

**This brochure is valid for effective dates from
4/1/08 through 3/31/09**



Shoff Darby Companies • 6527 Main Street • Trumbull, CT 06611 • 1-800-840-7762
Fax 1-203-268-0687 • www.shoffdarby.com

Program Description

This program has been specifically designed to provide commercial general liability insurance coverage for professional event planners. Inland marine coverage is also available as an option to provide protection for direct loss or damage to the event planner's office supplies, equipment, furnishings, improvements and betterments, sign and non-structural glass. This coverage does not provide event liability coverage**.

Eligible Operations

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

Ineligible Operations

- Event production companies
- Rental companies
- Concert promoters
- Talent agencies

Liability Coverage and Limits

Commercial general liability coverage protects the insured against covered liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury. No deductible applies to liability claims. Coverage is limited to the provision of professional event planning services.

<u>Coverage</u>	<u>Option 1 Limits</u>	<u>Option 2 Limits</u>
General Aggregate (Other than Products-completed Operations)	\$ 2,000,000	\$ 2,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Each Occurrence	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000

**For more information regarding event liability coverage, please call our Special Events Program at 1-800-840-7762 or visit our website at www.shoffdarby.com

Notable Exclusions

- Abuse or molestation
- Amusement devices - including but not limited to any mechanical or non-mechanical rides, slides, pony rides or inflatables
- Asbestos
- Employment-related practices
- Designated operations—those listed as ineligible
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy

Carrier

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

Premium Information

Premium is based on the total annual revenue. 20% of the premium is fully earned at inception and is not refundable in the event of cancellation.

<u>Liability Limit</u>	<u>Rate (per \$1,000 of annual revenue)</u>	<u>Minimum Premium (per insured entity)</u>
\$1,000,000	\$5.00	\$500
\$2,000,000	\$7.50	\$750

Optional Coverage - Inland Marine

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvement and betterments, signs and non-structural glass. Coverage is subject to a \$1,000 per loss deductible. You must insure the full replacement cost of all of your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass to avoid a co-insurance penalty at the time of loss. If your total insured value exceeds \$100,000 you will be subject to a higher deductible and an inventory list may be required - contact our office at 1-800-840-7762 for more information. **The minimum premium for this coverage is \$100. This coverage is not available in the state of New Jersey.**

When determining your total values, please be sure to include all of the following:

Supplies and Inventory: office supplies

Equipment and Contents: event equipment, electronics, phone systems, furniture, office contents, etc.

Improvements and Betterments: things that have been permanently installed or altered at your expense that become part of a structure that you do not own such as flooring, ceiling tile, window treatments, lighting, built-in storage or shelving, painting of walls, etc. Receipt of purchases is required at time of loss to show verification of value.

Premium is based on total replacement cost value of all insured items. The premium is based upon the total value multiplied by the rate of .025.

Note: All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.

How to Obtain Coverage

1. Complete and sign the enrollment form provided with the brochure.
2. Remit the completed and signed enrollment form and corresponding premium payment to:

Regular Mail: Shoff Darby Companies
Event Planner Program
6527 Main Street
Trumbull, CT 06611
Phone: 1-800-840-7762

If paying by credit card, fax to 1-203-268-0687.

3. You will be notified by Shoff Darby if, for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded.
4. An incomplete enrollment form will be declined and returned.
5. If your enrollment is accepted, coverage documents will be issued by Shoff Darby.
6. Coverage will become effective the day after the enrollment form and premium payment are received by Shoff Darby, or on a later date that you may specify.
7. Coverage is provided on an annual basis.
8. Please allow 10 days for processing.

Note: Any requests to amend or change coverage or the information reported on the enrollment form must be submitted in writing to Shoff Darby Companies.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual insurance coverage document for complete information regarding coverage terms, conditions and exclusions.

Shoff Darby Companies, Inc.

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EVENT PLANNER Liability Enrollment Form This enrollment form is valid for effective dates from 4/1/08 through 3/31/09

This form must be completed, signed and returned with your payment. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage through this program. K&K reserves the right to decline any request for coverage. Coverage will expire one year from the effective date.

Insured Information

Named insured (as it should appear on policy): _____

Mailing address: _____

City: _____ State: _____ Zip : _____

Contact name: _____

Phone: (____) _____ Fax: (____) _____ Cell phone: (____) _____

E-mail address: _____ Web site: _____

Form of business: Individual Partnership/joint venture Limited liability company Trust
 Corporation Other: _____

Number of years you have been in business: _____

Desired effective date: Start my coverage on the day after my enrollment form and payment are received

Start my coverage on this date: ____/____/____

Start my coverage upon my expiration date of: ____/____/____

Note: Coverage will not be made effective until the day after the completed enrollment form and payment are received by Shoff Darby or on a later date that you may specify.

Answer the following questions:

1. Describe your event planning business and the types of events you organize: _____

2. Do you execute a contract with all of your clients? No Yes If yes, you **must** provide a copy of the contract.

3. Are subcontractors used? No Yes, If yes, you **must** provide copy of agreement between the two parties.

a. Do you require that you are listed as an additional insured under their policy? No Yes

b. Do you obtain a copy of the certificate for your records? No Yes

4. Are your business operations: Home-based Rented Office Owned Office

Location of office: _____

City: _____ State: _____ Zip : _____

5. Do you have employees? No Yes, How many? _____

6. Do you sponsor or promote any event? No Yes

If yes, explain: _____

7. Are you involved in any other operations or businesses? No Yes

If yes, explain: _____

Premium Calculation

General Liability Coverage

Total annual revenue\$ _____

Multiplied by rate (\$0.005 for \$1,000,000 limit or by \$0.0075 for \$2,000,000 limit)\$ _____

General Liability Premium = \$ _____ (a)

Note: A minimum premium of \$500 applies for the \$1,000,000 limit, and a minimum premium of \$750 applies for the \$2,000,000 limit.

Inland Marine Coverage (optional)

- Not available in New Jersey
- Subject to a \$1,000 per loss deductible. If the total insured value is greater that \$100,000, a higher deductible will apply.
- If total insured value exceeds \$25,000 and you have any single item(s) valued at \$5,000 or more, please complete the inventory list below. Coverage cannot be bound without an inventory list if values exceed \$25,000.
- Subject to a \$100 minimum premium.

Premium Calculation for Inland Marine Coverage (select one):

Total replacement cost value is \$4,000 or less

Enter \$100 minimum premium on line b.

Replacement cost value is over \$4,000

Replacement cost value amount _____ x .025 = \$ _____ (b)

Inland Marine Equipment Inventory

- Complete only if inland marine coverage exceeds \$25,000
- Please list only items that are valued in excess of \$5,000

<u>Item</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If no item exceeds \$5,000, please check box.

If this section is **NOT** completed we will assume you do not have any items valued in excess of \$5,000.

Premium Summary

Total amount due (add lines a + b)\$ _____ (c)

Florida applicants must add 1% to total premium. (1% x line c) = FL assessment fee \$ _____ (d)

Total amount due for Florida applicants (add lines c and d)\$ _____

- Notes:**
1. All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund Assessment fee to the total premium.
 2. Premium is 20% fully earned at inception and nonrefundable in the event of cancellation.
 3. Premium and enrollment form must be received in our office 10 days prior to the requested effective dates.

Certificate Requests:

Please note that you will receive a certificate showing evidence that coverage has been bound. Use this section to request an additional certificate.

Check the type of certificate that you are requesting: Additional insured Evidence of coverage Loss payee

Certificate holder:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of office premises
 Other (please identify/explain): _____

Special certificate language needed (please explain or attach information): _____

If we need to fax or e-mail this certificate, please indicate.

Fax: (____) _____ Attn (name): _____

E-mail: _____

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

Note: Requests can not be processed without completing all of the information above. Please remember to verify your requests as specified in any contracts you have signed prior to submitting your enrollment form for approval. All certificate requests must be submitted in writing.

- New or renewal (Check one):
- I am renewing my coverage with Shoff Darby
 - I am a former and returning insured with Shoff Darby
 - I am a new account for Shoff Darby

For New Accounts Only (Do not complete if you are renewing with Shoff Darby)

1. What is the name of your current insurance carrier(s) and the expiration date(s) of the coverage(s)? _____
2. Is your current carrier non-renewing your coverage? No Yes
If yes, attach an explanation and include loss run information.
3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three years, including the amount paid. (If you have loss information from the insurance companies, please enclose a copy.)

PLEASE READ AND SIGN

WARRANTY STATEMENT

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.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. 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: _____ Printed name: _____

Title: _____ Date: _____

Premium Payment Information

You may choose from the following payment plan options. Check the box for the plan that you are choosing.

100% PLAN

Coverage can be bound upon receipt of the following:

- Completed & signed enrollment form.
- 100% premium payment.

Make check payable to Shoff Darby or complete the credit/debit card information.

30/70 PLAN

Coverage can be bound upon receipt of the following:

- Completed & signed enrollment form.
- 30% of your total premium (30% of line c.) plus the Florida assessment fee if applicable.

Make check for down payment payable to Shoff Darby or complete the credit/debit card information. Your credit card will be charged for the remaining balance 30 days after your effective date.

25 + 3 PLAN

Coverage can be bound upon receipt of the following:

- Completed & signed enrollment form.
- 25% of your total premium (25% of line c.) plus the Florida assessment fee if applicable.

Make check for down payment payable to Shoff Darby or complete the credit/debit card information. The balance of the premium will be charged in (3) consecutive equal monthly installments to your credit/debit card.

Note: Any premium bearing endorsements to the policy will be invoiced separately and are payable in full.

Making your Payment

Please check payment option:

Check Please make check payable to Shoff Darby Companies. Enclosed is check # _____
In the amount of \$ _____

Credit card If you are making your payment by credit/debit card, please complete the following:
I authorize Shoff Darby Companies to charge my card as follows:

- | | | |
|--------------------------------------|---|----------|
| <input type="checkbox"/> 100% PLAN | Amount from Line c plus Florida assessment fee if applicable. | \$ _____ |
| <input type="checkbox"/> 30/70 PLAN | 30% of Line c plus Florida assessment fee if applicable. | \$ _____ |
| <input type="checkbox"/> 25 + 3 PLAN | 25% of Line c plus Florida assessment fee if applicable. | \$ _____ |

VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

Print name (as on card): _____

Cardholder signature: _____

Mailing Instructions: Please refer to page 3, "How to Obtain Coverage" number 2.

In order to avoid a delay in processing, prior to mailing please verify that:

- The eligibility criteria as outlined in the brochure have been met.
- All questions/sections of the enrollment form have been answered/completed.
- The Warranty Statement section is signed.
- The required premium payment has been provided.
- A copy of your current client contract is enclosed.