



Phone(631)756-3000

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SPECIAL EVENTS CANCELLATION INSURANCE APPLICATION

1. Name of Applicant: _____

2. Mailing Address: _____

3. Business of Applicant: _____

4. Applicant is a: _____ Corporation _____ Individual _____ Partnership

5. Name(s) and Title(s) of Principle officers, Partners or Individuals:

6. Type of event(s) to be insured:

___ Convention/Meeting ___ With Exhibitions ___ Without Exhibitions ___ With Teleconferencing

___ Trade Show/Exposition ___ Open to Public ___ Not open to public ___ Dependent on two or less

speakers ___ Consumer Show ___ Including Outdoor Events /Including Tents(s)

Other Type of Event: _____

Other Dates of Event: _____

7. Give full name and detailed description of event(s): _____

If any printed material is available about this event, enclose a copy with application.

If not yet available, send copy of previous year's material

8. Event Facility:

Name: _____

Address: _____

City: _____ State _____ Zip code _____

If more than one location is used, provide supplemental itinerary with above information

9. Have lease agreements with the facility (ies) been signed? _____ Yes _____ No

If "YES" please attach copy (ies)

If "NO" please explain: _____

10. Describe contingency arrangements (if any) to use alternate locations and the additional expenses that would be insured (if any) _____

11. Are you aware of any extraordinary conditions, either existing or imminent, which might result in the unavailability of the facility (ies) scheduled for the declared event(s) such as a facility still under construction? _____ Yes _____ No

12. Have you operated or managed this event before? _____ Yes _____ No

13. Have you had any previous cancellations of this or similar event(s) whether insured or uninsured? _____ Yes _____ No

If "YES", please describe (i.e. date(s) of loss (es), circumstances and amount (s) paid:

14. Definition of Loss

The definition of Loss is to be determined by the Applicant and only the items and respective amounts specified in the "definition of loss" will be paid as indemnity in the event of a claim hereunder, not to exceed the actual ascertained loss not the selected limit of liability.

_____ The ascertained net loss of actual expenses, cost, guarantees, irrevocable commitments, including advertising, promotion and exploitation professional performance fees or other remuneration which are necessarily sustained and actually incurred by the Insured or, prior to any loss, were paid or contracted in writing to be paid, including aborted costs and expenses and/or the additional or increased costs and expenses or rescheduling and/or relocating the Event(s) canceled as a result of a contingency insured hereunder, or

_____ The ascertained net loss of Total Gross Revenues, which means those monies agreed or contracted in advance in writing, from all sources less any and all savings of expenditures effected; or

_____ The ascertained amount of actual refunds of advance ticket sales less any costs or expenses not insured as a result of the cancellation, but in guarantees, irrevocable monetary commitments, including advertising, promotion and exploitation costs, and/or contracted professional performance fees or there remuneration which, prior to any loss, were paid or contracted in writing to be paid or

_____ Other (specify) _____

NOTE: THE PREMIUM PAID FOR THIS INSURANCE IS DEEMED NOT TO BE AN EXPENSE OR COST IN ASSESSMENT OF ANY LOSS HEREUNDER

15. Policy Limits desired: _____

16. Policy Period desired: _____

17. BUDGETED GROSSW REVENUE: \$ _____
BUDGETED EXPENSE: \$ _____
BUDGETED NET INCOME: \$ _____

18. Will any part of the event be held in a tent or other non-permanent structure or in the open? _____ Yes _____ No

19. Do you want to include Adverse Weather ? _____ Yes _____ No

1. Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an insurance policy and that Applicant has not omitted, suppressed or misstated any facts.
2. If a policy issue hereafter, this Applicant shall be attached to and become a part of such policy.
3. The signing and filing of this Application does not bind the Applicant a written binder or policy of insurance is issued by the Company in response hereto.
4. All exclusions in the policy apply regardless of any answers or statements in this Application.
5. Any material change to the Company's exposure must be reported prior to coverage applying.

We have read the above and agree that to the best of my/our knowledge and belief the foregoing fully, represents the true statement of facts.

APPLICANT: _____

BY: _____

TITLE: _____

DATE: _____

BROKER: _____

ADDRESS: _____

TELEPHONE: _____