



SCOTTSDALE INSURANCE COMPANY®

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EVENT/PARTY PLANNERS & COORDINATORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD Application)

1. Name of Applicant: _____

2. Location of Premises: _____

Does Applicant own or lease (long term) a hall/banquet facility? Yes No

If yes, what is the square footage? _____

3. Types of Events (Show percentage of annual receipts by type of Event):

Event	Percentage	Event	Percentage
Auto Shows		Open Houses	
Animal Shows—Cat, Dog, Horse, etc.		Political Gatherings, Conventions, Rallies*	
Athletic Events/Exhibitions/Contests*		Proms	
Antiques & Collectibles Shows Includes Books, Coins, Comic Books, Stamps & Trading Cards		Meetings/Seminars—Type: (Under 150 People in attendance) Corporate/Business Private Public	
Auctions*		Recitals	
Baby or Wedding Showers		Parties—Type: Anniversary Birthday Dinner Holiday Office Sporting Event—TV (i.e., Super Bowl) Theme	
Bar/Bat Mitzvahs, Baptisms, Quincenera			
Barbecues			
Beauty Pageants			
Boat Shows			
Charity Events—Banquets, Socials, Dances			
Cocktail Receptions			
Church Gatherings			
Computer and/or Electronic Fairs/Shows			
Conventions/Trade Shows*—Type: (150 or more people in attendance) Corporate Trade Industry			Other (Describe)
		Picnics—Type: Corporate— Employee Only Corporate—Other Private	

Events (continued)

Event	Percentage	Event	Percentage
Exhibitions—Inside*		Reunions	
Exhibitions—Outside*		Rodeos/Bull Fights*	
Fashion Shows		RV Shows	
Festivals*		Speaking Engagements	
Gun Shows		Talent Shows/Contests	
Health, Science Fairs		Theatrical/Movie Premiers	
Home and/or Garden Shows		Weddings & Wedding Receptions	

* Provide separate detailed narrative description of Events

Musical Events*

Event Music Type*	Percentage	Event Music Type*	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 separate detailed narrative description of Events

4. 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): _____
5. Total Annual Receipts/Sales: \$ _____
 Total Annual Cost of Subcontractors: \$ _____
 Total Annual Payroll: \$ _____
 Total Number of Employees: _____
6. Does the Applicant sponsor or promote any Events? Yes No
 If yes, provide details: _____

7. Is Applicant involved in any other operations or business?..... Yes No
 If yes, describe: _____

8. **Services Provided (Indicate: Yes, No or N/A)**

Additional Services	Performed by Applicant & Employees	Provided by Subcontractors Hired by Applicant	This Service not Provided
Automotive Tours—Bus/Jeep/Other			
Booking Agent			
Catering—Food & Non-Alcoholic Drink Only			
Catering—Food & Liquor			
Catering—Liquor Only—Bartender Service			
Consulting Only—No other services provided			
Construction—Setup and/or Take Down			
Babysitting			
Fireworks			
Horseback Riding			
Hot Air Balloon Rides			
Maintenance/Janitorial Responsibilities			
Rope Courses			
Security Operations—Type: Bodyguard/Personal Security Bouncers/Crowd Control Doormen Parking/Traffic Control Watchmen/Guard Service			
Shuttle/Taxi/Limousine Service			
Team Building Exercises—Indoor or Outside			
Vehicle Valet Service			

9. 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 to or greater than Applicant's? Yes No
- Does Applicant ever use uninsured contractors or subcontractors to provide products or services for any Event? Yes No

10. 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 an Event? Yes No

11. 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 | | |
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 Web site address: _____
16. Attach:
- (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: _____

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND 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 include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING 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 such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____