



**EVENT CANCELLATION APPLICATION – CONFERENCES / TRADESHOWS / CONVENTIONS**

1 Name & address of organization applying for insurance \_\_\_\_\_  
 \_\_\_\_\_

2 Name of event \_\_\_\_\_

3 Type of event (check all that apply)  
 Convention/Meeting  Tradeshow/Exposition  Consumer Show  Other

4 How many years has this event been held under present management? \_\_\_\_\_ Years

5 Dates of the event: Start \_\_\_\_\_ End \_\_\_\_\_

6 Name & location of venue event will be held

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

7 Would you like a quote for Gross Revenue or Expenses? (check one) Gross Revenue \_\_\_\_\_ 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 \_\_\_\_\_

**PLEASE ATTACH A DETAILED BUDGET OF EXPENSES AND GROSS REVENUES**

**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 canvas? \_\_\_\_\_ YES  NO
- 11 Will adverse weather preclude the fulfillment of event? \_\_\_\_\_ YES  NO
- 12 Will the venue 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, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? \_\_\_\_\_ YES  NO
- 15 Do the sums represented in question No. (7) 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.

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGN NAME \_\_\_\_\_ DATE \_\_\_\_\_