

EVENT DESIGNER/PLANNER SUPPLEMENTAL

GENERAL INFORMATION

1. Name of Insured: _____
2. Address: _____
3. For each proposed Named Insured Entity, provide the following:

Entity Name and Website	Entity Type *	Describe Entity Operations	Years Entity Established	State Entity Established	Describe Ownership of Entity	Number of Employees

* Entity Type: Individual, Partnership, Corporation, Joint Venture, Other (describe)

4. Provide the number of years experience as an event or party planner: _____
5. List the applicant's licensing, training, or other credentials: _____

6. Provide the percentage of total annual receipts for each type of event organized by the applicant:

Auto Shows	%	Open Houses	%
Animal Shows	%	Parades	%
Athletic Events/Exhibitions/Contests*	%	Political Rallies/Conventions*	%
Antiques And Collectibles Shows	%	Proms	%
Auctions*	%	Parties: Indicate type <input type="checkbox"/> Anniversary <input type="checkbox"/> Birthday <input type="checkbox"/> Dinner <input type="checkbox"/> Holiday <input type="checkbox"/> Office <input type="checkbox"/> Sporting Event <input type="checkbox"/> Theme <input type="checkbox"/> Other:	%
Baby or Wedding Showers	%		
Barbecues	%		
Bar/Bat Mitzvahs, Baptisms, Quinceanera	%		
Beauty Pageants	%		
Boat Shows	%	Picnics <input type="checkbox"/> Corporate - Employee only <input type="checkbox"/> Corporate - Other <input type="checkbox"/> Private	%
Charity Events (banquet/social/dance)	%		
Cocktail Receptions	%		
Church Gatherings	%		
Computer/Electronic Fairs/Shows	%	Recitals	%
Conventions/Trade Shows* (150+ attendance)	%		

Type:		Reunions	%
<input type="checkbox"/> Corporate <input type="checkbox"/> Trade <input type="checkbox"/> Industry		Rodeos/Bull Fights*	%
Exhibitions - Inside*	%	RV Shows	%
Exhibitions - Outside*	%	Speaking Engagements	%
Fashion Shows	%	Talent Shows/Contests	%
Festivals	%	Theatrical/Movie Premiers	%
Gun Shows	%	Weddings/Receptions	%
Health Or Science Fairs	%		
Home Or Garden Shows	%		
Meetings/Seminars* (150+ attendance)	%		
Type:			
<input type="checkbox"/> Corporate <input type="checkbox"/> Trade <input type="checkbox"/> Industry			

* Provide detailed narrative description of the event.

7. Is the Insured involved in any other operations or business? *If yes, please describe:* ☐ Yes ☐ No
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8. Provide the estimated percentage of total annual receipts that are:
 Public Events: _____ % Private Events: _____ %
9. Provide the total annual gross receipts/sales: \$ _____
10. Provide the estimated number of performances planned in the next 12 months (attach schedule): _____
11. Provide the number of performances held in the past 12 months: _____
12. Provide the estimated number in attendance at each concert:
 Smallest: _____ Largest: _____ Average size: _____
13. Provide the maximum daily attendance per event: _____
14. Provide the average length of each event (in days): _____
15. Does the applicant sponsor or promote any events? *If yes, please describe:* ☐ Yes ☐ No
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16. Does the applicant own or lease (long term) any venue? *If yes, please describe:* ☐ Yes ☐ No
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SUB-CONTRACTED OPERATIONS

17. Indicate those services provided by the applicant, employees or subcontractor, and describe:

	Applicant/Employees	Subcontractor	Describe
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<input type="checkbox"/> Automotive Tours			
<input type="checkbox"/> Booking Agent			
<input type="checkbox"/> Catering - Food			
<input type="checkbox"/> Catering - Food & Liquor			
<input type="checkbox"/> Catering - Liquor only			
<input type="checkbox"/> Concessions			
<input type="checkbox"/> Consulting Only			
<input type="checkbox"/> Babysitting			
<input type="checkbox"/> Fireworks			
<input type="checkbox"/> First Aid			
<input type="checkbox"/> Generators			
<input type="checkbox"/> Hot Air Balloon Rides			
<input type="checkbox"/> Maintenance/Janitorial			
<input type="checkbox"/> Merchandise Sales			
<input type="checkbox"/> Rope Courses			
<input type="checkbox"/> Saddled Animal Rides			
<input type="checkbox"/> Security / Bouncers / Traffic Control			
<input type="checkbox"/> Ticket Sales			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Team Building Exercises			
<input type="checkbox"/> Ushers			
<input type="checkbox"/> Vehicle Valet Service			
Other, specify:			

18. For subcontracted operations:

- a. Are certificates obtained by the applicant? ☐ Yes ☐ No
- b. Is the applicant added as an additional insured on subcontractors' policies? ☐ Yes ☐ No
- c. Are limits of subcontractors' policies equal to or greater than the applicant's limits? ☐ Yes ☐ No

19. Hold harmless agreements:

- a. Does the applicant use a standard client contract outlining specific responsibilities? ☐ Yes ☐ No
- b. Do others hold the applicant harmless? ☐ Yes ☐ No
- c. Does the applicant agree to hold any third parties harmless? ☐ Yes ☐ No

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

Attach copies of standard client contract and any hold harmless agreement in which the applicant has assumed liability.

20. Do any events include any unusual props, live animals, special effects, stunts, laser lighting or pyrotechnics? *If yes, please describe, including safety precautions:* ☐ Yes ☐ No

21. Does the applicant have liquor liability coverage? *If Yes, please provide proof.* ☐ Yes ☐ No

WORKERS COMPENSATION

22. Does the applicant have workers' compensation coverage in force? ☐ Yes ☐ No
If yes, please describe coverage in Place or coverage desired:

23. Does the applicant lease employees? ☐ Yes ☐ No

EQUIPMENT and AUTOMOBILES

24. Does the applicant rent, furnish, or install any of the following?

		Describe
Audio/Video	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amusement Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Barricades	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bleachers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dance Floors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inflatables	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Portable Seating/Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Portable Toilets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rides	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Slides/Water Slides	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Space Heaters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temporary Staging	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temporary Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other, specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

25. Describe security measures taken to minimize exposure to loss:

26. Estimated cost of hire for: Busses: \$ _____ Other than busses: \$ _____

** Please supply copies all busing/trucking contracts.*

ADDITIONAL

27. Does the applicant have written emergency evacuation plans in place for events? ☐ Yes ☐ No

If yes, describe and/or attached:

28. Does the applicant have professional liability coverage? ☐ Yes ☐ No

If yes, please provide carrier and limits:

29. Provide prior insurance coverage (carrier, policy type, and effective dates):

30. Provide prior loss information. **5 year hard copy loss history required**. For losses described, please include date, description, amount, and advise if open or closed:

ATTACHMENTS

- ☐ Acord Applications
- ☐ Resume of Principal(s)
- ☐ Itinerary (Event Dates and Locations)
- ☐ Contracts Used (Venue, Busing, Promotion, etc.)
- ☐ Loss History (5 Year MINIMUM)

Submitted by: _____

Agency Name: _____

Address: _____

Date Submitted: _____