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: Exhibitor 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**_____