

Business Owners Policy (BOP) Event Supplemental Application and Certificate of Insurance Request Form



Affinity Nonprofits

Organization Name: _____

Current Policy #: _____ Contact Person: _____

Phone #: _____ Email: _____

Full Name of Event: _____

Description of Event: _____

Are you the primary sponsor for this event: ☐ Yes ☐ No

If not, who is the main sponsor: _____

Date(s) of the Event (including move-in/move-out): _____

Address where event is being held: _____

How many people will be attending? _____ How many exhibitors will the event have? _____

Will there be a charge for admission? ☐ Yes ☐ No

If yes, how much will you be charging? _____ or Expected gross sales: \$ _____

Is the event indoors or outdoors? _____

Have you had this event in the past? ☐ Yes ☐ No

Has there been any claims or losses for this event in the past? ☐ Yes ☐ No

If yes, please provide details: _____

Will the event have security? ☐ Yes ☐ No

If yes, what is the name of the company providing security? _____

Is this armed security or unarmed security? _____

Will first aid be available? ☐ Yes ☐ No

If yes, please describe: _____

Are there any amusement rides (i.e. bounce houses, mechanical rides, etc.), fireworks, or water related activities? ☐ Yes ☐ No

If yes, please specify: _____

Will exhibitors have their own liability insurance? ☐ Yes ☐ No

If so, are they required to provide you with evidence of insurance? ☐ Yes ☐ No

Will refreshments be offered? ☐ Yes ☐ No

If yes, will refreshments be complimentary or purchased by guests?

Who will be providing them? _____

Will there be cooking on-site? ☐ Yes ☐ No

If yes, is the cooking done by a professional? ☐ Yes ☐ No

Will liquor be provided? ☐ Yes ☐ No

If yes, is this complimentary or purchased by guests? _____

If purchased by guests, what is the expected gross sales? \$ _____

If alcohol is being served by a caterer, will evidence of insurance be provided? ☐ Yes ☐ No

Will there be any athletic activities for this event? ☐ Yes ☐ No

If yes, please describe: _____

Are you interested in a Showstoppers Event Cancellation Insurance Quote? ☐ Yes ☐ No

If yes, please provide the following:

- Facility Name: _____
- Facility Full Address-City-State-Zip: _____

- Open dates of Event: From: _____ To: _____
- Event Length Total : _____
- Maximum attendees any one day: _____
- Budget for Gross Revenues: _____
- Budget for Expenses: _____
- Budget for Net Income/Loss: _____

Is evidence of insurance required to be submitted to another party? ☐ Yes ☐ No

If yes, please complete the following page regarding the certificate of insurance request.

Signature: _____ Date: _____
Insured Contact Name: _____ Title: _____

Affinity Nonprofits
a division of Affinity Insurance Services, Inc.
Email: info@affinitynonprofits.com

Person Completing this Form: _____

Email Address: _____

Insured: _____

Party (Certificate Holder) Requesting the Certificate (not you, you are the insured):

Attention To: _____

Address: _____

Fax #: _____ Phone #: _____

Email Address (required): _____

Have you entered into a sign agreement or contract with the party requesting the certificate? ☐ Yes* ☐ No

Are you required to list them as an additional insured on your policy for this event? ☐ Yes ☐ No

(Additional Charges May Apply)

*Please provide us with the insurance portion of the signed contract for review.

Without the contract, we cannot add the Additional Insured wording.

Complete and return to info@affinitynonprofits.com
Please allow at least 48 hours to process this request