



Spectrum Weather and Specialty Insurance, Inc.

PO BOX 1193 Kearney, MO 64060 Telephone: (816) 810-2346 Facsimile: (816) 301-6221
www.spectrumweatherinsurance.com In CA, dba Spectrum Weather Insurance Agency, Lic. No. 0H45127

EVENT CANCELLATION INSURANCE APPLICATION

INSTRUCTIONS

1. Please complete each question, providing as much detail as possible.
2. Complete the Outdoor Section if any portion of the event is outside.
3. Complete the Non-Appearance section if the death, accident, illness, or travel delay of a key person or persons cause the necessary cancellation or abandonment of this event.
4. Please sign and date the application.

APPLICANT/NAMED INSURED

Name of Person or Organization applying for Insurance:

Mailing Street Address:

City:

State:

Zip Code:

Contact Person:

Telephone:

Email:

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

2. Has the Applicant had similar insurance, (as applied for herein), declined, canceled or renewal refused? Yes

If yes, please provide details:

No

3. 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?

EVENT

Name of Event:

Description of Event:

Event Date	Event Time (HH:MM am/pm)	Event Date	Event Time (HH:MM am/pm)
	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.

4. Has this/have these performance(s) or event(s) been held before? Yes No

If yes, how many times?

At this location? Yes No At this time of year? Yes No

5. Is/are the performances(s) or event(s) part of a larger production, promotion, series or tour? Yes No

If yes, please state which:

6. If the proposed event is a tour, what will be the method of transport used by the artist(s) and equipment?

7. What allowance in the itinerary has been made for the following:

Travel delay?

Set up time?

Stand-by dates?

8. 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:

VENUE

Name of venue where event will be held:

Street Address:

City:

State:

Zip Code:

Please provide a copy of the contract with the venue.

9. Why is this location/venue being chosen?

10. Will the location/venue require construction work? Yes No

If yes, please provide details:

11. Can the event be relocated to another venue if necessary? Yes No

12. Are there any curfews or other ordinances that could prohibit the successful fulfillment of the event? Yes No
If yes, please explain:

13. What is the proximity of the event to commercial and residential premises, and if applicable, provide details of how the noise and sound levels will be managed to prohibit local authority shutdowns?

14. Are camping grounds required and provided for the event? Yes No

If yes, what contingency plans are in place in the event of adverse weather and/or ground conditions?

15. Is the event held indoor, outdoor, or both? Indoor Outdoor Both

If both, what percentage of the insured limit is attributable to the indoor and outdoor portions of the event? %

If any portion of the event will be held outdoors, complete the Outdoor Event Questions at the bottom of this application.

FINANCIAL INFORMATION

16. Please complete both of the following categories (see definitions listed below).
Do you wish to insure Gross Revenue or Expenses?
(choose one) Gross Revenue Expenses

A. Gross Revenue from event \$

B. Expenses from event \$

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.

Please attach justification of the Sum Amount 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 a daily budget. Failure to disclose or account for 100% of the budget items could lead to an underinsurance penalty applied to any claim.

17. Do these sums represent the full extent of your financial responsibilities? Yes No

If no, please provide details:

18. Will tickets be sold in advance? Yes No

19. What is the proportion of tickets expected to be sold/revenue generated in advance of the event? _____ %

Please attach your ticket refund policy or provide details on ticketing and refund obligations.

20. Are tickets sold on a per day basis? Yes No

Please provide ticket refund policy details:

21. Are full or partial refunds given depending if the day/night is cancelled? Yes No

Please provide details:

22. 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? Yes No

If yes, please complete the following table for any previous losses:

Year	Carrier (If Insured)	Event Type	Amount	Cause of Loss
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23. Will there be performances which will require a stage? Yes No

If Yes, please detail how the stage and all electronics will be covered/protected from adverse weather, including the wind speed the stage is rated to withstand and/or stage make and model:

24. 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:

25. Will the stage be placed on an asphalt or concrete surface? Yes No

If no, please describe surface:

26. Will all electronics be protected from weather? Yes No

If no, please explain:

27. Is parking onsite or offsite? Onsite Offsite

If offsite, please describe arrangements or service?

28. Are the event car parks located on firm or soft standing surfaces? Firm Soft

Please describe what are the contingency plans should the parking surface become unusable, including any additional costs. Describe the parking surface (i.e.; asphalt, concrete, dirt, clay, grass etc.):

29. If parking becomes unusable, would this cause a loss under this policy? Yes No

If yes, please explain:

30. Are there any hard standing access roads within the Event site? Yes No

31. Do the entrance(s) and exit(s) have hard standing surfaces? Yes No

32. Are there separate entrances and exits for Event set up traffic and visitor traffic? Yes No

33. Has any part of the event site (including car parks or camping grounds) been flooded or waterlogged during in the past? Yes No

If yes, please give details:

34. Have any drainage or ground improvements been made to the event site (including car parks or camping grounds) in the last 10 years? Yes No

If yes, please give details:

35. 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:

Please attach a copy of the following:

1. Severe Weather Action Plan
2. Event Management Plan
3. Ticket Refund Policy
4. Site Plan, showing location of stage and other significant structures and the location of firm or soft grounds.
5. Schedule of all activities planned for this event.

Please provide any additional information that may be necessary or beneficial to evaluating the risk of this event.

OUTDOOR EVENT QUESTIONNAIRE – Complete if any portion of the event is outdoor

OD1. 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, abandoned or disrupted, or cause additional costs to be incurred:

OD2. 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:

OD3. Can the event withstand wind speeds of up to 40 mph? Yes No

OD4. At what distance would the occurrence of lightning force a stoppage of the event, and how much time must pass after the occurrence of lightning before the event can resume?

OD5. What are the contingency plans are in the case of adverse weather and/or unfavorable ground conditions?

OD6. What equipment is in place to mitigate adverse weather and/or unfavorable ground conditions?

OD7. Has the event ever been affected by adverse weather and/or ground conditions? Yes No

If yes, please give details:

Please provide detail of any measures that have been taken to prevent the situation from reoccurring:

OD8. Is the event site located on firm or soft standing surfaces? Firm Soft

Please describe what are the contingency plans should the event site surface become unusable, including any additional costs. Describe the event surface (i.e.; asphalt, concrete, dirt, clay, grass etc.):

OD9. Is the Event site near any watercourse, lake or river? Yes No

If yes, please give details:

OD10. Is the Event site significantly exposed to wind or rain? Yes No

If yes, please give details:

OD11. Can the event be delayed or postponed, either on the same day or to a backup day, if required? Yes
If yes, please give details on ability to delay or postpone: No

OD12. Are attendees able to be safely evacuated in the event of adverse weather conditions, and will they be allowed re-entry once dangerous weather abates? Yes No

OD13. Are there any other events scheduled to take place on the event site in the 14 days leading up to the event?
 Yes No

If yes, please give details:

OD14. Will any portion of the event be held under tent or canvas? Yes No

If yes, what proportion? %

If yes, please detail the type of weather (wind/rain) that the tent or canvas can withstand:

If yes, please describe structure of tent or canvas:

NON-APPEARANCE QUESTIONNAIRE

If the death, accident, illness, or travel delay of a person at this event would cause the necessary cancellation or abandonment of this event, please complete this NON-APPEARANCE section.

NA1. Details of all person(s) to be insured. Name(s), Date of Birth and participation:

NA2. Are you aware if any person to be insured has any history of non-appearance? **Yes**

NA3. Has any provision been made for Understudies or Substitutes? **Yes**

NA4. Are you aware if the person(s) to be insured is/are suffering from any physical, psychological or other medical conditions? **Yes**

NA5. Are you aware if the person(s) to be insured is/are undergoing any form of medical or other treatment? **Yes**

NA6. Are you aware if the person(s) to be insured is/are following any prescribed medical regimen? **Yes**

NA7. Does the person(s) to be insured have any prior commitments which may affect their ability to attend the event?
Yes

NA8. Will the non-appearance of any person(s) to be insured result in ticket refunds? **Yes**

If yes to any of these questions, please provide full details:

NA9. Where is the person(s) to be insured traveling from, in order to attend this event, and how are they traveling?

NA10. How far in advance of the event is the person(s) to be insured due to arrive?

NA11. Is a replacement available if the person(s) to be insured is unable to attend the event? **Yes**

NA12. Is the person(s) to be insured contracted to appear? **Yes**

Attach a copy of the person(s) to be insured contract to appear.



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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:

Title:

Signature:

Date:

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: