



Application — Event Cancellation Insurance

Please Print or Type

1. INSURED: Association or Organization holding the Event
Name, Address, City, State, Zip, Telephone, Facsimile, Email, Website Address

2. EVENT TO BE INSURED:

Full Name of Event, Name of Venue/Hotel/Convention Center, Address of Venue/Hotel/Convention Center, City, State, Country, Zip Code, Date of Lease, Open Dates of Event

**If you have multiple events, please complete the supplemental event application

3. TYPE OF EVENT:

4. FINANCIAL INFORMATION

Trade Show/Exposition/Convention, Conference/Seminar, Consumer Show, Other, Budgeted Gross Revenue, Budgeted Expenses, Budgeted Net Income (Gross)

Provide the percentage of your estimated gross revenue from: Attendee's fees: Exhibitor's fees: Sponsorships: Public Gate Receipts:

**A copy of the budget is required with the application if the budgeted gross revenue or expenses exceed \$1,000,000.

- 5. Does the gross revenue represent the entire gross revenue of the event and not a portion?
6. Has this event been held before?
7. Is this event open to the public?
8. Is coverage for non-appearance of any person required for the event?
9. Is your event going to utilize teleconferencing or similar communications links...
10. Is any part of the event to be held in the open, in a tent, or in any other structure...
11. Do written contracts exist between you and the facility?
12. Have all the necessary preliminary arrangements essential to assure a satisfactory event been made?
13. Is the facility under construction or major renovation?
14. Do you have a contingency plan if your event is delayed or postponed?
15. Does your event contain an international component that would require either the export of exhibitors/attendees to a foreign location or the import of international exhibitors/attendees to a domestic location?

16. PRIOR CLAIMS & PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances, currently existing or threatened, that may possibly result in a claim under this insurance? (This could include the renewal of union contracts) If yes, provide details Yes No

NOTE: If you become aware of any such circumstances after completing this application, and before the date insurance for the event commences, you must disclose the circumstances to the insurers immediately, as this may affect this insurance.

17. Have you at any time within the last 5 years had a loss, or circumstances which could have led to a loss which would have been covered by this insurance? If yes, please provide details Yes No

PLEASE READ AND SIGN BELOW:

Signing this application and declaration does not bind either the applicant or the underwriter to provide the insurance. In the event there is any material change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn. It is agreed that this application and declaration shall be attached to and form part of any policy which may subsequently be issued.

To be signed by the Insured

The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted to the insurer are true and correct.

Name _____ Signature _____

Title _____ Date _____

All quotations are subject to the receipt and acceptable review of the application and other underwriting information by the underwriter.

PLEASE SIGN AND RETURN COMPLETED FORM TO:

ATTN: Showstoppers
Aon Association Services, a division of Affinity Insurance Services, Inc.
1120 20th Street, NW, Suite 600
Washington, DC 20036

Fax: 202-429-8584
Telephone: 800-424-8830