



Spectrum Weather and Specialty Insurance, Inc.

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

Event Cancellation Application Conferences / Tradeshows / Conventions

1. Name of Organization applying for insurance	
Address (Cannot use a P.O. Box)	
City, State, Zip	
Website	
2. Name of event	
3. Type of event (check all that apply)	
<input type="checkbox"/> Convention/meeting <input type="checkbox"/> Tradeshows/exposition <input type="checkbox"/> Consumer show <input type="checkbox"/> Other	
4. How many years has this event been held under present management?	_____ years
5. Dates of the event	Start _____ End _____
6. Name of venue where event will be held	
Street Address of Venue	
City/State/Zip	
7. Would you like a quote for Gross Revenue or Expenses? (check one)	
Gross Revenue <input type="checkbox"/> Expenses <input type="checkbox"/>	
List budgeted Gross Revenue from the event \$ _____	
List budgeted Expenses from the event \$ _____	
Are there any additional Financial Commitments (i.e. room blocks, food & beverage) not included in the expenses listed above that you would like to insure? <input type="radio"/> No <input type="radio"/> Yes If Yes, \$ _____	
PLEASE ATTACH A DETAILED BUDGET OF EXPENSES AND GROSS REVENUES.	

FOR QUESTIONS 8 – 18 PLEASE CHECK YES OR NO

8. Is the event open to the public?	<input type="radio"/> Yes <input type="radio"/> No
9. Does the event include any teleconferencing or golf tournament?	<input type="radio"/> Yes <input type="radio"/> No
10. Will the event be held outdoors and/or under a canvas? - If Yes, please advise what activities will take place outdoors and if they can be moved indoors without a financial loss.	<input type="radio"/> Yes <input type="radio"/> No
11. Will adverse weather preclude the fulfillment of event?	<input type="radio"/> Yes <input type="radio"/> No
12. Will the event require construction work?	<input type="radio"/> Yes <input type="radio"/> No

13. Will all necessary arrangements for the successful fulfillment of the event be made at least 15 days prior to the event start date?	<input type="radio"/> Yes <input type="radio"/> No
14. Do the sums represented in Question No. 7 represent the full extent of your financial responsibilities? - If No, please provide details:	<input type="radio"/> Yes <input type="radio"/> No
15. Has the event or event producer ever sustained an insured loss? - If Yes, please provide all details, including dates, amounts, and circumstances:	<input type="radio"/> Yes <input type="radio"/> No
16. Would the non-appearance of any individual preclude the successful fulfillment of the event? - If Yes, please provide names and ages of any individuals:	<input type="radio"/> Yes <input type="radio"/> No
17. Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance? (does not include potential adverse weather) - If Yes, please provide details:	<input type="radio"/> Yes <input type="radio"/> No

DECLARATION	
<p>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.</p> <p>I understand that non-disclosures or misrepresentation of a material fact will entitle the Company to void the Insurance.</p> <p>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.</p>	
Print Name	Title
Sign Name	Date