

SUPPLEMENTAL APPLICATION – GRAPHIC DESIGNER

1.	Name	Name of applicant or insured:			
2.	Please describe the type of events/meetings the applicant plans:				
3.	What				
4.	Does the applicant provide any of the following services?				
	a. Design services (i.e., exhibits, stages, lighting, etc.?)		□ Yes	🗆 No	
		If "Yes," please provide details:			
	b.	If "Yes," please provide details:		□ No	
	с.			□ No	
	d.			□ No	
		If " Yes ," please provide details:			
5.	Does	the applicant have signed contracts with all the venues for the events the	y manage? 🛛 Yes	□ No	
6.	Does the applicant have authority to enter into contract on behalf of their clients?		ents? 🗌 Yes	🗆 No	
7.	Is the	client responsible for signing off on all plans prior to the event?	□ Yes	🗆 No	
SIGNATURE IN FULL: DATE:			E:		
PR	INTNAM	ME:			
		ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION N	UST BE SIGNED AND DATED		
Age	ency Na	me and Address:			
		Ibmitting Application:			
Tel	ephone	Number: Email:			

First Indemnity Insurance 87 Oxford Street Lynn MA 01901 202-465-4306 f-202-478-0856 www.professionalliabilityusa.com_john@professionalliabilityusa.com