

R.V. NUCCIO & ASSOCIATES INC.

SPECIALTY INSURANCE PROGRAMS AND PLACEMENTS

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. Mailing 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"/> Anniversary Party | <input type="checkbox"/> Birthday Party | <input type="checkbox"/> House Warming | <input type="checkbox"/> Wedding Rehearsal |
| <input type="checkbox"/> Baby Shower | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Retirement Party | <input type="checkbox"/> Wedding Rehearsal Dinner |
| <input type="checkbox"/> Baptism | <input type="checkbox"/> Engagement Party | <input type="checkbox"/> Sweet Sixteen Party | <input type="checkbox"/> Wedding Shower |
| <input type="checkbox"/> Bar Mitzvah | <input type="checkbox"/> Family Party | <input type="checkbox"/> Wedding | |
| <input type="checkbox"/> Bat Mitzvah | <input type="checkbox"/> Family Reunion | <input type="checkbox"/> Wedding Reception | |
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 _____
- d. Rehearsal Site Name: _____
Name of Rehearsal Site or Venue
- e. Rehearsal Site Address: _____
Street

City State Zip Code

Country (USA, England, Scotland, etc.)

1/5/2007
SEI033

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R.V. NUCCIO & ASSOCIATES, INC. 10148 RIVERSIDE DRIVE TOLUCA LAKE, CA 91602 1-800-ENGAGED

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 _____

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, 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 _____

d. Ceremony Site Name:

Name of Ceremony Site or Venue

e. Ceremony Site Address:

Street

City State Zip Code

Country (USA, England, Scotland, 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 _____

d. Reception Site Name: _____

Name of Reception Site or Venue

e. Reception Site Address: _____

Street

City State Zip Code

Country (USA, England, Scotland, 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):

18. 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):

19. 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

- 20. I am only interested in Personal Liability coverage
- 21. I am interested in all of the available coverages

D. PROPERTY COVERAGE, LIMIT AND DEDUCTIBLE SELECTION

22. 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
 180 days out

23. Additional Expense Coverage Limit is set at 25% of Cancellation limit

24. Photographs And Video Recording Coverage (Optional)
\$ _____
Photographs And Video Recording Coverage Limit

25. Gifts Coverage (Optional)
\$ _____
Gifts Coverage Limit

26. Special Attire Coverage (Optional)
\$ _____
Special Attire Coverage Limit

27. Jewelry Coverage (Optional)

a. Item Description	Item Replacement Value
(01) \$ _____	\$ _____
(02) \$ _____	\$ _____
(03) \$ _____	\$ _____
(04) \$ _____	\$ _____
(05) \$ _____	\$ _____
(06) \$ _____	\$ _____

b. Total Scheduled Jewelry Replacement Value \$ _____

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

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

30. Property Coverage Deductible Selection
\$ _____
Property Coverage Deductible

E. PERSONAL LIABILITY COVERAGE, LIMIT AND DEDUCTIBLE SELECTION

31. 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

32. Medical Payments Coverage Option (Optional)

- a. \$ 1,000.00
- b. \$ 2,500.00
- c. \$ 5,000.00

33. Personal Liability Property Damage Deductible Selection

\$ _____
Personal Liability Property Damage Deductible

F. SPECIAL NOTES

- 34. 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.
- 35. Any pricing information is subject to change without notice.
- 36. Weather coverage is available only if the policy is purchased 14 or more days before the date of the first event.
- 37. The cost of the policy is fully earned and non-refundable if cancelled within 30 days of the date of the first event.
- 38. 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.
- 38. Only R.V. Nuccio & Associates, Inc. has the authority to bind any coverage under the policy.
- 40. 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

41. Are you currently a Fireman’s Fund policy holder? Yes No

42. 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:

43. 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

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

- Event Site/Venue
- Google Search
- MSN Search
- Yahoo Search
- Friend
- Magazine
- Newspaper
- Other

45. Applicant/Broker Printed Name and Date:

I understand and agree that by entering my name below, I am effectively signing this application for insurance. Yes No

First Name Middle Initial Last Name

____/____/____
mm/ dd / yyyy