

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

**Applicant Insurance Quote General Questionnaire**

Owner(s) Name(s): \_\_\_\_\_ Doing Business As(DBA): \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_  
 Location Street Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_  
 Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Years at this Location: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
 Individual  Corporation  Partnership  Joint Venture  LLC Federal Tax ID/ SS# Number: \_\_\_\_\_

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# of Active Owners/Officers/Partners: \_\_\_ # of active family members: \_\_\_ #of Full Time Employees: \_\_\_  
 # Part-Time Employees (under 20 hours weekly): \_\_\_\_\_  
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ \_\_\_\_\_ Owners/Officers Payroll (If any) \_\_\_\_\_  
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_  
 Hrs. of Operations: Sat \_\_\_\_\_ Sun \_\_\_\_\_ M-F \_\_\_\_\_  
 Number of Loss Payees and Mortgagees: # \_\_\_\_\_ Number of Additional Insured (Landlord or any other entities)# \_\_\_\_\_  
 Are you involved in any other business operations?  Yes  No If yes, describe in Remarks  
 Do you or others operate any other business on the premises  Yes  No If yes, describe in Remarks.  
 Is a formal safety program in operation?  Yes  No Are any guard/pet dogs kept on the premises?  Yes  No  
 Do you keep firearms on the premises?  Yes  No Do you own the Building?  Yes  No  
 Limits of Liability Coverage Requested: \$ \_\_\_\_\_  
 Limits of Property Coverage Requested: Building \$ \_\_\_\_\_ Content \$ \_\_\_\_\_ Loss of Income \$ \_\_\_\_\_  
 Limits of other Coverage Requested (Please specify the types of coverage):

**PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)**

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes  No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes  No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?  
Yes  No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes  No  If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes  No

Remarks:

# 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		Corporate— Employee Only		
Trade		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 NA)**

Additional Services	Performed by Applicant & Employees	Provided by Sub-contractors 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: \_\_\_\_\_

**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.

**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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_