

Event Cancellation Application

insurevents.com

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Your Company Name			Years Experience	
Your First Name	Your Last Name	Your Email Address		
Mailing Address		City	State	Zip
Daytime Telephone Number	Mobile Telephone Number	Fax Number	Your Website Address	

General Information

Name of Event	Type of Event	Names & Ages of Performing Artists /Speakers, etc.		
Event Date(s)	Event Times From: To:	Desired Effective Date of Policy	Desired Expiration Date of Policy	
Detailed Description of Event (Attach a copy of your flyer, ad, or brochure)				
What allowance has been made for Travel Delays?	Allowance for Set Up Time?	Allowance for "Rain" Dates		

Location Information

Name of Venue / Location where event will be held				
Contact Person First Name	Last Name	Contact Person Email Address		
Mailing Address		City	State	Zip
Telephone Number	Fax Number	Event Indoors or Outdoors?	If Outdoors, is performance area under a cover?	

Underwriting Information

Will the event venue require construction work? If yes, provide details

Would the non-appearance of any individual/group/team, etc. cause cancellation? If yes, give details

Describe the travel itinerary of the individual/group/team. Where are they traveling from? Method of transportation. Date & time of arrival.

List all previous known claims (Last 5 years) which would have been covered by this type of insurance, had it been in force.

Policy Limits

Budgeted Gross Revenue from this event

All monies paid or payable to you from every source (including ticket sales, sponsorships, merchandise sales, etc.)

\$

Budgeted Total Expenses

All costs incurred by you to plan, prepare and stage the event (including artist guarantees, rent, advertising, etc.)

\$

Net Income (Profit)

Gross Revenue less Total Expenses

\$

Application Warranty & Instructions

Please provide us with 1) a detailed budget breakdown, 2) an event flyer, ad or brochure, 3) copy of your contract with the artist/speaker, etc. and 4) copy of your facility rental agreement.

I HEREBY WARRANT AND CONFIRM THAT ALL NECESSARY LICENSES, VISAS, & PERMITS HAVE BEEN OBTAINED AND ALL ARRANGEMENTS (INCLUDING VENUE & ARTIST/SPEAKER CONTRACTS) HAVE BEEN CONFIRMED IN WRITING.

I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS OF THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

SIGNATURE OF APPLICANT

DATE

PRODUCER SIGNATURE

Application Notes / Additional Information

Notes

For Insurance Agents & Brokers Only

Your Company Name

Your First Name

Your Last Name

Your Email Address

Mailing Address

City

State

Zip

Daytime Telephone Number

Mobile Telephone Number

Fax Number

Your Website Address