

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?

 Years5 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 0% Gate Receipts 0%**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? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 9 | Does this event include a golf tournament? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 10 | Will the event be held outdoors and/or under canvas? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 11 | Will adverse weather preclude the fulfillment of any of the events? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 12 | Will the venue require construction work? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 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)? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 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) ? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 15 | Do the sums represented in question No.(7) represent the full extent of your financial responsibilities? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 16 | Have any of the events to be insured ever sustained an insured loss? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 17 | Would the non-appearance of any individual(s) preclude the successful fulfillment of the event?
If YES, Provide Names and ages: <hr/> | YES <input type="radio"/> NO <input type="radio"/> |
| 18 | Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a
claim under this insurance? <hr/> | YES <input type="radio"/> NO <input type="radio"/> |

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
