



Event Cancellation Insurance - Application

Special Event / Non Appearance

Applicant Information

Name of Organization applying for insurance

Address of Organization (address, city, state, zip code)

E-mail Address

Confirm E-mail Address

Phone Number

What is the usual business of the Applicant(s) and how long engaged therein?

Event Information

Event Name

Type of Event

Venue Name

Venue Location (address, city, state, zip code)

Event Start Date

Event End Date

Has this event been held before?

Yes No

Is this event open to the public?

Yes No

Event Gross Revenue

Event Expenses

Do you want to insure for Revenue, Expenses, or Net Profit?

Revenue Expenses Net Profit

If any claims for personal injury or damage to property by third parties or employees have been made against you in the past 5 years, please provide details

Will all contractual arrangements necessary for the successful fulfilment of the Event be made and confirmed in writing in a prudent and timely manner prior to the start of the Event?

Yes No

Has any Event to be insured had any incidents that could have resulted or did result in a loss which would have been covered under this Insurance during the past three years?

Yes No

Are You aware of any matter, fact, circumstance or incident, existing or threatened, that could possibly affect any Event and might result in a claim under the proposed Insurance?

Yes No

Non-Appearance Coverage

Would the Non-Appearance of any individual, group, act, team, etc. preclude the fulfillment of the event?

Is Non-Appearance Coverage required?

Yes No

If Yes, Please provide Details:

If Yes, Please Confirm the type of Non-Appearance cover required:

Key Speaker

Individual or Group of Individuals

Simultaneous / Catastrophic (25% or more of the Participants not being able to attend)

If Yes, Name the Key Speaker(s) - List All Name(s) and Date(s) of Birth

If Yes, Name the Individual(s) - List All Name(s) and Date(s) of Birth

Adverse Weather Coverage

Will the Event be Outdoors

Yes No

Will the Event be held wholly or partly in the open air, tent, marquee or temporary structure?

Yes No

If Yes, is coverage required for adverse weather? **(if Yes, please complete Adverse Weather questions 1-11)**

Yes No

If so, does the Event Venue or any area critical to the Event have any history of flooding or exposure to strong winds?

Yes No

If adverse weather coverage is required, please complete the following questions.

Please Note: If the Event is indoors, the policy automatically covers cancellation due to adverse weather conditions. Therefore please do not complete this section. Please only complete this section if part of the Event takes place outdoors or under temporary structures and if cover is required for adverse weather.

1) What proportion of the Event Budget (in monetary terms) takes place outside or under temporary structures?

Yes No

2) Can the Event proceed in continuous moderate rain fall and wind speeds of up to 40mph?

Yes No

3) Does the Event venue have any history of flooding or exposure to strong winds?

Yes No

4) Can the outdoor elements of the Event be relocated indoors, at no additional expense, in the event of bad weather?

5) If the outdoor elements of the Event have to be cancelled due to weather, will the indoor elements still proceed?

Yes No

6) Has the Event been held at the same time of year and location in the past?

Yes No

7) Is the Event location within 300 feet of a lake, river or watercourse?

Yes No

8) Can the Event be delayed or postponed if bad weather renders it dangerous or impossible to proceed?

Yes No

9) Are the event car parks located on Hard Standing (concrete/tarmac etc), or Soft Standing (grass/fields etc)?

Hard Standing Surface Soft Standing Surface

10) Describe any weather and / or ground conditions which could cause the event to be cancelled, abandoned, postponed, curtailed or interrupted or cause additional costs to be incurred:

11) Notes:

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 policy.

I/We declare that the information provided above and in all appending sections is true to the best of My/Our knowledge.

Print First and Last Name

Title

Sign Name _____ **Date** _____

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

Yes

(800)528-7975

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