

ShowDown[®] EVENT CANCELLATION INSURANCE APPLICATION Tradeshows / Conventions / Meetings / Expositions / Consumer & Public Events

APPLICANT INFORMATION

- 1 Name _____
- 2 Address _____

- 3 Phone Number _____
- 4 Email Address _____
- 5 Are you a member of: IAEE ASAE PCMA MPI SISO

EVENT INFORMATION

- 6 Name of event _____
- 7 Type of event (check all that apply)
Convention/Meeting _____ Tradeshow/Exposition _____ Consumer/ Public Show _____ Other _____
- 8 How many years has this event been held under present management? _____
- 9 Lease Dates: _____ Move In Dates: _____ Move out Dates: _____
- 10 Event Dates: _____ Start Date: _____ End Date: _____
- 11 Name & Location of venue event will be held
Name: _____
City: _____ State: _____
- 12 Does your event include a Golf Tournament? If so, Date _____ Location: _____
- 13 Does your event include any off site events? If so, details _____
- 14 Would you like a quote for Gross Revenue or Expenses? (check one) Gross Revenue _____ Expenses _____
Budgeted Gross Revenue from the event: \$ _____
Budgeted Expenses from the event: \$ _____
If a Consumer or Public event, what percentage of your Gross Revenue is from Gate Receipts: \$ _____

PLEASE ATTACH A COPY OF EVENT BUDGET IF LIMIT IS GREATER THAN \$1 MILLION

FOR QUESTIONS 15-22 PLEASE CHECK YES OR NO:

- 15 Will the event be held outdoors and/or under canvas? YES _____ NO _____
- 16 Will the venue require construction work? YES _____ NO _____
- 17 Have all necessary arrangements for the successful fulfillment of the event been made? YES _____ NO _____
- 18 Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? YES _____ NO _____
- 19 Do the sums represented in question No. 14 represent the full extent of your financial responsibilities? YES _____ NO _____
- 20 Would the non-appearance of any individual preclude the successful fulfillment of the event? YES _____ NO _____
- 21 Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance? YES _____ NO _____
- 22 Has the event to be insured ever sustained an insured loss? YES _____ NO _____
If YES, details _____

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 this 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 NAME _____ TITLE _____

SIGN NAME _____ DATE _____