



Questionnaire to receive a quote

Auto

Name: _____

Date of birth: _____

City and ZIP Code: _____

Phone number: _____

How many people would you like on your quote? _____

Their names and dates of birth:

Have you or any of the people you would like to quote had any tickets or accidents within the last 3 years? _____

If so, please explain and put dates if possible? _____

Driver's License Numbers (optional): _____

How many vehicles? _____

Types of vehicles: _____

Year: _____

Make: _____

Model: _____

VIN number (optional): _____

What types of coverages would you like?

Home

Property address: _____

Year built: _____

Square footage: _____

Number of units: _____

Number of stories: _____

Roof type: asphalt shingles, wood shingles, or tile _____

Number of full baths: _____

Number of half baths: _____

Number of fireplaces: _____

Central heat: yes or no _____

Central air conditioning: yes or no _____



Garage attached: yes or no _____
How many car spaces in garage? _____
Carport: yes or no _____
Owner occupied or tenant occupied: _____

Special Event

Client Or Contact Information

1. Company name: _____
2. Applicant name (first, last): _____
3. Address (city, state, ZIP): _____
4. Phone number: _____
5. Website: _____
6. E-mail address: _____

General Information / Event Details

1. Event name: _____
2. Type coverage required: _____
3. Event date: _____
4. Event times: _____
5. Load-in date: (please advise if coverage is desired for this date)

6. Load-out date: (please advise if coverage is desired for this date)

7. Expiration date: _____
8. Detailed description of event: (please attach copy of event flyer, ad, or brochure)

9. Budget: _____
10. Gross receipts: _____

Venue / Facility Information

1. Venue / site address: _____

2. Location contact person phone number: _____
3. E-mail address: _____
4. Phone number: _____
5. Fax number: _____
6. Location capacity: _____
7. Estimated daily attendance: _____
8. Sitting type: (chairs, bleachers, folding) _____
9. Is seating general admission or reserved? _____
10. Who is supplying security? _____



11. What type of security? ((hired, off-duty PD, armed, unarmed) (Higher rates may apply for armed security events)) _____

12. How many security officers on the event? _____

13. Venue/Facility additional insured wording: (found on rental agreement/contract) _____

_____ Please provide copy of rental agreement/contract.

14. List the names of any other additional insured: (additional charges may apply) _____

Underwriting information

1. Are you responsible for parking? _____

2. Is parking lot attended? _____

3. Who is in charge to set up event, temporary seating, and stage? _____

4. Does the event include stuns, pyrotechnics, moon bouncers, inflatable, or hazardous activities? If so, explain: _____

5. Name of previous insurance companies: _____

6. List of previous claims in the past 5 years: _____

Other Coverages available: Our agents are ready to answer any questions or concerns you may have about additional coverages.

Liquor Liability / Host Liquor Liability

Will you be selling alcohol or receiving a portion of the sales of alcohol? If so, you may consider insuring yourself against liquor liability claims.

1. Will alcohol be sold at event? _____

2. If yes, by whom? _____

3. Years of experience serving alcohol? _____

4. Estimated liquor sales? _____

5. Describe measures to be taken to avoid serving alcohol to minors or intoxicated persons _____



Non-owned and Hired Auto

This coverage will cover bodily injury liability in case of an accident (no coverage for damage to vehicles). This is an option to consider if your employees will be using their vehicles, or of you are renting or borrowing vehicles.

- 1. Number of rented or borrowed vehicles: _____
- 2. Number of vehicles used by your employees: _____
- 3. Total cost to rent vehicles: _____

Property (Equipment & Contents) Option

- 1. Description of owned equipment: _____
- 2. Describe how equipment will be stored and protected while not in use:

- 3. Value of owned equipment: _____
- 4. Rented equipment: _____
- 5. Office equipment: _____
- 6. Total values: _____
- 7. Describe any prior claims in the previous 5 years: _____

Volunteer / Spectator Accident Medical Option

- 1. Number of volunteers daily: _____
- 2. Total number of volunteer: _____
- 3. Number of spectators per day (optional): _____

Weather Insurance Option

- 1. Coverage date(s): _____
- 2. Coverage Times: From: _____ To: _____
- 3. Policy Limit: _____
- 4. Coverage(s) to be included: (rain, snow, lighting, wind) _____



Event Cancellation Insurance Option

Cancellation coverage insures you against cancellation of your event in case of damage to event venue, terrorism, non-appearance of a performer, and other perils. (Please be advised that we will only provide an estimate based on the information below.) For a firm quote, please complete our event cancellation application.

- 1. Is event indoors? _____
- 2. If event is being held outdoors? Is performance area under cover? _____
- 3. Would event be canceled due to bad weather? _____
- 4. Budget of total gross revenue: _____
- 5. Budget of total expenses: _____
- 6. Net income: (gross revenue less total expense) _____

Prize Insurance Option

Let us help you design a promotion that can attract crowds and generate promotion for your event.

These are some examples of the promotions other clients have used: Half-Court Shoots, Pick a Winning Envelope, Ticket Scratch-Off, Putting Contests, Hole-In-One Contests.

Describe the type of prize promotion you wish to use, including the value of your prize: _____

Application Warranty & Instructions

I have read all questions and answers of this application and I warrant and certify that all above information is correct to the best of my knowledge. By submitting this application, I am not agreeing to purchase coverage.

Signature _____ Date _____