

EVENT PLANNER APPLICATION

ELIGIBLE RISKS

Event planners assist their clients with finding the best venues and vendors for the clients' events – whether the event is a wedding, party, business meeting etc. For the purposes of this program, event promoters or event planners providing the following are not eligible.

- Event promoters – insured is the host or sponsor of the event.
- Event planner who signs contracts with venues or vendors on behalf of their clients
- Event planners who provide staffing services (bartenders, wait service, valets, etc.)
- Event planners who promote, sponsor or hire entertainment including performers or DJ's.
- Event planners who own / operate the event venue.

SUBMISSION REQUIREMENTS

- Copy of contract between prospect and client.
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years

GENERAL INFORMATION – *to be completed by all Applicants*

1. Name of Applicant (as it should appear on the policy):
(legal name of the business or organization; typically the name that would appear on any contracts or agreements)
2. Mailing Address:
3. City: State: Zip:
4. Contact Person: Telephone:
- Cell: Fax:
5. Website Address: E-Mail:
6. Office Location if different from mailing address:
7. Risk Management Contact: Risk Management's Phone:
- Risk Management Email:

SECTION I - OPERATIONS

1. Describe the Applicant's typical events and services offered:
 2. Number of years in business:
 3. Annual Receipts: \$ Annual Payroll: \$ # of Employees:
 4. Are sub-contractors used? Yes No
 - a. If yes, please describe the sub-contracted services provided:
 - b. Total cost of sub-contractors: \$
 - c. Does the Applicant require to be listed as an additional insured? Yes No
 - d. Does the Applicant obtain a certificate of insurance for their records? Yes No
- NOTE: Independent contractors (non-employees) are not covered by this program. The Applicant should obtain a certificate of insurance from any sub-contractor naming Applicant as an additional insured.

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| 5. | Does the Applicant install sets, lighting, or stages?
If yes, please describe: | Yes | No |
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| 6. | Does the Applicant sign any contracts on behalf of the client? | Yes | No |
| 7. | Will the Applicant allocate expenses or manage a financial account on behalf of Applicant's client? | Yes | No |
| 8. | Is the Applicant involved in any other business operations?
If yes, please explain: | Yes | No |

SECTION II – HIRED AND NON-OWNED AUTO
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| 1. | Does the Applicant have any owned automobiles?
NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested: | Yes | No |
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| 2. | Does the Applicant allow employees to use their own personal vehicles for your business purposes?
If yes, how many employees use their own personal vehicles:
If yes, how often: Daily Weekly Monthly Other: | Yes | No |
| 3. | Does the Applicant obtain Motor Vehicle Reports?
If yes, how often: Annually Every other year Other: | Yes | No |
| 4. | Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?
If yes, what minimum limits are required: \$ | Yes | No |
| 5. | Please provide the approximate cost of hire for all hired or leased autos during the course of a policy period? \$ | | |
| 6. | Is hired auto physical damage required?
If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$
NOTE: Hired Car Physical Damage deductibles: \$100 Comprehensive/\$1,000 Collision provided. | Yes | No |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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 MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR
EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)