

PRIVATE EVENT INSURANCE PROGRAM

CUSTOMER APPLICATION

A. APPLICANT AND HONOREE INFORMATION

01. Today's Date: _____
mm/ dd / yyyy

02. Applicant Name: _____
First Name Middle Initial Last Name

03. Applicant Address: _____
Street

City State Zip Code

04. Applicant Home Phone: _____
Area Code Home Phone Number

05. Applicant Business Phone: _____
Area Code Business Phone Number

06. Applicant Fax: _____
Area Code Home or Business Fax Number

07. Applicant E-mail: _____
E-mail Address

08. Honoree 1 (or Bride) Name: _____
First Name Middle Initial Last Name

09. Honoree 1 Address: _____
Street

City State Zip Code

10. Honoree 2 (or Groom) Name: _____
First Name Middle Initial Last Name

11. Honoree 2 Address: _____
Street

City State Zip Code

B. PRIVATE EVENT INFORMATION

12. Private Event Type:

<input type="checkbox"/> Birthday Party	<input type="checkbox"/> Wedding Reception	<input type="checkbox"/> Wedding
<input type="checkbox"/> Anniversary Party	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Wedding Rehearsal
<input type="checkbox"/> Baby Shower	<input type="checkbox"/> Engagement Party	<input type="checkbox"/> Wedding Rehearsal Dinner
<input type="checkbox"/> Baptism	<input type="checkbox"/> Retirement Party	<input type="checkbox"/> Wedding Shower
<input type="checkbox"/> Bar Mitzvah	<input type="checkbox"/> Sweet Sixteen Party	
<input type="checkbox"/> Bat Mitzvah	<input type="checkbox"/> Quinceanera	

13. Rehearsal Information:

a. Only those private events specifically listed are covered by the policy. Does your private event include a Rehearsal? Yes No

b. Rehearsal Date: _____
mm/ dd / yyyy

c. Total Attendance _____
Total Attendance

d. Rehearsal Site Name: _____
Name of Rehearsal Site or Venue

e. Rehearsal Site Address: _____
 Street

 City State Zip Code

 Country (USA, England, Scotland, Spain, France, Italy etc.)

f. Is the Rehearsal Site/Venue requiring that you name them on a liability policy as an **Additional Insured**? Yes No

g. Rehearsal Site **Additional Insured** Language (if applicable):

14. Rehearsal Dinner Information:

a. Only those private events specifically listed are covered by the policy. Does your private event include a Rehearsal Dinner? Yes No

b. Rehearsal Dinner Date: ____/____/____
 mm/ dd / yyyy

c. Total Attendance _____
 Total Attendance

d. Rehearsal Dinner Site Name: _____
 Name of Rehearsal Dinner Site or Venue

e. Rehearsal Dinner Site Address: _____
 Street

 City State Zip Code

 Country (USA, England, Scotland, Spain, France, Italy etc.)

f. Is the Rehearsal Dinner Site/Venue requiring that you name them on a liability policy as an **Additional Insured**? Yes No

g. Rehearsal Dinner Site **Additional Insured** Language (if applicable):

15. Ceremony Information:

a. Only those private events specifically listed are covered by the policy. Does your private event include a Ceremony? Yes No

b. Ceremony Date: ____/____/____
 mm/ dd / yyyy

c. Total Attendance _____
 Total Attendance

d. Ceremony Site Name: _____
 Name of Ceremony Site or Venue

e. Ceremony Site Address: _____
 Street

 City State Zip Code

 Country (USA, England, Scotland, Spain, France, Italy etc.)

f. Is the Ceremony Site/Venue requiring that you name them on a liability policy as an **Additional Insured**? Yes No

g. Ceremony Site **Additional Insured** Language (if applicable):

16. Reception/Party Information:

- a. Only those private events specifically listed are covered by the policy. Does your private event include a Reception or Party? Yes No
- b. Reception/Party Date: _____
mm/ dd / yyyy
- c. Total Attendance _____
Total Attendance
- d. Reception Site Name: _____
Name of Reception Site or Venue
- e. Reception Site Address: _____
Street

City State Zip Code

Country (USA, England, Scotland, Spain, France, Italy etc.)
- f. Is the Reception Site/Venue requiring that you name them on a liability policy as an **Additional Insured**? Yes No
- g. Reception Site **Additional Insured** Language (if applicable):

17. Is any other person or entity requiring that you name them on a liability policy as an **Additional Insured**? Yes No
- a. Name of Person/Entity: _____
Name of Person or Entity requiring to be named as an Additional Insured
 - b. Address of Person/Entity: _____
Street

City State Zip Code
 - c. **Additional Insured** Language (if applicable):

C. COVERAGE SECTION SELECTION

- 18. I am only interested in Personal Liability coverage
- 19. I am interested in all of the available coverages

D. PROPERTY COVERAGE, LIMIT AND DEDUCTIBLE SELECTION

- 20. Cancellation Or Postponement Coverage (Optional)
 - a. Cancellation Coverage
\$ _____
Cancellation Coverage Limit
 - b. Change Of Heart Coverage Option
(01) Change Of Heart Limit
\$ _____
Change Of Heart Coverage Limit
 120 days out
- 21. Additional Expense Coverage Limit is set at 25% of Cancellation limit
- 22. Photographs And Video Recording Coverage (Optional)
\$ _____
Photographs And Video Recording Coverage Limit
- 23. Gifts Coverage (Optional)
\$ _____
Gifts Coverage Limit
- 24. Special Attire Coverage (Optional)

\$ _____
Special Attire Coverage Limit

25. Jewelry Coverage (Optional)
- | a. Item Description | Item Replacement Value |
|--|------------------------|
| (01) \$ _____ | \$ _____ |
| (02) \$ _____ | \$ _____ |
| (03) \$ _____ | \$ _____ |
| b. Total Scheduled Jewelry Replacement Value | \$ _____ |

26. Loss Of Deposits Coverage (Optional)
\$ _____
Loss Of Deposits Coverage Limit

27. Counseling Coverage (Optional)
\$ _____
Counseling Coverage Limit

E. PERSONAL LIABILITY COVERAGE, LIMIT AND DEDUCTIBLE SELECTION

28. Personal Liability Coverage Limit (Optional)
- a. \$ 500,000/1,000,000
 - b. \$ 1,000,000/2,000,000
 - c. \$ 2,000,000/2,000,000

29. Medical Payments Coverage Option (Optional)
a. \$ 1,000.00

F. SPECIAL NOTES

- 30. The underwriter and/or the program administrator reserve the right to accept or reject any application for insurance, any alteration or change request or any request to issue an Additional Insured certificate or endorsement.
- 31. Any pricing information is subject to change without notice.
- 32. Weather coverage is available only if the policy is purchased 14 or more days before the date of the first event.
- 33. The cost of the policy is fully earned and non-refundable if cancelled within 30 days of the date of the first event.
- 34. Coverage will not be effective and a Certificate Of Insurance will not be issued until the full and correct payment has been received by R.V. Nuccio & Associates, Inc.
- 35. Only R.V. Nuccio & Associates, Inc. has the authority to bind any coverage under the policy.
- 36. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject or fines and confinement in prison.

G. APPLICANT/BROKER ACKNOWLEDGEMENT AND SIGNATURE

37. Is the applicant, Honoree 1 or Honoree 2 aware of any circumstances or conditions which may result in a loss under this insurance? Yes No

If "Yes", please explain:

38. Do you understand and agree that the cost of the policy is fully earned and non-refundable if the policy is cancelled within 30 days of the date of the first event? Yes No

39. Please tell us how you heard about Weddingsurance®:

- | | | | |
|---|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Event Site/Venue | <input type="checkbox"/> Google Search | <input type="checkbox"/> MSN Search | <input type="checkbox"/> Yahoo Search |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Magazine | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |

SIGNATURE _____

1/5/2007
SEI033

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