

**EVENT CANCELLATION APPLICATION**

Please explain all answers as requested. Include separate attachments as necessary.

1. Name of Applicant:

2. Mailing Address:

3. Website addresses:

4. Business of Applicant:

5. Applicant is: corporation joint venture partnership individual

other (describe):

6. Name(s) and title(s) of principal officers, partners or individuals:

7. Type of event to be insured:

Convention with exhibits Trade show open to public

Convention without exhibits Trade show not open to public

Sporting event Concert

Other (specify):

8. The Applicant is: Organiser Promoter Sponsor Participant

Other (give details):

9. Give name and detailed description of the event:

**-If any printed material is available about this event, attach a copy to application. If not yet available, send a copy of previous year material.**

10. Facility information/itinerary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Location | Description of structure | Date(s) of use From / To | Date of event |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

11. Will any part of the event be held in a tent or other non-permanent structure or in the open? Yes No

If yes, provide full details:

12. Is there any service/facility essential to the event (for example catering)? Yes No

Is yes, provide full details:

13. Is there any special equipment/property required for the event which if destroyed or lost in transit could cause an interruption, postponement or cancellation of the event? Yes No

If yes, explain:

14. Have lease agreements with the facility(ies) been signed? Yes No

**If yes, please attach copy(ies).**

If no, explain:

15. Is the Applicant aware of any extraordinary conditiond, either existing or imminent, which might result in the unavailability of the facility(ies) scheduled for the declared event, such as facility still under construction, or additional construction, renovations between now and the beginning of the event? Yes No

If yes, explain:

16. Describe contingent arrangements (if any) to use alternate location(s) and the additional expenses that would be incurred (if any):

17. Is the Applicant presently aware of any circumstances which could result in a claim under the insurance? Yes No

If yes, provide full details:

18. Has the Applicant operated or manages this event before? Yes No

If yes, how many times/years:

If no, has the Applicant operated or managed similar events before? Yes No

If yes, describe:

19. Has the Applicant had any previous cancellations of this or similar event whether insured or uninsured? Yes No

If yes, please describe (i.e. date(s) of loss(es), circumstances and amount(s) paid):

20. Limits of insurance requested:

21. Policy period requested: From:      To:

22. Provide the following information on the event to be insured:

Budgeted Gross Revenue: $

Budgeted Expense: $

Budgeted Net Income: $

**Please attach copy of budget.**

NOTICE

The applicant’s submission of this Application does not obligate the Company to issue, or the Applicant to purchase, a policy. The applicant will be advised if the Application for coverage is accepted. The applicant hereby authorises the Company to make any inquiry in connection with this Application.

MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application or in any attachment before the policy inception date, the applicant must immediately notify the Compagny in writing, and any outstanding quotation may be modified or withdrawn.

FALSE INFORMATION

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an 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.

DECLARATION AND SIGNATURE

For the purpose of this Application, the Applicant declares to the best of his/her knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The Applicant agrees that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon the Application, its attachments, and such other information submitted therewith in issuing any policy.

Applicant’s Name/Legal Representative (print) Title

Applicant Signature Date

Producer Name (print) Title

Producer Signature Date