

Event Cancellation Application

**Important Note: Application for coverage is time sensitive.
Coverage must be in place at least 14 days before date of event.**

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____	

City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Mailing information

Contact Name: _____	
Insured Name: _____	
Mailing Address: _____	

Telephone: _____	Email : _____
Webpage: _____	

2.2

Name of Event:			
Type of Event:			
Event Dates:		to	
(effective date)		(expiry date)	
Is coverage required for more than one event?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

2.3 Venue Information

<input type="checkbox"/> Single Venue:		<input type="checkbox"/> Multiple Venues:	
Address(es):			
Will the Event be:			
Indoors	<input type="checkbox"/>	Outdoors*	<input type="checkbox"/>
		Partially Outdoors	<input type="checkbox"/>
* Please specify Outdoor details:			
Completely Uncovered:	<input type="checkbox"/>	Roof & Sides:	<input type="checkbox"/>
		Roof Only:	<input type="checkbox"/>
If the event is outdoors, can the event proceed in continuous moderate rainfall and wind speeds of up to 30 mph?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Does the event venue have a history of flooding or water logging?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Has the event ever had any losses, whether insured or not, as a result of adverse weather?	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"/>
Will Non-Appearance Coverage be required?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If 'No' please skip to Section 4: Additional Information			

2.4

If Multiple Venues are being used, please provide list, including information on stages:

Section 3: Non-Appearance

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.

3.1

a)	Is the appearance of any professional engaged artists, entertainers, sportspersons, speakers or the like essential to the proposed event going ahead?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b)	Is the appearance of persons other than those referred to in A) essential to the proposed event going ahead?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c)	Has the Insured Person (s) been contracted to appear at the event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d)	Does the Insured Person(s) have any prior commitments which may affect their ability to attend the event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e)	Where is the Insured Person(s) travelling from in order to attend this event, and how are they travelling?	<hr/>			
f)	How far in advance of the event is the Insured Person(s) due to arrive?	<hr/>			

Section 4: Additional Information

4.1

Do you want to insure?	Gross Revenue: <input type="checkbox"/>	Costs and Expenses: <input type="checkbox"/>	
Total sum to be insured: _____			
Currency: _____			
Warning: Your claim will be reduced if you do not insure the total amount of your exposure.			
Do you wish to purchase limited Terrorism coverage?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 5: Declarations

At the date of this proposal, do you have any knowledge of any circumstances which could give a claim under this proposed insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you have:			
(A) Any Special non-standard request for Coverage which you wish Underwriters to consider, or			
(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 declinature will be mailed to you.			
Do you have a Special Coverage request or Material Fact disclosure to make?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

IMPORTANT NOTE: This application form must be signed by the Insured	
Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 6: Additional Information

Additional Information: