



# 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: effective date: \_\_\_\_\_ expiry date: \_\_\_\_\_

Is coverage required for more than one event?  Yes  No

2.3 Venue Information

Single Venue  Multiple Venues

Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the Event be:

- Indoors   
  Outdoors   
  Partially Outdoors

**\* Please specify Outdoor details:**

- Completely Uncovered   
  Roof & Sides   
  Roof Only

If the event is outdoors, can the event proceed in continuous moderate rainfall and wind speeds of up to 30 mph?  Yes     No

Does the event venue have a history of flooding or water logging?  Yes     No

Has the event ever had any losses, whether insured or not, as a result of adverse weather?  Yes     No

Have all permits, contracts, visas, licenses 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     No

Will Non-Appearance Coverage be required?  Yes     No\*

\*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     No

b) Is the appearance of persons other than those referred to in A) essential to the proposed event going ahead?  Yes     No

c) Has the Insured Person (s) been contracted to appear at the event?  Yes     No

d) Does the Insured Person(s) have any prior commitments which may affect their ability to attend the event?  Yes     No

e) Where is the Insured Person(s) travelling from in order to attend this event, and how are they travelling? \_\_\_\_\_

\_\_\_\_\_

f) How far in advance of the event is the Insured Person(s) due to arrive? \_\_\_\_\_



**SECTION 4: ADDITIONAL INFORMATION**

4.1 Do you want to insure?

Gross Revenue

Cost and Expenses

Total sum to be insured: \_\_\_\_\_

Currency: \_\_\_\_\_

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**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

No

**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

No

***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

No

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: \_\_\_\_\_

