

**PROGRAM DESCRIPTION**

This program has been designed for U.S. based professional event planners. Coverage provided includes important liability protection for liability claims arising out of their operations and premises. In addition, equipment and contents coverage is available as an option to provide protection for direct loss or damage to the event planner’s office supplies, equipment, furnishings, improvements and betterments, signs and non-structural glass.

Coverage is provided by a carrier rated A+ (Superior) by A.M.

Best Company.

**INELIGBLE OPERATIONS**

The following event operations are not eligible for this program, but may be in our other programs. Please note, this is not a complete listing of ineligible operations.

* Concert promoters
* Event productions companies
* Rental companies
* Rental companies
* Talent agencies/companies
* Travel agencies

**ELIGBLE OPERATIONS**

Fee-based professionals or businesses domiciled in the U.S. that plan, organize, coordinate and/or arrange public or private events and social gatherings for others.

**EXCLUSIONS**

The following represent only some of the exclusions contained in this policy.

* Abuse, molestation, harassment or sexual conduct.
* All operations listed as ineligible
* Amusement devises
* Employment-related practices
* Fireworks
* Outside vendors

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to World Events Insurance.

**COVERAGES AND LIMITS**

**Commercial General Liability Limits**

Each Occurrence $1,000,000

General Aggregate $2,000,000

Products-completed Operations $1,000,000

Personal and Advertising Injury $1,000,000

Damage to Premises Rented to You $300,000

Medical Expense (other than participants) $5,000

Coverage provided under this program includes:

**Commercial General Liability** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

**Hired Auto and Employers’ Non-ownership Liability** – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to those vehicles that are rented, hired or borrowed on a long-term basis.

**OPTIONAL COVERAGE AVAILABLE**

**Equipment and Contents Coverage (Inland Marine)**

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes.

**FOUR EASY WAYS TO ENROLL FOR COVERAGE**



WEB **www.worldeventsinsurance.com**

World Events Insurance

MAIL 501 W. Weber Ave Ste 100E

Stockton, CA 95203



FAX 1-209-888-5094

E-MAIL info@worldeventsinsurance.com

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**GENERAL**

**INFORMATION**

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment

Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage.

Certain operations are not eligible for coverage by this program. WORLD EVENTS INSURANCE reserves the right to decline any request for coverage.

**CLIENT INFORMATION:**

|  |
| --- |
| NAMED INSURED (as it should appear on the policy) |
| Doing business as (DBA) |
| ADDRESS |
| CITY STATE ZIP |

**CONTACT INFORMATION:**

|  |
| --- |
| FIRST NAME LAST NAME |
| PHONE ALTERNATIVE PHONE  |
| FAX EMAIL ADDRESS |

**DATES**

|  |
| --- |
| Coverage will begin the day after the completed enrolment form and premium are received and approved by World Events, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy)  START MY COVERAGE ON THIS DATE: / /  |

**BUSINESS INFORMATION:**

|  |
| --- |
| DESCRIBE YOUR EVENT PLANNING BUSINESS AND THE TYPES OF EVENTS YOU ORGANIZE? |
|  |
| IS A CONTRACT EXECUTED BETWEEN YOU AND YOUR CLIENTS YES NO |
| IF YES, PLEASE PROVIDE A COPY OF THE CONTRACT THAT IS UTILIZED. |
| ARE SUBCONTRACTORS USED? Y N |
| DO YOU REQUIRE TO BE LISTED AS AN ADDITIONAL INSURED? Y N |
| DO YOU OBTAIN A CERTIFICATE OF INSURANCE FOR OUR RECORDS Y N |
| NOTE: Independent contractors (non-employees) are not covered by this program. You should obtain a certificate of insurance from any subcontractor, naming you as an additional insured. |

**BUSINESS INFORMATION CONTINUED:**

|  |
| --- |
| DO YOU HAVE ANY EMPLOYEES? Y N |
| DO YOU SPONSOR OR PROMOTE ANY EVENTS Y NIF YES, PLEASE EXPLAIN: |
| ARE YOU INVOLVED IN ANY OTHER BUSINESS OPERATIONS? Y NIF YES, PLEASE EXPLAIN: |
| WHAT ARE YOUR ESTIMATED ANNUAL GROSS RECEIPTS? |

**CERTIFICATE REQUESTS**

|  |
| --- |
| COMPLETE THIS SECTION TO REQUEST ADDITIONAL CERTIFICATES. PROVIDE SEPARATE REQUESTS FOR EACH ADDITIONAL CERTIFICATE NEEDED.  |
| INDICATE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING: ADDITIONAL INSURED EVIDENCE OF COVERAGE |
| CERTIFICATE HOLDER/ENTITY NAME: |
| MAILING ADDRESS: |
| CITY: STATE: ZIP: |
| RELATIONAHIP TO YOU: OWNER/LESSOR OF PREMISES SPONSOR CO-PROMOTER |
| SPECIAL CERTIFICATE LANGUAGE NEEDED (please explain or attach information): |
|  |

**OPTIONAL EQUIPMENT AND CONTENTS COVERAGE**

|  |
| --- |
| WHAT TYPE OF PROPERTY DO YOU NEED COVERAGE FOR?  |
| WHAT IS THE VALUE OF THE PROPERTY? $ |
| LIST ANY ITEMS WITH VALUES OVER $5,000: |
|  |
| ADDRESS WHERE THE PROPERTY IS STORED? |

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct. World Events Insurance receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; selling of policy. The insurance company compensates World Events Insurance based on a predetermined calculation of ten percent of the total premium.

I understand that, subject to applicable laws, World Events Insurance will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

**Applicant signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_