



# United States Liability Insurance Group

## Convention/Meeting Planners

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

A. Please describe your reservation and diary system.

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- (1) Please state the number of events you plan in twelve months. \_\_\_\_\_ #
- (2) Please enclose a copy of your planner checklist.
- (3) Please state your management/planning responsibilities. (Please be specific.)

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B. Do you sub-contract any of your services?  YES  NO

- (1) If "Yes," please describe specific services provided by others.

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- (2) If "Yes," do you have a contract?  YES  NO
- (3) Is a Certificate of Insurance required?  YES  NO

C. Please describe the types of meetings you arrange.

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- (1) Please give the number of people attending: \_\_\_\_\_ #
- (2) Please state the average length of the meetings.

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- (3) Are items offered for sale?  YES  NO
- If "Yes," please describe articles for sale.

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D. Please list the five (5) largest meeting you have planned in the last five years, the geographical area, and the name of the sponsor.

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E. Please attach:

- (1) Your client contract
- (2) Your vendor contract
- (3) Sample meeting/convention literature

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION FOR CLAIMS - INSURANCE. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE GENERAL APPLICATION MENTIONED ABOVE.

\_\_\_\_\_ Date \_\_\_\_\_ Authorized Representative