

# Wedding and Wedding Reception Insurance Program

## Part I Proposed Policyholder *Please print or type*

a. Full Legal Name of Proposed Policyholder \_\_\_\_\_  
(As it will appear on the policy)

b. Mailing Address \_\_\_\_\_  
Street City State Zip

c. Contact Person \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

d. Date(s) & Time(s) \_\_\_\_\_ Estimated Attendance \_\_\_\_\_  
 Name of Facility \_\_\_\_\_  
 Address of Facility \_\_\_\_\_  
Street City State Zip  
 Does the facility carry liability insurance?  Yes  No Limits \_\_\_\_\_  
 Description of Event \_\_\_\_\_

## Part II Premium Rates And Benefits (premiums are fully earned)

Please circle rate based on the state of your mailing address and length of policy term. Limit Per Occurrence: \$1,000,000.00.

States	General Aggregate	Policy Term			
		1 Day Wedding Program Rate		3 Day Package Program Rate	
		< 1,000 in attendance	1,001 - 2,000 in attendance	< 1,000 in attendance	1,001 - 2,000 in attendance
CA, FL, NY	\$ 1,000,000.00	\$335.00	\$395.00	\$395.00	\$460.00
	\$ 2,000,000.00	\$350.00	\$415.00	\$415.00	\$485.00
	\$ 3,000,000.00	\$365.00	\$435.00	\$435.00	\$510.00
	\$ 4,000,000.00	\$385.00	\$455.00	\$455.00	\$535.00
	\$ 5,000,000.00	\$405.00	\$475.00	\$475.00	\$560.00
CT, MS, NV, RI, SC	\$ 1,000,000.00	\$315.00	\$370.00	\$370.00	\$435.00
	\$ 2,000,000.00	\$330.00	\$385.00	\$385.00	\$455.00
	\$ 3,000,000.00	\$345.00	\$405.00	\$405.00	\$475.00
	\$ 4,000,000.00	\$360.00	\$425.00	\$425.00	\$495.00
	\$ 5,000,000.00	\$375.00	\$445.00	\$445.00	\$520.00
All other States	\$ 1,000,000.00	\$265.00	\$ 310.00	\$310.00	\$365.00
	\$ 2,000,000.00	\$275.00	\$325.00	\$325.00	\$380.00
	\$ 3,000,000.00	\$289.00	\$340.00	\$340.00	\$400.00
	\$ 4,000,000.00	\$305.00	\$360.00	\$360.00	\$420.00
	\$ 5,000,000.00	\$320.00	\$375.00	\$375.00	\$395.00

Part II Premium Subtotal = \$ \_\_\_\_\_

## Part III Optional Coverages (premiums are fully earned)

- Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$225.00. = \$ \_\_\_\_\_
- Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00. = \$ \_\_\_\_\_
- Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Optional \$5,000.00 Medical Expense Benefit 2% of Part II Premium Subtotal \_\_\_\_\_ x .02 = \$ \_\_\_\_\_
- Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Higher per occurrence limits of up to \$4,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Part III Premium Subtotal = \$ \_\_\_\_\_

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## Part IV Additional Insureds

Standard Additional Insureds are included at no additional cost. Please include a separate sheet if needed. **Please note:** family members, caterers, florists and other vendors for the wedding are not able to be added as additional insured.

Full Legal Name, Email Address	Full Mailing Address (including city, state, zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, O - Other (include details)

Additional Insureds requiring Primary Non-Contributory Endorsements \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

Additional Insureds requiring Waiver of Subrogation Endorsements \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

**Part IV Premium Subtotal** = \$ \_\_\_\_\_

**Broker Fee** = \$ 60.00

**TOTAL AMOUNT DUE** = \$ \_\_\_\_\_

## Part V Payment

Choose one of the following options. Please initial your choice.

Enclosed is my check for the total amount due

Please charge my:  Visa  Master card  Discover  American Express

*For Total Amounts Due less than \$1,000.00, a \$10.00 convenience fee will be added.*

*For Total Amounts Due \$1,000.00 and higher, a convenience fee equal to 2.5% of the total amount due will be added.*

Name on Card \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date (mm / yyyy) \_\_\_\_\_ Security Code: \_\_\_\_\_

## Part VI Acknowledgements and Signatures

- This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other 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 there to, commits a fraudulent insurance act, which may be a crime.
- Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that
  - this application will form part of any policy issued,
  - no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application,
  - no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and
  - only those persons eligible under the terms of an issued policy will be insured.

\_\_\_\_\_  
Signed for the Proposed Policyholder

\_\_\_\_\_  
Signed by Licensed Agent

\_\_\_\_\_  
Agency Name and License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Phone Number

\_\_\_\_\_  
Agent Email Address

\_\_\_\_\_  
Agency Mailing Address

United States Fire Insurance Company.  
 "A" rated by A.M. Best Company.  
 A member of the Crum & Forster group  
 of companies.