



**P.O. Box 598056, Chicago, IL 60659-9998**  
**(773) 751-7002 (773) 262-3307 Fax**

### Event Cancellation Insurance Application – Tradeshows/Conferences/Conventions

**Insured:** (Organization Holding the Event)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Website Address \_\_\_\_\_

**Event to Be Insured:**

Name of Event: \_\_\_\_\_

Date of the Event: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Convention/Meeting  Tradeshow  Consumer Show  Other Type of Event \_\_\_\_\_

Name of Venue/Hotel/Convention Center \_\_\_\_\_  
 Address of Venue/Hotel/Convention Center \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Financial Information:**

Budgeted Gross Revenue from the Event \$ \_\_\_\_\_  
 Budgeted Expenses from the Event \$ \_\_\_\_\_  
 Budgeted Net Income/Loss \$ \_\_\_\_\_  
 Percentage Of Revenue From: \_\_\_\_\_% Attendee Fees \_\_\_\_\_% Exhibitors \_\_\_\_\_% Gate Receipts  
*Please attached a copy of the budget for events over \$1,000,000*

**General Questions:**

Is the event open to the general public?	Yes ___ No ___
Is coverage for non-appearance of any person required for this event? If yes, provide details	Yes ___ No ___
Is your event utilizing teleconferencing or satellite communications? If yes, provide details.	Yes ___ No ___
Is any part of the event to be held outdoors, in a tent, or in a temporary structure?	Yes ___ No ___
Is the facility to be used under construction or being renovated?	Yes ___ No ___
Do you have written contracts between you and the facility?	Yes ___ No ___
Have all the necessary arrangements essential to a satisfactory event been made?	Yes ___ No ___
Do you have a contingency plan if your event is delayed or postponed?	Yes ___ No ___
Has the event to be insured ever suffered a previous insured loss?	Yes ___ No ___
Is the applicant aware of any circumstance that may possibly result in a claim under this insurance?	Yes ___ No ___

*Completion of this application does not bind either the applicant or the underwriter to provide the insurance. This will allow our office to obtain quotes from various resources. A final, signed application from the selected provider of insurance may be required to bind coverage if desired.*



**PLEASE READ AND SIGN BELOW:**

Completion of this application does not bind either the applicant or the underwriter to provide the insurance. In the event there is any material change in the answers to the questions on the application prior to the issuance date of the policy, the application will be considered inaccurate and, therefore, making the policy invalid. If changes need to be made prior to the effective date of the policy, please notify us in writing. (Some insurance carriers may require the completion of their own application before binding coverage.)

The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted with this application are true and correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_