



**Spectrum Weather and Specialty Insurance, Inc.**

PO BOX 484 Liberty, MO 64069 Telephone: (816) 810-2346 Facsimile: (816) 301-6221 [www.spectrumweatherinsurance.com](http://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 #25, please complete using the figure that represents 100% of these values.
3. Please sign and date 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 of Event: \_\_\_\_\_  
Brief description of event: \_\_\_\_\_

4. Has this/have these performance(s) or event(s) been held before?  
If yes, how many times? \_\_\_\_\_  
At this location? \_\_\_\_\_ At this time of year? \_\_\_\_\_

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?  
If yes, please state which: \_\_\_\_\_

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

8.	Event Date	Event Time (HH:MM am/pm)	Event Date	Event Time
	From: _____	To: _____	From: _____	To: _____
	From: _____	To: _____	From: _____	To: _____
	From: _____	To: _____	From: _____	To: _____

**If you need to submit additional dates and times please provide on a separate sheet.  
Please attach a schedule of all activities 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? \_\_\_\_\_ Outdoor? \_\_\_\_\_ If outdoors, please complete the Outdoor Event  
Cancellation questions OD1 – OD14 at the bottom of this application.  
Under tents or canvas?  
If Yes, please detail the type of weather (rain, wind) that the tents/canvas can withstand: \_\_\_\_\_  
\_\_\_\_\_

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

**Please provide a copy of the contract with the venue.**

11a. Why is this location/venue being chosen? \_\_\_\_\_  
\_\_\_\_\_

12. Will the event venue require construction work?  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

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

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

15. Would the non-appearance of any individual, group, act, team, etc. preclude the fulfillment of the event?  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS 16 - 24 ARE FOR OPTIONAL NON-APPEARANCE COVERAGE ONLY**

16. Details of (all) person(s) to be insured. Name(s), Date of Birth and participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Has any person to be insured any history of non-appearance?  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_
18. Has any provision been made for Understudies or Substitutes?  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_
19. 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?  
If answered yes to any of these questions, please provide full details: \_\_\_\_\_  
\_\_\_\_\_
20. Does the Key Individual(s) have any prior commitments which may affect their ability to attend the event?
21. Where is the Insured Person(s) traveling from, in order to attend this event, and how are they traveling? \_\_\_\_\_  
\_\_\_\_\_
22. How far in advance of the event is the Insured Person(s) due to arrive? \_\_\_\_\_
23. Is a replacement available if the Key Individual(s) is unable to attend the event?
24. Is the Insured Person(s) contracted to appear?

25. 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. If this is a first time event, only pre-contracted gross revenue is covered.
- 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 \$ \_\_\_\_\_  
 (If this is a first year event, list only pre-contracted Gross Revenue.)

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 attach the daily budget. Failure to disclose or account for 100% of budget items could lead to an underinsurance penalty applied to any claim.**

26. Do these sums represent the full extent of your financial responsibilities?  
 If no, please provide details: \_\_\_\_\_

27. Will tickets be sold in advance?  
 Proportion of tickets expected to be sold/revenue generated in advance of the event: \_\_\_\_\_

28. If the performance(s) or event(s) has/have been held before under the present management or any other, has there ever been a financial loss, whether insured or not?  
 If yes, please complete the following table for the past five years:

Year	Carrier, If Insured	Incurred Loss Amount	Cause of Loss

29. Has the Applicant had similar insurance, (as applied for herein), declined, canceled or renewal refused?  
 If yes, please provide details: \_\_\_\_\_

30. 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)?  
 If yes, please provide full details: \_\_\_\_\_

## OUTDOOR EVENT QUESTIONNAIRE

- OD1. Will adverse weather conditions preclude the fulfillment of the event?  
If yes, please detail the weather conditions which would cause the event to be canceled, abandoned or disrupted, or cause additional costs to be incurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- OD2. What are the contingency plans in the case of adverse weather and/or ground conditions?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- OD3. Can the event be delayed or postponed if required?
- OD4. 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?  
  
Should your event be more sensitive to weather than this or other weather perils please provide additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- OD4a. Will there be performances which will require a stage?  
If yes, please provide details on how the stage and all electronics will be covered/protected from adverse weather, providing pictures if possible:  
\_\_\_\_\_  
\_\_\_\_\_
- OD4b. Will the stage be covered on top and on three sides?  
If no, please describe the staging set-up, providing pictures if possible: \_\_\_\_\_  
\_\_\_\_\_
- OD5. Is the event site located on firm or soft standing surfaces?  
Are the event car parks located on firm or soft standing surfaces?  
Are there any hard standing access roads within the Event site?  
Do the entrance(s) and exit(s) have hard standing surfaces?  
Are there separate entrances and exits for Event set up traffic and visitor traffic?
- OD6. Is the Event site near any watercourse, lake or river?  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_
- OD7. Is the Event site significantly exposed to wind or rain?  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

- OD8. Has the event ever been affected by adverse weather and/or ground conditions?  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_
- OD8a. Please provide detail of any measures that have been taken to prevent the situation reoccurring? \_\_\_\_\_  
\_\_\_\_\_
- OD9. Have any drainage or ground improvements been made to the event site (including car parks or camping grounds) in the last 10 years?  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_
- OD10. Are camping grounds required/provided for the event?  
If yes, what contingency plans are in place in the event of adverse weather and/or ground conditions?  
\_\_\_\_\_
- OD11. Has any part of the event site (including car parks or camping grounds) been flooded or waterlogged during the last five (5) years?  
If yes, please give details: \_\_\_\_\_
- OD12. Are there any other events scheduled to take place on the event site in the 14 days leading up to the event?  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_
- OD13. Please provide any additional information that may be necessary or beneficial to evaluating the risk of this event. \_\_\_\_\_  
\_\_\_\_\_
- OD14. Please attach a copy of the severe weather action plan.



**Spectrum Weather and Specialty Insurance, Inc.**

PO BOX 484 Liberty, MO 64069 Telephone: (816) 810-2346 Facsimile: (816) 301-6221 [www.spectrumweatherinsurance.com](http://www.spectrumweatherinsurance.com)  
In CA, dba Spectrum Weather Insurance Agency, Lic. No. 0H45127

**BROKER OF RECORD DESIGNATION**

Today's Date \_\_\_\_\_  
Named Insured \_\_\_\_\_  
Address \_\_\_\_\_  
City, St Zip code \_\_\_\_\_

To Whom It May Concern,

Please recognize and accept ***Spectrum Weather and Specialty Insurance, Inc.*** as the sole Broker or Agent of Record to represent us in regard to our Event Cancellation and Weather Insurance coverage.

This authorization supersedes all previous authorizations and remains in force until written revocation by the undersigned is received.

Sincerely,

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**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:** \_\_\_\_\_