Specialty Group
401 Edgewater Place, Suite 400
Wakefield, MA 01880 USA
Tel: 781-994-6000 Fax: 781-994-6001
E-mail: EventCancellation@tmhcc.com

Wedding Event Cancellation Application

1. Name of Person or Organization applying for insurance	
Address (Cannot use a P.O. Box)	
City, State, Zip	
2. What is your role in the wedding?	

3. Have you hired a professional Wedding Planner / Coordinator? YES ☐ NO ☐

If yes, please provide the name and years of experience in the destination of the wedding:

4. Wedding Details

4a. Dates of the Event	
4b. Name of Venue	
Street Address	
City/State/Zip	

Event	Date and Time	Venue (if different from above)	Indoor / Outdoor / Tent	Total Costs ($) for Each Event
Rehearsal Dinner				
Welcome Party				
Ceremony				
Reception				
Farewell Event				

5. What type of adverse weather would preclude the successful fulfillment of this event?

6. If there are outdoor activities, can they be moved indoors or under tents for no additional cost?

7. If events are held under tents, please confirm the tents can withstand winds of 40MPH and have rain flaps.

8. Will the event require construction work? YES ☐ NO ☐

If yes, please provide details:

9. Please confirm the total costs for the entire wedding weekend: Total Costs: USD $_____ **PLEASE PROVIDE A SEPARATE, DETAILED BUDGET BREAKDOWN OF ALL COSTS ALONG WITH YOUR SUBMISSION**	
10. Do these sums represent the full extent of your financial responsibilities?	YES ☐ NO ☐
11. Are there any other material facts or information with regard to the wedding which should be disclosed? (A material fact is one likely to influence acceptance or assessment of this proposal by underwriters). If yes, please provide details:	YES ☐ NO ☐
12. Have all necessary arrangements (including vendors, licenses, permits, visas, contractual arrangements) for this event been made? If no, please provide details:	YES ☐ NO ☐

13 Please provide the names and DOBs of the two people that are getting married:
14a. Where will the two Honorees be traveling from and when will they arrive in the area of the venue? 14b. Where will the majority of attendees be coming from and how will they be traveling?

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 policy.	
Print Name	Title
Signature	Date
Phone	