

MEETING PLANNER/EVENT PLANNER SUPPLEMENTAL APPLICATION

1. What percentage of the applicant's total gross sales is derived from:
 Tour operations _____% Meeting/Event Planning _____%
 (Please note that tour operations will be excluded.)

2. What percentage of the applicant's meetings is derived from:
 Domestic Meetings (US & Canada): _____% International Meetings: _____%

Please provide a list of international locations:

3. What percentage of the applicant's services is represented by the activities listed below?

Booking of Transportation Arrangements	_____%
Consultation Service, Marketing Strategy, Theme Development	_____%
Hotel Bookings	_____%
Weddings, Bar/Bat Mitzvahs, Sweet 16s, etc	_____%
Catering, Floral Arrangement, Video & Still Photography	_____%
Print & Promotional Material	_____%
Booking of Entertainment	_____%
Meeting Facilitation	_____%
Tradeshow/Exhibition	_____%
Special Events (e.g. Golf Outings, Grand Openings, Product Launches, etc)	_____%
Other _____	_____%

4. Is the applicant responsible for providing any design services involving exhibits, stages/platforms, lighting, etc.? Yes _____ No _____ If yes, please advise details: _____

5. Does the applicant provide any fabrication, installation, maintenance or repair services?
 Yes _____ No _____ If yes, please advise details: _____

6. Is the applicant responsible for hiring/managing any construction contractors or licensed Architects/Engineers? Yes _____ No _____ If yes, please advise details: _____

7. Do you sublet or sub-contract any professional services to others? Yes _____ No _____

a. If yes, please advise details: _____

b. Does the applicant verify that all contractors carry their own E&O? Yes _____ No _____

8. Do you have signed contracts with all the venues for the events you manage? Yes _____ No _____

9. Is the client responsible for signing off on all plans prior to the event? Yes____ No ____

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

Date

Name of Applicant

Signature of person authorized
to execute on behalf of the
Applicant