

**Application —
Event Cancellation Insurance**



Please Print or Type

1. INSURED: Entity holding the Event			
Name	()		
Address	Telephone	()	
	Facsimile		
City	State	Zip	Email
			Website Address

Type of business and/or purpose of entity: _____
 Number of years entity has been in existence: _____
 What is the involvement of entity in the event?
 Organizer Promoter Manager
 Artist Sponsor Other (provide full details) _____
 What is the extent of the entity's expertise in this capacity? _____

2. EVENT TO BE INSURED:

Full Name of Event _____ Type of Event _____
 Name of Venue/Hotel/Convention Center _____
 Address of Venue/Hotel/Convention Center _____
 City _____ State _____ Country _____ Zip Code _____
Date of Lease (Allowing for installation and dismantling) Open Dates of Event
 From _____ To _____ From _____ To _____
Alternate Dates (if any)
 From _____ To _____

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

3. TYPE OF EVENT:

- Consumer Show Art/Antique Show
- Sporting Event Fair or Festival
- Concert Museum Exhibition
- Other _____

4. FINANCIAL INFORMATION:

Budgeted Gross Revenue: \$ _____
 Budgeted Expenses: \$ _____
 Budgeted Net Income (Loss): \$ _____

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

WHAT PERILS ARE REQUIRED?

_____ Death _____ Venue Damage _____ Unavoidable Travel Delay _____ Earthquake
 _____ National Mourning _____ Accident & Illness _____ Inclement Weather _____ Other Perils _____

5. Does the gross revenue represent the entire gross revenue of the event and not a portion? Yes No
 If no, please explain _____
6. Has this event been held before? Yes No
7. Is this event part of a larger production, promotion, series or tour? If yes, provide details Yes No
8. Is this event open to the public? Yes No

- 9. Do written contracts exist between you and the venue/performers/speakers? Yes No
- 10. Have all the necessary preliminary arrangements essential to assure a satisfactory event been made? Yes No
- 11. Is the facility under construction or major renovation? Yes No
- 12. Do you have a contingency plan if your event is delayed or postponed? If yes, provide details Yes No
- 13. 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? Yes No
If yes, provide details
- 14. Please provide details of any key equipment being used for any event if applicable _____

- 15. What method of transportation will be used for any key equipment or items essential to the performance(s) or event(s)?

Non-Appearance Section (If you are not requesting coverage for Non-Appearance, please skip to question #31)

- 16. Is coverage for non-appearance of any person required for the event? If yes, provide details..... Yes No
- 17. Please provide the names and ages of all key individuals whose non-appearance could cause the named insured to cancel or Abandon the event.

Persons to be insured	Date of Birth	Participation/Role
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 18. Will the non-appearance of any one person trigger the cancellation of an event? Yes No
- 19. Will the non-appearance of any one person result in a request for refunds by certain attendees to the event? Yes No
- 20. What financial loss would the named insured suffer should the event be canceled or abandoned due to the non-appearance risk? Yes No
- 21. Does the named insured have a contingency plan in the event of the non-appearance of a key individual? Yes No
If yes, provide details

For the following questions if there is more than one speaker involved include information for each individual that would require the non-appearance coverage:

- 22. What experience does the speaker have at similar events? _____

- 23. Has any provision been made for understudies, substitutes or stand-bys? Yes No
- 24. Is any person to be insured suffering from any physical, mental or medical condition? If yes, provide details Yes No
- 25. Is any person to be insured undergoing any form of treatment, medical or otherwise? If yes, provide details Yes No
- 26. Is any person to be insured following any prescribed regime, medical or otherwise? If yes, provide details Yes No
- 27. Is any person to be insured aware of any matter, fact, circumstance, or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a loss under the proposed insurance? Yes No
If yes, provide details
- 28. Have any of the persons to be insured stated in question 17 any history of non-appearance? If yes, provide details .. Yes No
- 29. Where is the speaker traveling from and how far in advance do they intend to arrive prior to the event?

- 30. Are any of the speakers traveling together to the event? If yes, provide details Yes No

Teleconferencing Section (If you are not requesting coverage for Teleconferencing, please skip to question #37)

- 31. Is your event going to utilize teleconferencing or similar communications links, whether by telephone, radio or satellite? If yes, provide details Yes No
- 32. Please provide brief details on the transmission – location of event to be transmitted, times and dates of transmission, duration of the transmission _____

33. What is the potential financial loss due to the teleconferencing portion? _____
34. Would the inability to proceed with the teleconferencing cancel the entire event? If yes, provide details Yes No
35. Do you have a contingency plan if the teleconferencing did not transmit? If yes, provide details Yes No
36. What methods of signal transmittance are to be used? (i.e. land lines, ground based satellite link stations, ground based radio link) _____

Outdoor Event Section (If you are not requesting coverage for Outdoor events, please skip to question # 44)

37. Is any part of the event to be held in the open, in a tent, or in any other structure of a temporary non-permanent nature? If yes, provide details Yes No
38. Are you looking to cover the outdoor portion of an event? If yes, provide details..... Yes No
39. Please advise what type of inclement weather could cancel this event _____
40. Is any venue listed in question 2 exposed to strong wind, flood or waterlogging? If yes, provide details Yes No
41. If a stage will be used, please confirm that it will be covered on three sides and the top and all electrical equipment will be under cover Yes No
42. Is there a back-up power source? Yes No
43. Do you have a contingency plan if inclement weather prevents the outdoor portion to be held? If yes, provide details.. Yes No

PRIOR CLAIMS & PRE-EXISTING POTENTIAL LOSS

44. 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.
45. 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 application 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 _____

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