



Spectrum Weather and Specialty Insurance, Inc.

PO BOX 484 Liberty, MO 64069 Telephone: (816) 810-2346 Facsimile: (816) 301-6221 www.spectrumweatherinsurance.com

In CA, dba Spectrum Weather Insurance Agency, Lic. No. 0H45127

EVENT CANCELLATION/NON-APPEARANCE APPLICATION
Must be completed in its entirety or coverage may not be offered

INSTRUCTIONS

- 1. Please complete each question, providing as much detail as possible.
2. For Question #21, please complete using the figure that represents 100% of these values.
3. Please sign the application.

1. Name of Person or Organization applying for Insurance:

Street address:
City: State: Zip Code:
Contact Person:
Telephone:
Email:

2. What is the usual business of the Applicant(s) and how long engaged therein?

3. Name and type of Event:

4. Has this/have these performance(s) or event(s) been held before? yes no
If so, how often?

5. What is/are the involvement(s) of the Applicant(s) in performance(s) or event(s) and what is/are the experience(s) of the Applicant(s) in this capacity?

6. Is/are the performances(s) or event(s) part of a larger production, promotion, series or tour? yes no
If yes, please state which:

7. If the proposed event is a tour, what will be the method of transport used by:
Insured person(s)?
Equipment?

8. Event Date(s)/Time(s): From: To:
From: To:
From: To:
From: To:
From: To:

If the event is longer than five days please submit additional dates and times on a separate sheet. Please attach a schedule of the events planned for the Event.

9. What allowance in the itinerary has been made for:
Travel delay? _____
Set up time? _____
'Stand-by' dates? _____

10. Is the event held:
Indoor? Yes _____ No _____
Outdoor? Yes _____ No _____
Under Canvas? Yes _____ No _____
Other? Yes _____ No _____
If other, please specify: _____

11. Name of venue where the event will be held: _____
Street address of venue: _____
City: _____ State: _____ Zip Code: _____

Please attach a copy of the contract with the venue.

12. Will the event venue require construction work? yes _____ no _____
If yes, please provide details: _____

13. Will adverse weather conditions preclude the fulfillment of the event? yes _____ no _____
If yes, please detail the weather conditions which would cause the event to be canceled or postponed:

13a. Will the stage be covered on top and on three sides? yes _____ no _____
If no, please describe the staging set-up, providing pictures if possible _____

13b. Will tickets be sold in advance? yes _____ no _____
13c. What are the contingency plans in the case of inclement weather? _____

14. Would the non-appearance of any individual, group, act, team, etc. preclude the fulfillment of the event? yes _____ no _____
If yes, please provide details: _____

QUESTIONS 15 - 18 ARE FOR NON-APPEARANCE COVERAGE ONLY

15. Details of (all) person(s) to be insured. Name(s), age(s) and participation, (only for non-appearance coverage): _____

16. Has any person to be insured any history of non-appearance, (only for non-appearance coverage)? yes _____ no _____
If yes, please provide details: _____

17. Has any provision been made for Understudies or Substitutes, (only for non-appearance coverage)? yes _____ no _____
If yes, please provide details: _____

18. Is/are the person(s) to be insured suffering from any physical, psychological or other medical conditions? Is/are the person(s) to be insured undergoing any form of medical or other treatment? Is/are the person(s) to be insured following any prescribed medical regime? (only for non-appearance coverage) yes _____ no _____
If answered yes to any of these questions, please provide full details: _____

19. Have all necessary arrangements for the successful fulfillment of the performance(s) or event(s) to be insured been made? yes _____ no _____
If no, please provide details: _____

20. Have all necessary licenses, visas, and/or permits been obtained and have all contractual arrangements been confirmed in writing? yes _____ no _____
If no, please provide details: _____

21. Please complete **both** of the following categories (see definitions listed below) and please indicate which amount, *either* A or B, is to be insured:

DEFINITIONS OF CATEGORIES

- A. GROSS REVENUE: All monies paid or payable to the Applicant from every source arising out of the Event.
- B. EXPENSES: The total of all costs and charges incurred by the Applicant for, and in connection with, the planning, preparation, and staging of the Event.

A. Gross Revenue from Event \$_____

B. Expenses from Event \$ _____

Amount Insured = \$ _____
(either A or B above)

Please attach justification of the Sum Insured, explaining how the dollar amount provided was calculated. Attach a detailed budget for the Event. If the event is a multi-day event, please attached the daily budget.

22. Do these sums represent the full extent of your financial responsibilities? yes ___ no ___
If no, please provide details: _____

23. If the performance(s) or event(s) has/have been held before under the present management or any other, has there ever been a loss? yes _____ no _____
If yes, please provide full details: _____

24. Has the Applicant sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force? yes _____ no _____
If yes, please provide full details: _____

25. Has the Applicant had similar insurance, (as applied for herein), declined, canceled or renewal refused? yes _____ no _____
If yes, please provide details: _____

26. Are there any other material facts or items of information with regard to the proposed performance(s) or event(s) which should be disclosed? (A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters)? yes ___ no ___
If yes, please provide full details: _____

27. Can the event withstand rain falling at a light to moderate pace, being generally accepted as less than a 0.30 inch hourly rate and resulting in small puddles forming as well as wind speeds of up to 30 miles per hour which would mean the event can proceed with moderate to large branches in motion but there is not yet extra effort needed in walking nor are whole trees in motion? Yes ___ No ___

Should your event be more sensitive to weather than this or other weather perils please provide additional information: _____

- 27a. Can the event be delayed or postponed if required? _____
- 27b. Is the event site located on firm or soft standing surfaces? _____
- 27c. Has the event been held at the same time of year and location before? _____
- 27d. Are the event car parks located on firm or soft standing surfaces? If soft, are there any contingency plans in place to relocate them in the event of bad weather rendering them unusable? _____

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts.

I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance.

I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

Applicant recognizes and accepts Spectrum Weather and Specialty Insurance, Inc. as the sole broker or agent of record with regards to their event cancellation insurance needs.

PRINT NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

PHONE: _____