

## **Tokio Marine HCC - Specialty Group**

701 Edgewater Drive, Suite 430 Wakefield, MA 01880 USA

Tel: 781-994-6000 Fax: 781-994-6001

E-mail: EventCancellation@tmhcc.com

## **Wedding Event Cancellation Application**

Name of Person or applying for insura									
Address (Cannot us	se a P.O. Box	x)							
City, State, Zip									
2. What is your role in	n the wedding	J?							
			(O		\/F0 \\\10				
3. Have you hired a pr	otessionai vv	edding Planner	/ Coordinator?		YES NO				
If yes, please provide the name and years of experience in the destination of the wedding:									
Wedding Details									
4a. Dates of t									
4b. Name of Venue									
Street Ad									
City/State	e/Zip T			-					
Event Date and Time		ime	Venue (if different from above)	Indoor / Outdoor / Tent	Total Costs (\$) for Each Event				
Rehearsal Dinner									
Welcome Party									
Ceremony									
Reception									
Farewell Event									
	se weather v	vould preclude t	he successful fulfillment of	this event?					
5. What type of adver		•	he successful fulfillment of ed indoors or under tents fo						
<ul><li>5. What type of adver</li><li>6. If there are outdoor</li></ul>	r activities, ca	an they be move	ed indoors or under tents fo		laps.				
<ul><li>5. What type of adver</li><li>6. If there are outdoor</li><li>7. If events are held up</li></ul>	r activities, ca	an they be move	ed indoors or under tents fo	r no additional cost? Is of 40MPH and have rain f	laps.				

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 respon	nsibilities?	YES	NO			
11.	Are there any other material facts or information with regard to (A material fact is one likely to influence acceptance or assess		YES	NO			
	If yes, please provide details:						
12.	Have all necessary arrangements (including vendors, licenses, arrangements) for this event been made?	YES	NO				
	If no, please provide details:						
13	Please provide the names and DOBs of the two people that are	getting married:					
	13 Thease provide the harnes and DOBS of the two people that are getting married.						
140	14a. Where will the two Honorees be traveling from and when will they arrive in the area of the venue?						
1 <del>4</del> a.	where will the two honorees be traveling from and when will they	anne in the area of the venue:					
14b. Where will the majority of attendees be coming from and how will they be traveling?							
DECLARATION							
	the best of my knowledge and belief the information provided in thheld any material facts.	this Application, whether in my own hand	or not, is tru	e and I have not			
Ιu	nderstand that non-disclosures or misrepresentation of a materia	I fact will entitle the Company to void the In	surance.				
l u	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.						
Pr	int Name	Title					
Si	gnature	Date					
Ph	none						