions – Inside *	RV Shows		
	Exhibitions – Outside *	Soap Box Derby		
	☐ Fairs	Speaking Engagements		
	Expression Shows	Theatrical/Movie Premiers		
		Weddings & Wedding Receptions		

7.	MUSICAL EVENTS – Bands and/or Performers (attach detailed description of musical events)				
	check all that apply and provide percentage of receipts each generates				
	EVENT	PERCENT	EVENT	PERCENT	
	Alternative		🗌 Hard Core Rap - PROHIBITED	XXXXX	
	Bluegrass		🗌 Heavy Metal - PROHIBITED	XXXXX	
	Classical and/or Chamber Music		🗌 Hip Hop - PROHIBITED	XXXXX	
	Country/Western		🗌 Jazz		
	Electronic PROHIBITED	XXXXX	🗌 Rap		
	Gospel & Religious		🗌 R & B		
	Gothic - PROHIBITED	XXXXX	🗌 Other – describe:		
	🗌 Hard Rock				

8.	EQUIPMENT RENTED, FURNISHED, OR INSTALLED -check all that apply		
	Amusement devices	Portable Restrooms	
	Barricades	Sound Equipment	
	Bleachers	Space heaters	
	Dance Floors	Stages/Staging – <b>SUBMIT</b> stage installation	
	Folding chairs/tables	Tents	

9.	ADDITIONAL DOCUMENTATION REQUIRED – Attach all that apply
	Any descriptive advertising literature
	Copy of Applicant's standard contract with clients
	<ul> <li>Copies of all agreements in which the Applicant has assumed liability</li> </ul>
	<ul> <li>Separate detailed narrative descriptions for musical events and those indicated by an asterisk *</li> </ul>

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties un-der state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** 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.

## **APPLICANT'S STATEMENT:**

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE	DATE:
(must be signed by an active owner, partner or executive officer)	
PRODUCER'S SIGNATURE:	DATE:

## **IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.