



## Event Cancellation/Non-Appearance Application

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| 1. Name of Person or Organization applying for insurance   |     |       |  |
| Address (Cannot use a P.O. Box)  |     |       |  |
| City, State, Zip   |     |       |  |
| Website  |     |       |  |
| 2. What is the usual business of the Applicant(s) and how long engaged therein?  |     |       |  |
| 3. a.) Name and b.) type of event  | a.) | b.)   |  |
| 4. Has this/have these performance(s) or event(s) been held before?<br><br>If Yes, how often?  |     |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. What is the involvement of the Applicant in the listed events and/or performances and what experience does the Applicant have in this capacity?                       |     |       |  |
| 6. Is/are the performance(s) or event(s) part of a larger production, promotion, series, or tour?<br><br>If Yes, please state which:                                     |     |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. If the proposed event is a tour, what will be the method of transport used by:<br><br>Insured person(s) _____<br><br>Equipment _____                                  |     |       |  |
| 8. Event date(s)/time(s)   |     | From: | To:  |
|  |     | From: | To:  |
|  |     | From: | To:  |
|  |     | From: | To:  |
|  |     | From: | To:  |
| <b>If the event is longer than five days please submit additional dates and times on a separate sheet. Please attach a schedule of the events planned for the event.</b> |     |       |  |

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| 9a. What allowance in the itinerary has been made for:<br><br>Travel delay _____<br><br>Set-up time _____ |
| 9b. Can the event be postponed to a future date? _____  |

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| 10. Is the event held:  |  |
| Indoor?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outdoor?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Under canvas?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Other, please specify:   |  |
| 11. Name of venue where event will be held  |  |
| Street address of venue   |  |
| City/State/Zip  |  |
| <b>Please attach a copy of the contract with venue and/or hotel.</b>  |  |
| 12. Will the event require construction work?<br><br>If Yes, please provide details:  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 13. Will adverse weather conditions preclude the fulfillment of event?<br><br>If Yes, please detail the weather conditions which would cause the event to be cancelled:     |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 14. Have all necessary arrangements for the successful fulfillment of the performance(s) or event(s) to be insured been made?<br><br>If No, please provide details:         |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 15. Have all necessary licenses, visas, and/or permits been obtained and have all contractual arrangements been confirmed in writing?<br><br>If No, please provide details: |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 16. Please complete both of the following categories (see definitions listed below). Do you wish to insure Gross Revenue or Expenses?                                       |  |
| <b>(check one)</b>  |  |
| <b>Gross Revenue</b>  | <b>Expenses</b>  |
| A. Gross Revenue from event   | \$ _____   |
| B. Expenses from event  | \$ _____   |
| <b>DEFINITIONS OF CATEGORIES</b>  |  |
| A. GROSS REVENUE: All monies paid or payable to the Applicant from every source arising out of the event.   |  |
| B. EXPENSES: The total of all costs and charges incurred by the Applicant for, and in connection with, the planning, preparation, and staging of the event.                 |  |
| <b>Please attach justification of the Sum Insured in the form of a detailed budget breakdown showing all revenue and expenses for the events to be covered.</b>             |  |

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| <p>17. Do these sums represent the full extent of your financial responsibilities?</p> <p>If No, please provide details:</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>18. If the performance(s) or event(s) has/have been held before under the present management or any other, has there ever been a loss?</p> <p>If Yes, please provide full details:</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>19. Has the Applicant sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force?</p> <p>If Yes, please provide full details:</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>20. Has the Applicant had similar insurance (as applied for herein), declined, cancelled, or renewal refused?</p> <p>If Yes, please provide details:</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>21. Are there any other material facts or items of information with regard to the proposed performance(s) or event(s) which should be disclosed? (A material fact is one likely to influence acceptance or assessment of this proposal by underwriters).</p> <p>If Yes, please provide full details:</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>22. Would the non-appearance of any individual, group, act, team, etc. preclude the fulfillment of the event?</p> <p>If Yes, please provide details:</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>QUESTIONS 23 – 28 ARE FOR NON-APPEARANCE COVERAGE ONLY</b></p>  |  |
| <p>23. Details of (all) person(s) to be insured. Name(s), age(s) and participation:</p>   |  |
| <p>24. Has any person to be insured any history of non-appearance?</p> <p>If Yes, please provide details:</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>25. Has any provision been made for understudies or substitutes?</p> <p>If Yes, please provide details:</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <p>26. Is/are the person(s) to be insured suffering from any physical, psychological or other medical conditions? Is/are the person(s) to be insured undergoing any form of medical or other treatments? Is/are the person(s) to be insured following any prescribed medical regime?</p> <p>If answered Yes to any of these questions, please provide full details:</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>27. Please provide the travel itinerary of the person(s) to be insured, outlining how and when they will be arriving at the event.</p>   |  |
| <p>28. Please provide the contract between the insured entity and the Person to be Insured.</p>   |  |

| DECLARATION  |       |
|--|-------|
| <p>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.</p> <p>I understand that non-disclosures or misrepresentation of a material fact will entitle the Company to void the Insurance.</p> <p>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.</p> |       |
| Print Name   | Title |
| Signature  | Date  |
| Phone  |       |