



## Event Cancellation Application Conferences / Tradeshows / Conventions

1. Name of Organization applying for insurance		
Address		
City, State, Zip		
Website		
2. Name of event		
3. Type of event ( <b>check all that apply</b> )	Convention/meeting _____ Tradeshow/exposition _____ Consumer show _____ Other (please specify) _____	
4. How many years has this event been held under present management?	_____ years	
5. Dates of the event	Start _____	End _____
6. Name and location of venue event will be held	Name: _____	City/State: _____
7. Would you like a quote for Gross Revenue or Expenses? ( <b>check one</b> )		
Gross Revenue _____ or Expenses _____		
List budgeted Gross Revenue from the event \$ _____		
List budgeted Expenses from the event \$ _____		
What percentage of your Gross Revenue comes from: Attendees Fees _____% Gate Receipts _____%		
<b>PLEASE ATTACH A DETAILED BUDGET OF EXPENSES AND GROSS REVENUES.</b>		

FOR QUESTIONS 8 – 18, PLEASE CHECK YES OR NO	
8. Is the event open to the public?	Yes _____ No _____
9. Does the event include any teleconferencing?	Yes _____ No _____
10. Will the event be held outdoors and/or under a canvas?	Yes _____ No _____
11. Will adverse weather preclude the fulfillment of event?	Yes _____ No _____
12. Will the event require construction work?	Yes _____ No _____
13. Have all necessary arrangements for the successful fulfillment of the event been made?	Yes _____ No _____
14. Have all necessary licenses, visas, and/or permits been obtained and have all contractual arrangements been confirmed in writing?	Yes _____ No _____
15. Do the sums represented in <b>Question No. 7</b> represent the full extent of your financial responsibilities?	Yes _____ No _____
16. Has the event to be insured ever sustained an insured loss?	Yes _____ No _____
17. Would the non-appearance of any individual preclude the successful fulfillment of the event?	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 policy.

Print Name

Title

Sign Name

Date

**Questions? 800 926-6771****SUBMIT****RESET**