



Event Cancellation Insurance - Application

Conferences / Tradeshows / Conventions

Applicant Information

Name of Organization applying for insurance

Address of Organization

E-mail Address

Confirm E-mail Address

Phone Number

Event Information

Name of Event

Type of Event (click all that apply)

If "Other" please explain below:

Convention/Meeting

Tradeshow/Exposition

Consumer Show

Other

How many years has this event been held under the present management?

Start Date of Event

End Date of Event

Name of Venue where Event will be held

Address of Venue where Event will be held (complete address)

Would you like a Quote for Gross Revenue or Expenses? (choose one)

Gross Revenue

Expenses

Enter your Budgeted Gross Revenue from the Event

Enter your Budgeted Expenses from the Event

What percentage of your gross revenue comes from Exhibitor Fees (%):

What percentage of your gross revenue comes from Gate & Attendee Fees (%):

What is your Anticipated Daily Attendance

What is your Total Anticipated Attendance

Does the event include a Golf Tournament

For Questions 1-11 Please Click Yes or No

1) Is the event open to the public?

Yes

No

2) Does the event include any teleconferencing?

Yes

No

3) Will the event be held outdoors and/or under canvas?

Yes No

4) Will adverse weather preclude the fulfillment of event?

Yes No

5) Will the venue require construction work?

Yes No

6) Have all necessary arrangements for the successful fulfillment of the event been made?

Yes No

7) Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing ?

Yes No

8) Do the sums represented in question No. (7) represent the full extent of your financial responsibilities?

Yes No

9) Has the event to be insured ever sustained an insured loss?

Yes No

10) Would the non-appearance of any individual preclude the successful fulfillment of the event?

Yes No

11) Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance?

Yes No

Declaration

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance.

Print First and Last Name

Title

Sign Name _____ Title _____

By Clicking "Yes" below, I agree to using an electronic signature:

Yes

(800)528-7975

sales@rainprotection.net

