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EVENT PARTY OR WEDDING 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

- Years of Experience in this field: _____
- Do you belong to any professional organization or association? Yes No
If yes, list below:

3. Have any operations been sold, acquired, or discontinued in the last 5 years?..... Yes No

4. Do you participate in any trade shows, exhibits or conventions? Yes No

5. 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 Yes No
clause in your favor for all subcontractors actions or services?

Do you verify all vendors through the local better business bureau database? Yes No

Do you confirm all vendors meet all operating license and insurance requirements? Yes No

GENERAL UNDERWRITING INFORMATION (CONTINUED)

6. Describe the type of services offered directly by you, including the number of full and part-time staff, and where applicable, the percentage and total amount paid for work subcontracted to others. (Attach additional sheet, if necessary)

SERVICES		PERCENT & AMOUNT PAID TO SUB CONTRACTORS		EMPLOYEES		GROSS SALES OR RECEIPTS
				FULL TIME	PART TIME	
<input type="checkbox"/>		%	\$			
<input type="checkbox"/>	Catering	%	\$			
<input type="checkbox"/>	Sale, distribution or service of alcoholic beverages	%	\$			
<input type="checkbox"/>	Rental of Amusement Devices or Rides	%	\$			
<input type="checkbox"/>	Equipment or Accessory Rental including but not limited to tables, chairs, dance floors, tents, propane heaters or tanks etc.	%	\$			
<input type="checkbox"/>	Medical or Emergency Services	%	\$			
<input type="checkbox"/>	Catering or Event Hall for Rent	%	\$			
<input type="checkbox"/>	Subcontracted work – Not Otherwise Described Above	\$				

SPECIAL SERVICES

- 7. Will you provide your service to a client without a fully executed written contract?..... Yes No
- 8. Do you require the client to provide a certificate of insurance evidencing..... Yes No
adequate insurance for the events you coordinate?
- 9. Will you ever agree to secure adequate insurance for accidents, Yes No
injury, or property damage that may occur during an event on behalf of your client?

- 10. Will you allocate expenses or manage a financial account on behalf Yes No
of your client?
- 11. Is the client responsible for direct and final payment to contracted vendors or venues? Yes No
- 12. Are client approvals obtained for all media announcements or publications? Yes No
- 13. Will you or your employees act as the on-site manager assuming responsibility for Yes No
supervision of all vendors and employees of others?
- 14. Will you arrange lodging, ground or air transportation for out of town guests? Yes No
- 15. Do you identify or make accommodations for special needs guests? Yes No
- 16. Are you responsible for obtaining all necessary permits required to conduct the event? Yes No
- 17. Do, or will you in the future, offer any services outside of the United States? Yes No

