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 CA #0334819

# HOSPITALITY TENTS PRELIMINARY QUESTIONNAIRE

Named Insured: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. Are any contracts signed between you, the Insured, and the venues and/or promoters of the events?  Yes  No

*If so, please provide copies.*

2. Do you have a travel agent's E&O policy or anything similar?  Yes  No

3. To what extent do you get involved with the actual travel arrangements or transportation to and from the hotel to the event site, etc.? \_\_\_\_\_

4. What is your experience with this type of operation? \_\_\_\_\_

5. If temporary quarters are set up, (i.e. tent as a hospitality suite) who is the contractor responsible for setting up the tent? \_\_\_\_\_

Do they hold you harmless?  Yes  No

Do you obtain certificates of insurance?  Yes  No

6. Do you have responsibility for the patrons 24 hours a day during the event or only during certain times? \_\_\_\_\_

7. Do the individual patrons sign waivers or just the "client" (i.e.: sample sales contract)? \_\_\_\_\_

8. *Please provide examples of the type of clientele you will have.*

9. What types of activities are included with your hospitality packages? \_\_\_\_\_

10. Do you have a schedule of hospitality packages available?  Yes  No

*If yes, please provide.*

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature (if applicable)

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Producer's Name (print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date