

A DIVISION OF INNOVATION GROWTH PARTNERS SPECIALTY, LLC

APPLICATION

For Event/Party Planners and Coordinators

Managed by: SCOTT CARROLL, DIRECTOR OF TAKE1

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1. Name of Applicant:

Event/Party Planners & Coordinators Supplemental Application

(Send this along with ACORD applications for all lines)
(Not for Event Production Service Firm)

2. Address of Applicant:			
City, State, Zip Code			
3. Does the applicant own or l	lease (long term) a hall/banqı	let facility \square Yes \square	No
If YES, what is the square fo	ootage of the facility		
4. Types of Events (Show % of	f annual receipts by type of eve	ent):	
Event	Percent	Event	Percent
Auto Shows		Open Houses	
Animal Shows		Political Gatherings*	
Athletic Events/Contests*		Proms	
Antiques and Collectibles Shows		Meetings/Seminars: (Under 150 People) Corporate/Business Private Public	
Auctions*		Recitals	
Baby or Wedding Showers		Parties – Type: Anniversary Birthday Dinner Holiday Office Sporting Event Theme	
Bar/Bat Mitzvahs, Baptisms, Quincerrera			

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Event	Percent	Event	Percent
Barbeques		Picnics – Type: Corporate Private	
Beauty Pageants		Reunions	
Boat Shows		Rodeo/Bull Fighting*	
Charity Events		RV Shows	
Cocktail Receptions		Speaking Engagements	
Church Gatherings		Talent Shows/Contests	
Computer and/or Electronics Fairs/Shows		Theatrical/Movie Premiers	
Conventions/Trade Shows* (More than 150 people in attendance) Corporate Trade Industry		Weddings and Wedding Receptions	
Exhibitions*: Inside Outside			
Fashion Shows			
Festivals*			
Gun Shows			
Health, Science Fairs			
Home and Garden			

^{*} Provide separate detailed narrative description of the event

Musical Events			
Event Music Type*	Percentage	Event Music Type*	Percentage
Alternative		Heavy Metal	
Bluegrass		Нір Нор	
Classical or Chamber		Jazz	
Country Western		Rap	
Gospel		R&B	
Gothic		Hard Rock	

^{*} Provide separate detailed narrative description of the event

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5. Number of event dates planned for current year:		
Number of event dates held last year: Average attendance per event: Maximum daily attendance per event: Average length of event (# of days):		
6. Total annual Reciepts/Sales:		
Total annual cost of subcontractors: Total annual payroll: Total number of employees:		
7. Does applicant sponsor or promote any events?	□ Yes	□ No
If yes, describe:		
8. Is applicant involved in other operations or businesses?	□ Yes	
If yes, describe:		

9. Services Provided (Indicate Yes, No or NA)

Additional Services	Performed by Applicant & Employees	Provided by Subcon- tractors who are hired by applicant	This service is not provided
Automotive Tours – Bus/Jeep/other			
Booking Agent			
Catering – Food & Non alcoholic drink			
Catering – Food & Liquor			
Catering – Liquor Only – Bartender Service			
Consulting Only – No other services provided			
Babysitting			
Fireworks			
Horseback Riding			
Hot Air Balloon Rides			
Maintenance/Janitorial			
Rope Courses			

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Additional Services	Performed by Applicant & Employees	Provided by Subcontractors who are hired by applicant	This service is not provided
Security Operations- Type:		· • •	
Bodyguard/Personal Security			
Bouncers/Crowd Control			
Doormen			
Parking/Traffic Control			
Watchman			
Shuttle/Taxi/Limo			
Team Building			
Vehicle Valet			
Is applicant added as additional in Are limits of liability on subcont Will applicant ever use UN-insur 11. Hold Harmless Agreements	ractor's policy equal to or greater red subcontractors to provide prod	than applicant's? lucts or services for this event?	 □ Yes □ No □ Yes □ No □ Yes □ No
responsibilities of the applicant? Do others hold Applicant harmle Does Applicant agree to hold thin	□ Y ss? □ Y	Yes □ No Yes □ No Yes □ No any injury or damage that	
	or Install any of the following equivicades Bleachers Portable Restrooms	uipment? Dance Floors	/tables □ Sound Equipment
13. Does Applicant have worker Does Applicant lease employe	's compensation coverage in force es	? □ Yes □ No □ Yes □ No	
14. Does Applicant have professi	ional liability coverage in force?	□ Yes □ No	
15. Does Applicant have Liquor	Liability Coverage in force	\square Yes \square No	
16. Does Applicant have a v	website? If YES, please provide:	www:	-
c. Copies of all agreement	sing literature ndard contracts with clients s in which the Applicant has assur ive descriptions as required	med liability and	
Applicant's Contact Person:	1	Phone Number of Contact:	
Applicant's Signature:	I	Date:	