

EVENT CANCELLATION INSURANCE APPLICATION

Please print or type. All questions must be answered. If question is not applicable, indicate n/a.

Named Insured (include all variations, including regional, chapter, or divisional designations. Do not use abbreviations.):

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____ E Mail: _____

Number of years association/organization has been established: _____

Event # _____ VenueName: _____

Address: _____ City: _____

State/Province/County: _____ Country: _____ Zip Code: _____

Date of Event: From: _____ To: _____ (coverage will end 5 Days following the termination of the Event)

Do you have a signed contract with the Venue? Yes/No? _____

Please all that apply to Event: _____ Convention/ Meeting _____ with Exhibits _____ without Exhibits _____ with Teleconferencing
_____ Symposium _____ Open to the Public _____ Trade Show / Exposition _____ Consumer Show _____ Dependent on two or less Speakers
_____ Includes Outdoor Events _____ Including Tent(s) Explain: _____

Other Type of Event _____ Number of years Event has been held _____

If association / organization employs an independent Event planning firm,

Name: _____

FINANCIAL INFORMATION: Please provide the following details with regard to Event. Gross Revenue is the total revenue from every source including exhibitor's fees, advance registrations, advertising revenue, and any income anticipated.

Budgeted Gross Revenue: \$ _____ — (minus) Budgeted Expenses \$ _____ = (equals) Budgeted Net Revenue \$ _____

Estimate the percentage of Gross Revenue from: Participants Fees _____% Gate receipts for public entrance if applicable: \$ _____

Expected # of exhibitors: _____ Expected # of attendees: _____

Have there been any significant changes in the format of the Event in the past 5 years? _____

PRE-EXISTING POTENTIAL LOSS: If "Yes" is answered for any of the following questions, provide full details on a separate attachment.

Are you aware of any circumstances, existing or threatened, that may possibly result in a claim under this insurance ?

At any time during the past 5 years has your organization had an Event that suffered a Loss ?

PLEASE READ AND SIGN BELOW

The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted to the insurer are true and correct. Signing of this application does not bind the applicant or the insurer. In the Event there is any change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

Any person who knowingly and with intent to defraud any insurance company or other person files application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime in certain jurisdictions.

Applicant Signature: _____

Producer Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____

Producer ID # _____

Complete the following for each additional Event to be insured. For additional Events, photocopy form.

Event #: _____ Venue Name: _____

Address: _____ City: _____

State/Province/County: _____ Country: _____ Zip Code: _____

Date of Event: From: _____ To: _____ (coverage will end 5 Days following the termination of the Event)

Do you have a signed contract with the Venue? _____

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Address: _____ City: _____

State/Province/County: _____ Country: _____ Zip Code: _____

Date of Event: From: _____ To: _____ (coverage will end 5 Days following the termination of the Event)

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