



## EVENT PLANNER Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/09 through 3/31/10

### 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.

Please note, this program does not provide liability coverage for the actual events planned, organized, coordinated or arranged by the event planner. For more information regarding our Short Term Special Event Program, please contact us at 1-864-688-0121 or visit our website at [www.cossioinsurance.com](http://www.cossioinsurance.com).

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

### INELIGIBLE OPERATIONS

The following operations are not eligible for this program.

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

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 Cossio Insurance Agency.

### ELIGIBLE 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.

#### FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at [www.cossioinsurance.com](http://www.cossioinsurance.com)

OR

Submit this enrollment form, with payment, to CIA.



E-MAIL [info@cossioinsurance.com](mailto:info@cossioinsurance.com)



FAX 1-864-688-0138



MAIL Regular:

Cossio Insurance Agency  
P.O. Box 188  
Simpsonville, SC 29687



QUESTIONS Call 1-864-688-0121

## EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- Asbestos
- Nuclear energy liability
- All operations listed as ineligible
- Employment-related practices
- Outside concessionaires and vendors working in conjunction with your business
- Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls or devices, dunk tanks)
- Fireworks
- Fungi or bacteria
- Lead

## COVERAGES AND LIMITS

Coverages	Option 1	Option 2
<b>Commercial General Liability</b>	<b>Limits</b>	<b>Limits</b>
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (Other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 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
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
<b>Rates</b> (based on annual gross receipts)	\$ .005	\$ .0075
<b>Minimum Premiums</b>	\$ 500.00	\$ 750.00

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' Nonownership Liability** (not provided while in Hawaii) – 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 (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact Cossio Insurance Agency to have your insured value amended to avoid a co-insurance penalty.

Coverage Conditions:

1. This coverage is not available in New Jersey.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your operations with K&K's Event Planner RPG Insurance Program.
3. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Event Planner RPG Insurance Program.
4. Receipt of purchase is required at the time of loss to show verification for any improvements or betterments.

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$ .03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$ .026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$ .026	\$ 2,500	\$ 100.00

## FREQUENTLY ASKED QUESTIONS

1. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound the day after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

2. When should we make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing coverage with Cossio Insurance, use the expiration date of your existing coverage. Coverage will be in effect for one year.

3. What does annual gross receipts mean?

Annual gross receipts is a measure of your overall sales that have not been adjusted for customer discounts or returns. This can be calculated by simply adding all sales invoices, not including operating expenses, cost of goods sold, payment of taxes or any other charge.

4. What is the co-insurance penalty referenced with the equipment and contents coverage?

The equipment and contents coverage available with this program contains a 100% co-insurance clause. With a 100% co-insurance clause, you are agreeing to accept a penalty if a covered loss occurs and all of your equipment and contents are not insured to their replacement cost value. For this reason, it is vital that the values of your equipment and contents be accurately reported and updated annually to reflect inflation and other increases in cost. If they are undervalued, a coinsurance penalty may be applied at the time of a loss. The penalty equals the difference between the amount of the loss and the amount actually paid by the carrier.

The simple formula used to derive at the amount to be paid by the carrier is as follows:

“Did” / “Should” x Loss Amount – Deductible = Amount Paid

“Did” = the amount of coverage you did purchase

“Should” = the replacement value of your equipment and contents that you should have insured

5. What does the term “replacement cost” value mean with regards to equipment and contents coverage?

Replacement cost means that the value of covered property will be based on the replacement cost at the time of loss without any deduction for depreciation. It is limited to the cost of repair or replacement with similar property and used for the same purpose.

6. I have been asked by a third party to add them as an “additional insured” to my policy. What does this mean?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You may add an entity as an additional insured under the certificate request section of the enrollment form. Please make sure to check the box in the certificate request area noted “additional insured”, and provide their entire name, address and relationship to you.

7. Will we receive a policy after submitting the enrollment form?

Coverage offered under this program is exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (PG). The PG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the PG. Each member will receive their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the PG master policy can be requested in writing to: Cossio Insurance Agency, PO Box 188 Simpsonville, SC 29681.



# Enrollment Form Event Planner

Valid for effective dates from 4/1/09 through 3/31/10

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. Cossio Insurance Agency reserves the right to decline any request for coverage.

**TO AVOID PROCESSING DELAYS, PLEASE:**

- 1. Complete all sections (print legibly)**
- 2. Sign where required**
- 3. Remit completed enrollment form (pages 4 - 9) with payment**

<b>GENERAL INFORMATION</b>	<input type="radio"/> I am a new account	<input type="radio"/> I am renewing my coverage
	Named insured (as it should appear on the policy): _____ (the legal name of the business or organization; typically the name that would appear on any contracts or agreements)	
	Doing business as (DBA): _____ (additional names(s) under which the named insured operates)	
	Mailing address: _____	
	City: _____ State: _____ Zip: _____	
	Contact name: _____ Phone: (_____) _____	
	Cell: (_____) _____ Fax: (_____) _____	
	E-mail: _____ Website: _____	

<b>OFFICE LOCATION</b>	List office location if different from mailing address.							
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Street Address</td> <td style="text-align: center;">City</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip</td> </tr> </table>					Street Address	City	State
Street Address	City	State	Zip					

<b>DATES</b>	Coverage will begin the day after the completed enrollment form and premium are received and approved by K&K, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

<b>BUSINESS INFORMATION</b>	1. Describe your event planning business and the types of events you organize? _____ _____ _____	
	2. Is a contract executed between you and your clients? If yes, please provide a copy of the contract that is utilized.	<input type="radio"/> Yes <input type="radio"/> No
	3. Are subcontractors used?	<input type="radio"/> Yes <input type="radio"/> No
	a. Do you require to be listed as an additional insured?	<input type="radio"/> Yes <input type="radio"/> No
	b. Do you obtain a certificate of insurance for your records?	<input type="radio"/> Yes <input type="radio"/> No
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 CONT.**

5. Do you have any employees?  Yes  No  
 If yes, how many? \_\_\_\_\_
6. Do you sponsor or promote any events?  Yes  No  
 If yes, please explain: \_\_\_\_\_
7. Are you involved in any other business operations?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**DOCUMENT  
DELIVERY**

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.

- E-mail to: \_\_\_\_\_ attn: \_\_\_\_\_  
 (selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: \_\_\_\_\_ attn: \_\_\_\_\_
- Mail to: \_\_\_\_\_ attn: \_\_\_\_\_

**AGENTS ONLY**

**TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM**

Agency name: Cossio Insurance Agency  
 Agency mailing address: PO Box 188  
 City: Simpsonville State: SC Zip: 29681  
 Agent/contact name: \_\_\_\_\_  
 Agency telephone: (864) 688-0121 Agency fax: (864) 688-0138  
 Agent/contact e-mail address: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Note: Agents do not have authority to issue binders or a certificate of insurance on behalf of this program. A 10% commission is available to licensed agents for this program. Please remit net payment.

**PROGRAM PREMIUM CALCULATION**

Premium is determined by applying the appropriate rate to the annual gross receipts of your operations. **If the total program premium is less than the minimum premium, the total premium due is the minimum premium.**

Select one option:

Options	Rates / Premium Calculation	Program Premium
<input type="radio"/> <b>Option 1</b> <b>\$1,000,000 CGL Limit</b>	$\$ .005 \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ Annual Gross Receipts  Minimum Premium = \$ 500.00	\$ _____
<input type="radio"/> <b>Option 2</b> <b>\$2,000,000 CGL Limit</b>	$\$ .0075 \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ Annual Gross Receipts  Minimum Premium = \$ 750.00	\$ _____
	<b>Broker Fee</b>	\$ 200.00

## Equipment and Contents Coverage

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

### Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

_____	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

Supplies & Inventory (office supplies, items held for sale) \$ \_\_\_\_\_

Equipments & Contents (tables, chairs, table coverings, event supplies, electronics, phone/fax system, office contents, etc.) \$ \_\_\_\_\_

Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase. \$ \_\_\_\_\_

Signs (indoor or outdoor) \$ \_\_\_\_\_

Misc. Equipment - please describe: \_\_\_\_\_ \$ \_\_\_\_\_

**Total replacement value for all location(s)** (add all lines above) \$ \_\_\_\_\_

### Step 2: List physical addresses where equipment and contents are stored

P.O. boxes cannot be accepted

Location 1: \_\_\_\_\_

Address	City	State	Zip
---------	------	-------	-----

Location 2: \_\_\_\_\_

Address	City	State	Zip
---------	------	-------	-----

### Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment and Contents Premium	
<input type="radio"/> <b>My total replacement value is between \$1 - \$10,000</b> (\$250 deductible will apply)	
$\$.03 \times \$$ _____ $= \$$ _____	$\$$ _____
Total Replacement Value	Equipment and Contents Premium (\$100 minimum premium applies)
<input type="radio"/> <b>My total replacement value is over \$10,000</b> (\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
$\$.026 \times \$$ _____ $= \$$ _____	$\$$ _____
Total Replacement Value	Equipment and Contents Premium (\$100 minimum premium applies)

**TOTAL PREMIUM SUMMARY**

Program Premium	\$
Equipment and Contents Premium	\$
<b>Total Premium Due</b>	\$
<b>Florida Applicants</b> <input type="checkbox"/> (Please check the box if you're from Florida)	
Florida applicants need to add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the amount due	
<b>Total Premium Due</b>	\$

**CERTIFICATE REQUESTS**

Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

This certificate is for our:

- Program coverage (commercial general liability)       Equipment and contents coverage

Check the type of certificate you are requesting:

- Additional insured       Evidence of coverage       Loss payee

Certificate holder information:

Entity name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to named insured:

- Owner/lessor of premises       Sponsor       Co-promoter       Mortgagee  
 Franchisor       Lessor of equipment and contents  
 Other (please identify/explain): \_\_\_\_\_

Special certificate language needed (please explain/attach): \_\_\_\_\_

If applicable:

RE:

Date(s) of event/activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hours of event/activity: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.

Type of event/activity: \_\_\_\_\_

Name of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

**FOR K&K USE ONLY**

Rec: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Status: N R      Broker: Y N      Comm: \_\_\_\_\_ %  
Exp Policy #: \_\_\_\_\_      Cert #: \_\_\_\_\_      Insured #: \_\_\_\_\_  
Option: \_\_\_\_\_      Premium: \$ \_\_\_\_\_      Pay Plan: 100 30/70 25/3      Bill: AB AD CBG  
Eff/Exp: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Delivery: M F E      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Opt: A&M IM D&O EX WC      Opt Form: 2026 2011 8016 8018 876  
Policy #: \_\_\_\_\_      Cert #: \_\_\_\_\_      Comments: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**PREMIUMS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS**

Select Payment Plan:      Check one:

100% Plan

- 100% of the total premium is due to bind coverage

30% / 70% Plan

- 30% of the total premium is due to bind coverage
- Florida Applicants must also include the entire 1% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
- The balance of the premium (70%) will be due within 30 days of the effective date

25% + 3 Plan

- 25% of the total premium is due to bind coverage
- Florida Applicants must also include the entire 1% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
- The balance of the premium will be due in (3) consecutive monthly installments

Check here if you prefer to be mailed an invoice for any future balances/installments.

If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box above.

Making your Payment:

Check: Please make check payable to Cossio Insurance Agency. Enclosed is check # \_\_\_\_\_ for \$ \_\_\_\_\_

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

Card number: \_\_\_\_\_

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

I authorize Cossio Insurance Agency to charge my payment to my credit card in the amount of \$ \_\_\_\_\_

Print name (as on card): \_\_\_\_\_

Cardholder signature : \_\_\_\_\_

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Outside concessionaires and vendors in conjunction with your business; Performers; Rodeos; Saddle animals; Snowmobile; Those operations listed as ineligible: Concert promoters, Event production companies, Rental companies, Talent agencies/companies, Travel agencies.

WARRANTY AND DISCLOSURE 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.

Cossio Insurance Agency as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates Cossio Insurance, based on a predetermined calculation of thirty-three percent of the total premium.

I understand that, subject to applicable laws, Cossio Insurance Agency 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: \_\_\_\_\_

Named insured (from page 4): \_\_\_\_\_