

# EVENT PLANNER QUOTE REQUEST

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1. Corporate Name \_\_\_\_\_
2. Company Name \_\_\_\_\_
3. Tax Id Number \_\_\_\_\_ Requested Effective Date \_\_\_\_\_
4. Contact name \_\_\_\_\_ Title \_\_\_\_\_  
E-mail Address \_\_\_\_\_
5. Best time to contact?  Morning  Afternoon
6. Work Phone \_\_\_\_\_  
Fax \_\_\_\_\_
7. Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
8. Type of business/ provide a detailed description of operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Year Business Started \_\_\_\_\_ Current Insurance Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
10. Liability Limits:  
 1,000,000  2,000,000  5,000,000
11. Liability Ded:  500  1,000
12. Property Limits: \_\_\_\_\_
13. Property Ded:  500  1,000  
 2,500  5,000  10,000
14. Is company canceling coverage?  yes  No  
Why? \_\_\_\_\_
15. Annual Sales \$ \_\_\_\_\_ Current premium \_\_\_\_\_  
Any claims in the last five years?  yes  No
16. Building value \$ \_\_\_\_\_ Inventory value \$ \_\_\_\_\_  
Fixtures value \$ \_\_\_\_\_ Loss of Income \$ \_\_\_\_\_
17. Are windows protected with bars?  yes  No  
Do premises have central station burglar alarm?  yes  No
18. Construction type:  Block  Frame  Steel  
Number of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Basements \_\_\_\_\_ Total Area \_\_\_\_\_

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19. Building Improvements (if structure is over 20 years old): check box and enter year completed.

Wiring Year: \_\_\_\_\_

Plumbing Year: \_\_\_\_\_

Roofing Year: \_\_\_\_\_

Heating Year: \_\_\_\_\_

Other: \_\_\_\_\_ Year: \_\_\_\_\_

Distance to fire station \_\_\_\_\_ miles Distance to fire hydrant: \_\_\_\_\_ feet

Fire District responding to call for your location: \_\_\_\_\_

## EVENT/PARTY PLANNERS & COORDINATORS SUPPLEMENTAL APPLICATION

20. Name of Applicant \_\_\_\_\_

21. Location of Premises: \_\_\_\_\_

22. Does Applicant own or lease (long term) a hall/banquet facility?  yes  no

If yes, what is the square footage? \_\_\_\_\_

23. Type of Events (Show percentage of Annual Receipts by type of Event):

Event	Percentage	Event	Percentage
Auto Shows	_____	Exhibitions-Inside*	_____
Animal Shows - Cat, Dog, Horse, etc.	_____	Exhibitions-Outside*	_____
Athletic Events/Exhibitions/Contests*	_____	Fashion Shows	_____
Antiques & Collectibles Shows	_____	Festivals*	_____
Includes Books, Coins, Comic Books, Stamps and Trading Cards	_____	Gun Shows	_____
Auctions	_____	Health, Science Fairs	_____
Baby or Wedding Showers	_____	Home and/or Garden Shows	_____
Bar/Bat Mitzvahs, Baptisms, Quincenera	_____	Open Houses	_____
Barbecues	_____	Political Gatherings, Conventions, Rallies*	_____
Beauty Pageants	_____	Proms	_____
Boat Shows	_____	Meetings/Seminars-Type:	_____
Charity Events-Banquets, Socials, Dances	_____	(Under 150 People in attendance)	_____
Cocktail Receptions	_____	Corporate	_____
Church Gatherings	_____	Private	_____
Computer and/or Electronic Fairs/Shows	_____	Public	_____
Conventions/Trade Shows*-Type:	_____	Recitals	_____
(150 or more people in attendance)	_____	Parties-Type:	_____
Corporate	_____	Anniversary	_____
Trade	_____	Birthday	_____
Industry	_____	Dinner	_____
		Holiday	_____

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Events (continued)

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Event	Percentage	Event	Percentage
Office	_____	Reunions	_____
Sporting Event-TV (i.e., Super Bowl)	_____	Rodeos/Bull fights*	_____
Theme	_____	RV Shows	_____
Other Describe:	_____	Speaking Engagements	_____
_____	_____	Talent Shows/ Contests	_____
_____	_____	Theatrical/ Movie Premieres	_____
Picnics-Type:	_____	Weddings & Wedding Receptions	_____
Corporate-Employee only	_____		
Corporate-Other Private	_____		

\*Provide a separate detailed narrative description of Events

### Musical Events

Event	Percentage	Event	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 a separate detailed narrative description of Events

24. 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): \_\_\_\_\_
25. Total Annual Receipts/Sales \$ \_\_\_\_\_  
 Total Annual Cost of Subcontractors \$ \_\_\_\_\_  
 Total Annual Payroll \$ \_\_\_\_\_  
 Total Number of Employees \_\_\_\_\_
26. Does the Applicant sponsor or promote any Events?  yes  no  
 If yes, provide details: \_\_\_\_\_
27. Is Applicant involved in any other operations of business?  yes  no  
 If yes, describe: \_\_\_\_\_

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28. Services Provided (Indicate: yes, no, or NA)

Additional Services	Performed by Applicant & Employees	Provided by Subcontractors Hired by Applicant	This Service is not provided
a) Automotive Tours-Bus/Jeep/Other	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
b) Booking Agent	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
c) Catering-Food & Non-Alcoholic Drink only	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
Catering-Food & Liquor	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
Catering-Liquor Only-Bartender Service	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
d) Consulting Only-No other services provided	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
e) Construction-Setup and/or Take Down	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
f) Babysitting	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
g) Fireworks	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA

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28. Services Provided (continued, Indicate: yes, no, or NA)

Additional Services	Performed by Applicant & Employees	Provided by Subcontractors Hired by Applicant	This Service is not provided
h) Horseback Riding	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
i) Hot Air Balloon Rides	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
j) Maintenance/Janitorial Responsibilities	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
k) Ropes Courses	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
l) Security Operations-Type Bodyguard/Personal Security  Bouncers/Crowd Control  Doormen  Parking/Traffic Control  Watchmen/Guard Service	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA

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28. Services Provided (continued, Indicate: yes, no, or NA)

Additional Services	Performed by Applicant & Employees	Provided by Subcontractors Hired by Applicant	This Service is not provided
m) Shuttle/Taxi/Limousine Service	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
n) Team Building Exercises-Indoor or Outside	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA
o) Vehicle Valet Service	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NA

29. 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 or greater than Applicants?  yes  no
- Does Applicant ever use uninsured contractors or subcontractors to provide products or services for any event?  yes  no

30. 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 the event?  yes  no

31. 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   |   |                                       |



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- 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 the website Address: \_\_\_\_\_
- 16. Attach in separate email or fax:
  - 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 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 NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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