



## EVENT & MEETING PLANNER INSURANCE POLICY

This policy has been designed to insure professional event planners hired to consult , plan and manage events such as corporate functions , trade shows, weddings, receptions, parties and festivals. Planners develop an overall plan that would include planning and suggestions for food menus, catering services, banquet halls, decorations, entertainment, etc. This policy does not extend coverage for the acutal event , independent contractors or subcontractors.

<b>APPLICANT INFORMATION</b>		
<b>APPLICANT'S NAME</b> (include all firm names, trading names or DBA's under which you operate)		
Contact Name		
Mailing Address		
City	State	Zip Code
Physical Address (If different from mailing address)		
City	State	Zip Code
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Years In Business _____
Business Phone: _____	Cell Phone: _____	FAX _____
Email: _____	Website: _____	FEIN/SSAN # _____
<b>Effective Date:</b> ____ / ____ / ____		Payment: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Installments
Number Full Time Employees: _____	Number Part Time Employees: _____	Annual Sales \$ _____
Number of losses in past 3 years: _____	Prior Insurance Company: _____	Annual Payroll \$ _____
Describe your event planning business and the types of events you organize:		
<b>GENERAL INFORMATION</b>		
1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
2. Do you own any other properties or business operations under this legal entity? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
3. Have any operations been sold, acquired or discontinued in the past 5 years? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
4. Any bankruptcies, tax or credit liens in the past 5 years? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

5. Is a contract executed between you and your clients? If yes, please attach copy	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you subcontract work, perform the actual work or take responsibility for implementation of ideas or recommendations? If YES please explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
A. Do you require to be listed as an additional insured on their policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Do you obtain a certificate of insurance for your records?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Do you operate any other business under this name?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Note: Independent contractors (non-employees) are not covered by this program. You should obtain a certificate of insurance from any subcontractor, naming you as an additional insured.**

**LIABILITY SECTION**

**Complete this section for Commercial General Liability Coverage**

**Desired Limit and Deductible**

**A. Limits of Liability (each claim/annual aggregate)**

\$100,000/\$200,000     \$1,000,000/\$2,000,000

\$300,000/\$600,000     \$ \_\_\_\_\_

\$500,000/\$1,000,000

1. Do you use subcontractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. If YES amount paid to subcontractors in the prior year: _____	Annual Subcontractor Payments \$ _____
b. Do you obtain and keep a file of General Liability Insurance Certificates from all subcontractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Are subcontractors required to name you as additional insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you rent or lease your equipment to others?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do any of your operations include pyrotechnic or utilize explosive materials?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you currently carry a Professional Liability policy (Errors & Omissions)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. If No, do you want a Professional Liability policy (Errors & Omissions) quotation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Anticipated number of annual events to be planned?	_____
7. Average number of participants or guests at a planned event?	_____
8. Maximum number of participants or guests at a planned event?	_____

**PROPERTY SECTION**

**Complete this section for Building, Equipment or Office Contents Coverage**

**BUILDING**

Property Address (if different from mailing) \_\_\_\_\_

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Building Replacement Value \$ \_\_\_\_\_ (If coverage for building is desired)

Deductible:  \$500     \$1,000     \$2,500     \$5,000    Protection Class \_\_\_\_\_

Building Square Footage \_\_\_\_\_    Square Footage You Occupy \_\_\_\_\_

Age of Building \_\_\_\_\_    Number of Stories \_\_\_\_\_    Type of Construction  Frame  Masonry  Incombustible

Sprinklered?  YES  NO    Monitored Alarm System?  YES  NO

Other Occupancies		
Is distance to responding fire station less than 5 miles?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is property within 1000 ft of commercially navigable body of water?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PERSONAL PROPERTY</b>		
1. Office Contents	\$ _____	Replacement Cost? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Scheduled Equipment	\$ _____	Replacement Cost? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Unscheduled Equipment	\$ _____	Replacement Cost? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Short Term Equipment Rented	\$ _____	Annual Expenditure \$ _____
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000		

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.**

**SIGNATURE AND AGREEMENTS**

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and it's Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

**NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE OR GUARANTEES A POLICY WILL BE ISSUED.**

**Additional Information**

Use a separate sheet of paper if necessary

<b>INSURANCE AGENCY INFORMATION</b>		
<b>Only to be completed by licensed insurance agents</b>		
<b>AGENCY NAME</b>		
Contact Name		
Mailing Address		
City	State	Zip Code
Business Phone: _____	Cell Phone: _____	FAX _____
Email: _____	Website:	

**FAX OR EMAIL THIS APPLICATION TO:**  
**Allen Financial Insurance Group**  
**12424 N. 32<sup>nd</sup> Street Suite 101 Phoenix, AZ 85032**  
**800-874-9191 602-992-1570 FAX 602-992-8327**  
[email to:ballen@eqgroup.com](mailto:ballen@eqgroup.com)