**EVENT & MEETING PLANNER QUESTIONNAIRE**

*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 actual event, independent contractors or subcontractors.*

**APPLICANT INFORMATION**

Named Insured:

Mailing Address:

Physical Address (If different from mailing address):

Phone Number:       Fax:       Audit Contact:

Applicant is:  Individual  Partnership Corporation  LLC  Other:

Years In Business:       Website:       FEIN/SSAN#:       Effective Date:      /      /

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:

**GENERAL INFORMATION**

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? YES NO
2. Do you own any other properties or business operations under this legal entity? YES NO

1. Have any operations been sold, acquired or discontinued in the past 5 years? YES NO
2. Any bankruptcies, tax or credit liens in the past 5 years? YES NO
3. Is a contract executed between you and your clients? YES NO If yes, please attach copy
4. Do you subcontract work, perform the actual work or take responsibility for implementation of ideas or recommendations? YES NO If YES please explain:
5. Do you require to be listed as an additional insured on their policy? YES 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.*

1. Do you obtain a certificate of insurance for your records? YES NO
2. Do you operate any other business under this name? YES NO

**OPERATION INFORMATION**

1. Do you use subcontractors? YES NO If Yes:

Amount paid to subcontractors in the prior year: $

Annual Subcontractor Payments $

Do you obtain and keep a file of General Liability Insurance Certificates from all subcontractors?

YES NO

Are subcontractors required to name you as additional insured? YES NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Indicate and provide details on the following operations/activities which are performed by you, your employees, or subcontractors: | | | |
|  |  | | | |
|  |  | **Insured** | **Subcontractors** | **Details** |
|  | Staging/Lighting |  |  |  |
|  | Audio/Video Rigging |  |  |  |
|  | Security |  |  |  |
|  | Merchandise Sales |  |  |  |

1. Do you rent or lease your equipment to others? YES NO
2. Do any of your operations include pyrotechnic or utilize explosive materials? YES NO
3. Do you currently carry a Professional Liability policy (Errors & Omissions)? YES NO
4. If No, do you want a Professional Liability policy (Errors & Omissions) quotation? YES NO
5. Anticipated number of annual events to be planned?
6. Average number of participants or guests at a planned event?
7. Maximum number of participants or guests at a planned event?

|  |  |  |  |
| --- | --- | --- | --- |
| **ATTACHMENTS:** | | | |
|  | | Acord Applications and Equipment Schedule | |
|  | | Resume of Principal(s) | |
|  | | Itinerary (Event Dates and Locations) | |
|  | | Contracts used | |
|  | | Loss History | |
|  |  | | |
|  | Submitted by: | |  |
|  | Agency Name: | |  |
|  | Address: | |  |
|  | Date Submitted: | |  |