

Application for Event Cancellation Insurance

1. APPLICANT (Association or Organization Holding Event)

Please Print or Type

Name _____
Address (physical address only) _____
City _____ State _____ ZIP _____ Website _____
Telephone () _____ Fax () _____ Email _____

Please check if you are a member of the following Associations: AMC ASAE IAEE MPI

2. EVENT TO BE INSURED

- a. EVENT: CONVENTION/MEETING With Exhibits Without Exhibits With Teleconferencing
 TRADE SHOW/EXPOSITION Open to the Public Not Open to the Public
 CONSUMER SHOW Event dependent upon keynote speaker(s)?

OTHER TYPE OF EVENT, provide details: _____

b. Full Name of Event _____

c. Open Dates of Event From _____ To _____ (inclusive of lease dates)

d. Is the Event being held in the open, in a tent or in any structure of a temporary nature? Yes No

If part of the event will be held outdoors, such as golf outing or welcome dinner, please provide the type of events you will be having. _____

3. EVENT FACILITY

Name _____

Address (physical address only) _____

City _____ State _____ ZIP _____

For events outside of the U.S., please provide address/location _____

a. Do written contracts exist between you and the Facility? Yes No

b. Please confirm you have made all the necessary preliminary arrangements essential to ensure that a satisfactory Event can be held on the scheduled date. Yes No

4. FINANCIAL INFORMATION

a. Please provide the following information about the Event to be insured.

BUDGETED GROSS REVENUE \$ _____

BUDGETED EXPENSES \$ _____

BUDGETED NET INCOME \$ _____

b. Do you want to insure your Gross Revenue or Expenses only? Gross Revenue Expenses only

c. Does the Gross Revenue/Expenses stated above represent the entire Gross Revenue/Expenses of the Event and not a portion? Yes No

d. Are there any commitments, such a room block, that you would like to insure that are not included in the above expenses? Yes No If Yes, please provide the amount \$ _____

e. At any time during the past five years, have you had an event that suffered a loss that was covered by insurance? Yes No

5. PREEXISTING POTENTIAL LOSS

Are you aware of any circumstances, existing or threatened, that may possibly result in a claim under the insurance? If the answer to this question is "Yes," provide full details on a separate attachment. Yes No

NOTE: If you become aware of any such circumstances after completing this application and before the date insurance of the Event commences, you must disclose the circumstance to the insurers immediately to see if the insurance will be affected.

PLEASE READ AND SIGN BELOW

Signing this Application and Declaration does not bind the applicant or the underwriter to complete the insurance, but it is agreed that this Application and Declaration shall be attached to and form part of any policy that may be subsequently issued.

I declare that the statements and estimates made herein after due inquiry are true to the best of my knowledge and belief.

Name _____ Signature _____
(Please print) (As authorized person for on behalf of the APPLICANT)

Title _____ Date _____

PLEASE SIGN AND RETURN COMPLETED FORM TO:

Insurance Amount Services LLC

If you have any questions, please call 262-842-2300



kathy@insuranceamount.com

www.insuranceamount.com