



## Event Cancellation & Non-Appearance Insurance Application

### Contact Information

1. a. Name of Insured:
- b. Address of Insured:
- c. Contact Name:
- d. Phone:
- e. Email:
- f. Name of Applicant (if different than Insured):

### Event Information

2. a. Type of performance(s) or event(s) to be insured:
- b. Name of performance(s) or event(s) to be insured:
- c. Has the performance(s) or event(s) been held before? Yes: \_\_\_ No: \_\_\_  
If so, how many times?
- d. Will the event(s) be held: Indoors: \_\_\_ Outdoors: \_\_\_ Both: \_\_\_
3. a. Please list event date(s) to be insured:
- b. Please list event venue(s) and address of performance(s) or event(s) to be insured:
- NOTE: If insuring more than one performance or event, a full itinerary is required showing times, dates, and exact venue for all performances or events.*
- c. When would you like insurance to commence?
- NOTE: Any insurance offered as a result of this Application cannot commence before the date of final acceptance by the Underwriter.*
4. a. Will any performance(s) or event(s) be held in the open air or a temporary structure? Yes: \_\_\_ No: \_\_\_
- b. Is the stage or area in which the performer(s) work under cover? Yes: \_\_\_ No: \_\_\_
- c. Is the stage covered on a minimum of three (3) sides: Yes: \_\_\_ No: \_\_\_
- d. Is coverage required as a result of Adverse Weather (beyond normal precipitation)? Yes: \_\_\_ No: \_\_\_
- e. Is the venue(s) exposed to wind, flood, or waterlogging? Yes: \_\_\_ No: \_\_\_
- If so, please explain:

### Non-Appearance Information

5. a. Is coverage required for the non-appearance of a performer, speaker, and/or entertainer? Yes: \_\_\_ No: \_\_\_



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### Additional Information

6. a. What provisions are in place to ensure the successful fulfillment of the performance(s) or event(s) to be insured?

b. Have all necessary licenses, visas, and permits been obtained?

Yes: \_\_\_\_ No: \_\_\_\_

c. Have all contractual arrangements been confirmed in writing?

Yes: \_\_\_\_ No: \_\_\_\_

### Budget Breakdown

7. a. Please provide the following limits:

b. Budgeted Gross Revenue Including Profit:

c. Budgeted Expenses:

d. Which of the above limits (b. or c.) do you wish to insure?

*NOTE: Budgeted Gross Revenue Including Profit CANNOT BE COMBINED WITH Budgeted Expenses.*

e. Do these limits represent the full extent of your financial responsibilities?

Yes: \_\_\_\_ No: \_\_\_\_

### Disclosure

8. a. Have there been any losses for the performance(s) or event(s) to be insured?

Yes: \_\_\_\_ No: \_\_\_\_

If so, please explain:

b. Has promoter ever suffered a loss for the performance(s) or event(s) to be insured?

Yes: \_\_\_\_ No: \_\_\_\_

9. a. Please provide any other material facts in respects of the performance(s) or event(s) to be insured.

*NOTE: A material fact is one likely to influence acceptance or assessment of this Application by the Underwriter.*

### Declaration

**I understand that a signature on this Application does not bind me to complete or the Underwriters to accept this insurance and agree that, should a contract of insurance be concluded, this Application and the statements herein shall form the basis of the contract.**

**I DELCARE THAT THE STATEMENTS AND ESTIMATES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_