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K&K Insurance Brokers, Inc. Canada

**EVENT CANCELLATION**  
**APPLICATION FORM**

## Proposer Contact Information

|                      |  |
|----------------------|--|
| <b>Contact Name:</b> |  |
| <b>Insured Name:</b> |  |
| <b>Address:</b>      |  |
| <b>City:</b>         |  |
| <b>Country:</b>      |  |
| <b>Province:</b>     |  |
| <b>Postal Code:</b>  |  |
| <b>E-mail:</b>       |  |
| <b>Telephone:</b>    |  |
| <b>Facsimile:</b>    |  |

## Event Information

|  |                              |                             |     |
|--|------------------------------|-----------------------------|-----|
| Name of Event:                             |                              |                             |     |
| Type of Event:                             |                              |                             |     |
| Event Dates: (DD/MM/YYYY)                  | From:                        |                             | To: |
| Is cover required for more than one Event? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |     |

## Venue Information

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> <b>SINGLE VENUE:</b>  |                                     |  |  |
| Address:   |                                     |  |  |
| City:  |                                     |  |  |
| Province:  |                                     |  |  |
| Country:   |                                     |  |  |
| Postal Code:   |                                     |  |  |
| Will the Event be:   | Indoors<br><input type="checkbox"/> | Outdoors <input type="checkbox"/><br>Completely Uncovered: <input type="checkbox"/><br>Roof & 3 Sides: <input type="checkbox"/><br>Roof Only: <input type="checkbox"/> | Partially Outdoors<br><input type="checkbox"/> |
| Will Non-Appearance Coverage be required?<br>If you select 'No' you can skip to page 3.  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>  |  |
| Have all permits, contracts, visas, licences or the like necessary for the Event to be completed successfully been obtained at the time of this Proposal, or will they be obtained before the coverage is bound? |                                     |  |  |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/>         |  |  |
| <input type="checkbox"/> <b>MULTIPLE VENUES:</b>   | Indoors <input type="checkbox"/>    | Outdoors <input type="checkbox"/>  |  |
| Please provide list, including information on stages:  |                                     |  |  |

## Non-Appearance Section

**Important: Coverage provided for non-appearance is subject to a 30-day health warranty for each declared individual detailed in the Certificate. However, non-appearance coverage for declared individual(s) over 70 years old is limited solely to the occurrence of death within 14 days prior to the Event.**

**A) Is the appearance of any professional engaged artists, entertainers, sportspersons, speakers or the like essential to the proposed event going ahead?**

Yes       No

**B) Is the appearance of persons other than those referred to in A) essential to the proposed event going ahead?**

Yes       No

**Complete details of each individual to be included for non-appearance cover indicated in A) or B) above.**

**NAME:**

**DATE OF BIRTH (DD/MM/YYYY)**

**To your knowledge has the Non-Appearance of any named individual resulted in loss(es) during the past 5 years?**

Yes       No

**Total number of losses for all Insured Persons named above:**

**NOTE: If more than 2 losses full details of all losses will be required.**

## Additional Information

|  |  |   |
|--|--|---|
| <b>Do you want to Insure:</b>  | <b>Gross Revenue:</b> <input type="checkbox"/> | <b>Costs and Expenses:</b> <input type="checkbox"/> |
| <b>Total sum to be Insured:</b>  | \$   |   |
| <b>Currency:</b>   |  |   |
| <i>Warning: Your claim will be reduced if you do not insure the total amount of your exposure.</i>   |  |   |
| <b>Do you wish to purchase limited Terrorism coverage?<br/>(See Guideline Notes I, on Page 1.)</b>   |  |   |
| <b>Yes</b> <input type="checkbox"/>  | <b>No</b> <input type="checkbox"/>             |   |
| <b>Note: if more than 2 losses, full details of all losses will be required:</b>   |  |   |
|  |  |   |
| <b>Declaration:</b>  |  |   |
| <b>At the date of this proposal, do you have any knowledge of any circumstances which could give a claim under this proposed insurance?</b>  |  |   |
| <b>Yes</b> <input type="checkbox"/>  | <b>No</b> <input type="checkbox"/>             |   |
| <b>If you have:</b>  |  |   |
| <p>(A) Any Special non-standard request for Coverage which you wish Underwriters to consider, or</p> <p>(B) Other Material Facts to disclose (Material Facts are those facts which might influence the acceptance or assessment of your Proposal), please detail the same in the risk negotiation dialogue box at the end of the next page. This Proposal will then be forwarded with your request and or disclosure to Underwriters by direct mail for consideration and no automatic quotation will be provided under the Site. An acceptance quotation or risk declination will be mailed to you.</p> <p><b>Do you have a Special Coverage request or Material Fact disclosure to make?</b></p> |  |   |
| <b>Yes</b> <input type="checkbox"/>  | <b>No</b> <input type="checkbox"/>             |   |

**IN ACCEPTING ANY QUOTATION PROVIDED AUTOMATICALLY BY THIS SITE OR RECEIVED BY DIRECT MAIL UNDERWRITERS, YOU WARRANT THAT ALL INFORMATION AND ANSWERS PROVIDED IN THIS PROPOSAL ARE TRUE AND CORRECT.**

**The Insured so Warrants:**

**IMPORTANT NOTE**

**This Proposal Form must be signed by the Insured**

**Insured Name:**

**Signatory Name:**

**Signature:**