

# 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):

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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):

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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):

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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  
 365 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 to 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®:

- |   |  |                                     |                                       |
|---|--|-------------------------------------|---------------------------------------|
| <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        |

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