

**EVENT CANCELLATION APPLICATION – CONFERENCES / TRADESHOWS / CONVENTIONS**

1 Name & address of organization applying for insurance  
 \_\_\_\_\_  
 \_\_\_\_\_

2 Name of event \_\_\_\_\_

3 Type of event (check all that apply)  
 Convention/Meeting                      Tradeshow/Exposition                      Consumer Show                      Other

4 How many years has this event been held under present management? \_\_\_\_\_ Years

5 Dates of the event: Start \_\_\_\_\_ End \_\_\_\_\_

6 Name & location of venue event will be held  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

7 List budgeted Gross Revenue from the event.                      \$ \_\_\_\_\_  
 List budgeted Expenses from the event.                      \$ \_\_\_\_\_

What percentage of your Gross Revenue comes from: Exhibitor Fees \_\_\_\_\_ Gate Receipts \_\_\_\_\_  
**PLEASE ATTACH A DETAILED BUDGET OF EXPENSES AND GROSS REVENUES**  
 Maximum Daily Attendance: \_\_\_\_\_ Total Attendance: \_\_\_\_\_

**FOR QUESTIONS 8 – 18 PLEASE CHECK YES OR NO**

8	Is the event open to the public? _____	YES	NO
9	Does this event include a golf tournament? _____	YES	NO
10	Will the event be held outdoors and/or under canvas? _____	YES	NO
11	Will adverse weather preclude the fulfillment of any of the events? _____	YES	NO
12	Will the venue require construction work? _____	YES	NO
13	Will all necessary arrangements for the successful fulfillment of the event been made a Minimum of fourteen (14) days prior to the Insured Event(s)? _____	YES	NO
14	Will all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing a minimum of fourteen (14) days in advance of the Insured Event(s) ?	YES	NO
15	Do the sums represented in question No.(7) represent the full extent of your financial responsibilities?	YES	NO
16	Have any of the events to be insured ever sustained an insured loss? _____	YES	NO
17	Would the non-appearance of any individual(s) preclude the successful fulfillment of the event? If YES, Provide Names and ages: _____	YES	NO
18	Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance? _____	YES	NO

**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.

**PRINT NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_  
**SIGN NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_