



Application – Event Cancellation Insurance

1. APPLICANT: Entity holding the Event

Name: _____ Telephone: _____
 Physical Street Address (Required): _____ Fax: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Website: _____
 Type of business and/or purpose of entity: _____
 Number of years entity has been in existence: _____
 What is the involvement of the applicant in the event? Organizer Promoter Manager Artist Sponsor
 Other (provide full details) _____

2. EVENT TO BE INSURED:

Full Name of Event _____
 Name of Venue/Hotel/Convention Center _____
 Address of Venue/Hotel/Convention Center _____
 City: _____ State: _____ Country: _____ Zip: _____
 Date of Lease (Allowing for installation and dismantling) From _____ To _____
 Open Dates of Event From _____ To _____
 Alternate Dates (if any) From _____ To _____
 Will the event be: Indoors Outdoors Under temporary structures Indoors with some outdoor elements
 Are you looking to insure adverse weather for the outdoor portion of an event? Yes No

If yes, please complete the Outdoor Event supplemental application

If you have multiple events, please provide a schedule including event name, location, dates of event, financial information, and sum (limit) to be insured.

3. TYPE OF EVENT: (check one) Athletic or Sporting Event Fair or Festival Music Event
 Tradeshow/Conference/Convention Consumer Show (Art/Antique/Car/Boat/Garden)
 Other (please describe) _____

A copy of the budget is required with the application if the budgeted gross revenue or expenses exceed \$1,000,000.

4. FINANCIAL INFORMATION:

Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income (Loss): \$ _____

5. Does any party other than the applicant have an interest in the Gross Revenue noted above? Yes No
If yes, please provide details _____
6. Do you have a Ticket Refund Policy? Yes No
If yes, please provide details _____
If no, then how do you intend to handle refunds and what procedure do you have in place?

7. Does the sum to be insured (limit) represent either the entire gross revenue or the expenses of the event and not a portion? Yes No
If no, please explain _____
8. Has this event been held before? Yes No
If no, please provide details of the applicant's experience in organizing events _____
9. Is this event open to the public? Yes No
10. Have all contractual arrangements necessary for the successful fulfillment of the Event been made and confirmed in writing? Yes No
11. Have all permits, contracts, visas, licenses or the like necessary of the event to be completed successfully been obtained at the time of this application or will they be obtained in good time prior to the start of the event? Yes No

12. Is the venue under construction or major renovation? Yes No
13. What period has been allowed for venue preparation/stage set-up? Number of hours _____
14. Is coverage for non-appearance of any person required for the event? Yes No
If yes, please complete the Non-Appearance supplemental application.
15. Do you wish to purchase terrorism coverage?. Yes No
16. Are you aware of any circumstances, currently existing or threatened, that may possibly result in a claim under this insurance? Yes No
 If yes, please provide details _____
NOTE: If you become aware of any such circumstances after completing this application, and before the date insurance for the event commences, you must disclose the circumstances to the insurers immediately, as this may affect this insurance.
17. Have you at any time within the last 5 years had a loss, or circumstances which could have led to a loss which would have been covered by this insurance? Yes No
 If yes, please provide details _____
18. Do you have:
 (a) Any further material facts to disclose (material facts are those facts which might influence the acceptance or assessment of the proposal); Yes No
 OR
 (b) Any special non-standard request for coverage which you wish underwriters to consider? Yes No
 Please enter any material facts or special coverage requests below:

PLEASE READ AND SIGN BELOW:

Signing this application and declaration does not bind either the application or the underwriter to provide the insurance. In the event there is any material 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. It is agreed that this application and declaration shall be attached to and form part of any policy which may subsequently be issued.

To be signed by the Insured

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. In accepting any quotation provided by result of this proposal request, the insured warrants that all information and answers provided in this proposal are true and correct. The Insured so warrants: Yes No

Name _____ Signature _____
 Title _____ Date _____

All quotations are subject to the receipt and acceptable review of the application and other underwriting information by the underwriter.

PLEASE SIGN AND RETURN COMPLETED FORM TO:

ATTN: Showstoppers, Seth Fleischer
 Aon Association Services, a division of Affinity Insurance Services, Inc.
 1120 20th Street, NW, Suite 600
 Washington, DC 20036
 seth.fleischer@affinitynonprofits.com
 Phone: 202-429-8532 or 800-432-7465 ext. 8532
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