



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE	\$ _____	EMPLOYEE BENEFITS LIABILITY	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____	DEDUCTIBLE PER CLAIM:	\$ _____
PERSONAL & ADVERTISING INJURY	\$ _____	RETROACTIVE DATE:	_____
EACH OCCURRENCE	\$ _____	NUMBER OF EMPLOYEES:	_____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$ _____		
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____		

6. Does applicant subcontract work? Yes No

If so, state type: _____

What is the cost (labor & materials) of subcontracted work? \$ _____

Are Certificates of Insurance required from all subcontractors? Yes No

7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE
RATING AND PREMIUM BASIS		(P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical)	(C) TOTAL COST – PER \$1,000 / COST	(U) UNIT – PER UNIT
(S) GROSS SALES – PER \$1,000 / SALES		(A) AREA – PER 1,000 / SQ FT	(M) ADMISSIONS – PER 1,000 / ADM	(T) OTHER

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				



EVENT/PARTY PLANNERS & COORDINATORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD Application)

1. Name of Applicant: _____
2. Location of Premises: _____
Does Applicant own or lease (long term) a hall/banquet facility? Yes No
If yes, what is the square footage? _____
3. Types of Events (Show percentage of annual receipts by type of Event):

Event	Percentage	Event	Percentage	
Auto Shows		Open Houses		
Animal Shows—Cat, Dog, Horse, etc.		Political Gatherings, Conventions, Rallies*		
Athletic Events/Exhibitions/Contests*		Proms		
Antiques & Collectibles Shows Includes Books, Coins, Comic Books, Stamps & Trading Cards		Meetings/Seminars—Type: (Under 150 People in attendance)		
		Corporate/Business		
		Private		
		Public		
Auctions*		Recitals		
Baby or Wedding Showers		Parties—Type:		
Bar/Bat Mitzvahs, Baptisms, Quincenera			Anniversary	
Barbecues			Birthday	
Beauty Pageants			Dinner	
Boat Shows			Holiday	
Charity Events—Banquets, Socials, Dances			Office	
Cocktail Receptions			Sporting Event—TV (i.e., Super Bowl)	
Church Gatherings			Theme	
Computer and/or Electronic Fairs/Shows			Other (Describe)	
Conventions/Trade Shows*—Type: (150 or more people in attendance)			Picnics—Type:	
		Corporate— Employee Only		
		Corporate—Other		
Industry		Private		

Events (continued)

Event	Percentage	Event	Percentage
Exhibitions—Inside*		Reunions	
Exhibitions—Outside*		Rodeos/Bull Fights*	
Fashion Shows		RV Shows	
Festivals*		Speaking Engagements	
Gun Shows		Talent Shows/Contests	
Health, Science Fairs		Theatrical/Movie Premiers	
Home and/or Garden Shows		Weddings & Wedding Receptions	

* Provide separate detailed narrative description of Events

Musical Events*

Event Music Type*	Percentage	Event Music Type*	Percentage
Alternative		Heavy Metal	
Bluegrass		Hip Hop	
Classical and/or Chamber Music		Jazz	
Country/Western		Rap	
Gospel & Religious		R & B	
Gothic		Other—Describe Type:	
Hard Rock			

* Provide separate detailed narrative description of Events

4. Number of Event dates planned for current year: _____
 Number of Event dates held last year: _____
 Average attendance per Event date: _____
 Maximum daily attendance per Event: _____
 Average length of Event (number of days): _____
5. Total Annual Receipts/Sales: \$ _____
 Total Annual Cost of Subcontractors: \$ _____
 Total Annual Payroll: \$ _____
 Total Number of Employees: _____
6. Does the Applicant sponsor or promote any Events? Yes No
 If yes, provide details: _____

7. Is Applicant involved in any other operations or business?..... Yes No
 If yes, describe: _____

8. **Services Provided (Indicate: Yes, No or N/A)**

Additional Services	Performed by Applicant & Employees	Provided by Subcontractors Hired by Applicant	This Service not Provided
Automotive Tours—Bus/Jeep/Other			
Booking Agent			
Catering—Food & Non-Alcoholic Drink Only			
Catering—Food & Liquor			
Catering—Liquor Only—Bartender Service			
Consulting Only—No other services provided			
Construction—Setup and/or Take Down			
Babysitting			
Fireworks			
Horseback Riding			
Hot Air Balloon Rides			
Maintenance/Janitorial Responsibilities			
Rope Courses			
Security Operations—Type: Bodyguard/Personal Security Bouncers/Crowd Control Doormen Parking/Traffic Control Watchmen/Guard Service			
Shuttle/Taxi/Limousine Service			
Team Building Exercises—Indoor or Outside			
Vehicle Valet Service			

9. If work is subcontracted:

- Are certificates of insurance required from all subcontractors and vendors? Yes No
- Is Applicant added as additional insured on subcontractors' policy? Yes No
- Are Limits of Liability on subcontractors' policy equal to or greater than Applicant's? Yes No
- Does Applicant ever use uninsured contractors or subcontractors to provide products or services for any Event? Yes No

10. Hold-Harmless Agreements:

- Does the Applicant use a standard client contract, which outlines the specific responsibilities of the Applicant? Yes No
- Do others hold Applicant harmless? Yes No
- Does Applicant agree to hold any third party harmless? Yes No
- Does Applicant assume, by contract or verbally, responsibility for any injury or damage that may occur during an Event? Yes No

11. Equipment—Does the Applicant rent, furnish or install any of the following equipment?
- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Amusement Devices | <input type="checkbox"/> Barricades | <input type="checkbox"/> Bleachers | <input type="checkbox"/> Dance Floors |
| <input type="checkbox"/> Folding Chairs/Tables | <input type="checkbox"/> Sound Equipment | <input type="checkbox"/> Stages/Staging | <input type="checkbox"/> Tents |
| <input type="checkbox"/> Portable Restrooms | <input type="checkbox"/> Space Heaters | | |
12. Does Applicant have Workers' Compensation coverage in force? Yes No
 Does Applicant lease employees? Yes No
13. Does Applicant have Professional Liability coverage in force? Yes No
14. Does Applicant have Liquor Liability coverage? Yes No
15. Does the Applicant have a Web site? Yes No
 If yes, provide Web site address: _____
16. Attach:
- (a) Any descriptive advertising literature;
 - (b) Copy of Applicant's standard contract with clients;
 - (c) Copies of all agreements in which the Applicant has assumed liability; and
 - (d) Separate detailed narrative descriptions as required.

Contact Person: _____

Phone Number: _____

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 subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____