

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## MEETING OR CONVENTION PLANNER SUPPLEMENTAL APPLICATION

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Email address: \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

### General Underwriting Information

#### Explain All "Yes" Responses

1. Years of Experience in this field: \_\_\_\_\_
2. Do you belong to any professional organization or association? .....  Yes  No  
If yes, list below:  
\_\_\_\_\_
3. Are you a subsidiary of another entity or do you have any subsidiaries? .....  Yes  No
4. Do you contract services from or to any affiliated entity or subsidiary? (If yes, Explain) .....  Yes  No  
\_\_\_\_\_
5. Have any operations been sold, acquired, or discontinued in the last 5 years? .....  Yes  No
6. Are any employees leased to, or from other employers? (If yes, Explain) .....  Yes  No  
\_\_\_\_\_
7. Do you participate in any trade shows, exhibits or conventions? .....  Yes  No
8. How are your fees established? Provide percentage of your total gross receipts:  
 Billed based on time and services \_\_\_\_\_%  Commission paid by vendors selected \_\_\_\_\_%  
If commission based, does your contract contain a waiver of liability or hold harmless  
clause in your favor for all subcontractors actions or services? .....  Yes  No  
Do you verify vendors through local better business bureau? .....  Yes  No
9. Will you provide your service to a client without a fully executed written contract? .....  Yes  No
10. Do you require the client to provide a certificate of insurance evidencing  
adequate insurance for the events you coordinate? .....  Yes  No
11. Will you ever agree to secure adequate insurance for accidents, injury, or property  
damage that may occur during an event on behalf of your client? (If yes, Explain) .....  Yes  No

**Financial**

- Will you allocate expenses or manage a financial account on behalf of your client?.....  Yes  No  
 Is the client responsible for direct and final payment to contracted vendors or venues? .....  Yes  No

**Publicity**

- Do you coordinate with the venue to provide appropriate signage, printing or advertising? .....  Yes  No  
 Will you create and approve press releases both before and after the event? .....  Yes  No  
 Are client approvals obtained for all media announcements or publications? .....  Yes  No

**Professional/Personal Services**

1. Describe the type of services offered, number of full and part-time staff, and where applicable, the percentage subcontracted to others. (Attach additional sheet, if necessary)

Services	Percentage Subcontracted	Employees	
		Full-time	Part-time
	%		
	%		
	%		
	%		
	%		
	%		

2. Do you provide a post event evaluation report to your customer to use for future event planning? .....  Yes  No  
 3. Do you employ staff to act as personal attendants? .....  Yes  No  
 4. Do you contract or employ security services based on the venue and event? .....  Yes  No  
 5. Will you or your employees act as the on-site manager assuming responsibility for supervision of all vendors and employees of others? .....  Yes  No  
 6. Are you responsible for identifying and troubleshooting mishaps that may occur during the event? .....  Yes  No  
 7. Will you arrange lodging, ground or air transportation for out of town guests? .....  Yes  No  
 8. Do you identify or make accommodations for special needs guests? .....  Yes  No  
 9. Are you responsible for obtaining all necessary permits required to conduct the event? .....  Yes  No  
 10. Are you responsible for notifying appropriate emergency service agencies? (e.g., hospitals, fire, emergency responders, law enforcement) .....  Yes  No  
 11. Do, or will you in the future, offer any services outside of the United States? .....  Yes  No

## Contractors

1. Will you subcontract work to others without a fully executed written contract? .....  Yes  No
2. Are subcontractors allowed to work without providing you with a certificate of insurance? .....  Yes  No
3. Do your subcontractors carry coverage or limits less than yours? .....  Yes  No
4. Do you personally solicit bids from vendors for their services on behalf of the client? .....  Yes  No
5. Will you negotiate to amend terms or conditions in standard written contracts with vendors .....  Yes  No  
or venues on behalf of your client including time, date and services rendered?
6. Do you obtain your clients sign-off before finalizing? .....  Yes  No
7. Will you contract with any high profile or widely recognized talent? .....  Yes  No
8. Will you personally negotiate or sign contracts with entertainers? .....  Yes  No

### PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

### FRAUD STATEMENT – FOR THE STATE(S) OF:

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

#### Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

#### Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

#### California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida**

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 of the third degree.

**Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

**Kentucky**

Application Forms: 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.

**Maine, Tennessee, Virginia, 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.

**Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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