

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

EVENT AND PARTY PLANNERS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD Application)

Applicant's Name: _____

Location Address: _____

Agency Name: _____

Agent No.: _____

Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Errors and Omissions (E&O) Coverage (available up to the General Liability limits):

Each Claim: \$ _____

Aggregate: \$ _____

2. 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 and Collectibles Shows Includes Books, Coins, Comic Books, Stamps and Trading Cards		Meetings/Seminars—Type: (Under 150 People in attendance) Corporate/Business Private Public	
Auctions*			
Baby or Wedding Showers			
Bar/Bat Mitzvahs, Baptisms, Quincenera		Recitals	
Barbecues		Parties—Type: Anniversary Birthday Dinner Holiday Office Sporting Event—TV (i.e., Super Bowl) Theme Other (Describe):	
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			

Event	Percentage	Event	Percentage
Exhibitions—Inside*		Picnics—Type: Corporate—Employee Only Corporate—Other Private	
Exhibitions—Outside*			
Fashion Shows			
Festivals*			
Gun Shows		Reunions	
Health, Science Fairs		Rodeos/Bull Fights*	
Home and/or Garden Shows		RV Shows	
		Speaking Engagements	
		Talent Shows/Contests	
		Theatrical/Movie Premiers	
		Weddings and 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 and Religious		R&B	
Gothic		Other—Describe Type:	
Hard Rock			

* Provide separate detailed narrative description of events

3. 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):
4. Total Annual Receipts/Sales:\$
Total Annual Cost of Subcontractors:.....\$
Total Annual Payroll:.....\$
Total Number of Employees:
5. Does applicant sponsor or promote any events? ☐ Yes ☐ No
If yes, provide details:
6. Is applicant involved in any other operations or business? ☐ Yes ☐ No
If yes, describe:

7. Services Provided:

Additional Services	Performed by Applicant and Employees	Provided by Subcontractors Hired by Applicant
Automotive Tours—Bus/Jeep/Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Booking Agent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Catering—Type: Food and Non-Alcoholic Drink Only Food and Liquor Liquor Only—Bartender Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Consulting Only—No other services provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction—Setup and/or Take Down	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Babysitting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Horseback Riding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hot Air Balloon Rides	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Maintenance/Janitorial Responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Rope Courses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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"/> N/A <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Shuttle/Taxi/Limousine Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Team Building Exercises—Indoor or Outside	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Vehicle Valet Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

8. 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

9. **Hold-Harmless Agreements:**

- Does 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

10. **Equipment—Does 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"/> Chairs/Tables |
| <input type="checkbox"/> Dance Floors | <input type="checkbox"/> Portable Restrooms | <input type="checkbox"/> Rigging | <input type="checkbox"/> Sound Equipment |
| <input type="checkbox"/> Space Heaters | <input type="checkbox"/> Stages/Staging | <input type="checkbox"/> Tents | |

11. **Does applicant have Workers' Compensation coverage in force?** ☐ Yes ☐ No

Does applicant lease employees? ☐ Yes ☐ No

12. **Does applicant have Professional Liability coverage in force?** ☐ Yes ☐ No

13. **Does applicant have Liquor Liability coverage?** ☐ Yes ☐ No

14. **Does applicant have a website?** ☐ Yes ☐ No

If yes, provide website address: _____

15. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** ☐ Yes ☐ No

If yes, describe: _____

16. **Does applicant have any other business ventures for which coverage is not requested?** ☐ Yes ☐ No

If yes, explain and advise where insured: _____

17. **Attach:**

- Any descriptive advertising literature;
- Copy of applicant's standard contract with clients;
- Copies of all agreements in which the applicant has assumed liability; and
- Separate detailed narrative descriptions as required.

Contact Person: _____ Phone No: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. 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.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

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

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

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

NEW YORK 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 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 STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____