



NON-APPEARANCE/ABANDONMENT

APPLICATION

1. NAME/ADDRESS OF APPLICANT:

2. NAME/ADDRESS OF BROKER:

3. TYPE OF EVENT: _____

4. NAME/ADDRESS OF FACILITY: _____

5. DATE(S) OF EVENT: _____

6. NAMES OF PERSONS TO BE INSURED

AGE

7. BUDGETED GROSS REVENUE:

\$ _____

BUDGETED EXPENSES:

\$ _____

BUDGETED NET INCOME:

\$ _____

THE LIMIT OF LIABILITY SHALL NOT BE LESS THAN THE BUDGETED GROSS REVENUE.
Circle the "LOSS" definition:

- (a) The ascertained net loss of actual expenses, costs, guarantees, irrevocable monetary commitments, including advertising, promotion, and exploration costs (and/or contracted professional performance fees other remuneration which, prior to any loss, were paid or contracted in writing to be paid or;
- (b) The ascertained net loss of guarantees including merchandising guarantees and/or professional performance fees which, prior to any loss, were contracted in writing to be paid; or
- (c) The ascertained net loss of aborted costs and expenses and/or the additional or increased costs and expenses of rescheduling the Event(s) cancelled as a result of a contingency insured hereunder; or
- (d) The ascertained net loss of Profits, which means those monies agreed under written contracts signed by the Performers(s) and/or Group(s) and the Promoter(s) and/or Sponsor(s) to be payable in advance to the Performer(s) and/or Group(s) plus the payable percentages of actual box office receipts at the time of loss; or
- (e) The ascertained amount of actual refunds of advance ticket sales less any costs or expenses not incurred as a result of the cancellation, but in no event less than the ascertained net loss of actual expenses, costs, guarantees, irrevocable monetary commitments, including advertising, promotion, and exploitation costs, and/or contracted professional performance fees or other remuneration which prior to any loss, were paid or contracted in writing to be paid.

8. EFFECTIVE DATE OF COVERAGE: _____ EXPIRATION: _____

9. IS ANYONE REQUIRED TO DO ANY SPECIAL STUNTS OR OTHER UNUSUAL ACTIVITY?

10. DOES ANYONE HOLD A PILOTS LICENSE OR ENGAGE IN ANY HAZARDOUS ACTIVITY?

11. WHAT ACCIDENTS OR ILLNESSES HAVE PREVENTED THE PROPOSED INSURED(S) FROM PERFORMING FOR ANY PERIOD OF TIME DURING THE PAST 3 YEARS?

12. WHAT PROFESSIONAL COMMITMENTS OTHER THAN THIS PRODUCTION WILL THE PROPOSED INSURED(S) BE INVOLVED IN IMMEDIATELY PRIOR TO AND DURING THE PERIOD OF COVERAGE?

PLEASE PROVIDE A COPY OF THE INSURED PERSON(S) TRAVELING ITINERARY.

14. IS THERE A CONTRACTUAL AGREEMENT BETWEEN THE INSURED AND THE EVENT LOCATION? _____ YES _____ NO

15. HAVE THERE BEEN ANY CANCELLATIONS OF THIS OR SIMILAR EVENT(S) WHETHER INSURED OR UNINSURED? _____ YES _____ NO

IF YES, PLEASE EXPLAIN LOSS:

APPLICANT'S SIGNATURE: _____ DATE

PRODUCER'S SIGNATURE: _____ DATE