



EVENT CANCELLATION & NON-APPEARANCE APPLICATION

BROKER INFORMATION

Broker/Agency Name:			
Address:	City:	State:	Zip:
Contact Person:	Phone #:	E-Mail:	

GENERAL APPLICANT INFORMATION

Name of Insured:			
Name of Applicant (if different than Insured):			
Insured Street Address:	City:	State:	Zip:
Contact Person:	Phone #:	E-Mail:	

EVENT INFORMATION

Type of performance(s) or event(s) to be insured:	
Name of performance(s) or event(s) to be insured:	
Has the performance(s) or event(s) been held before? <i>If so, how many times?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the event(s) be held:	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
Please list event date(s) to be insured:	
Please list event venue(s) and address of performance(s) or event(s) to be insured:	
<i>NOTE: If insuring more than one performance or event, a full itinerary is required showing times, dates, and exact venue for all performances or events.</i>	
When would you like insurance to commence?	
<i>NOTE: Any insurance offered as a result of this Application cannot commence before the date of final acceptance by the Underwriter.</i>	
Will any performance(s) or event(s) be held in the open air or a temporary structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the stage or area in which the performer(s) work under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the stage covered on a minimum of three (3) sides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is coverage required as a result of Adverse Weather (beyond normal precipitation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the venue(s) exposed to wind, flood, or waterlogging? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

Have all necessary licenses, visas, and permits been obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all contractual arrangements been confirmed in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there additional provisions in place to ensure the successful fulfillment of the performance(s) or event(s) to be insured? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUDGET BREAKDOWN

Please provide the following limits:	
A. Budgeted Gross Revenue Including Profit:	
B. Budgeted Expenses:	
Which of the above limits (A. or B.) do you wish to insure?	<input type="checkbox"/> A <input type="checkbox"/> B
Do these limits represent the full extent of your financial responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>NOTE: Budgeted Gross Revenue Including Profit CANNOT BE COMBINED WITH Budgeted Expenses.</i>	

DISCLOSURE

Has the performance(s) or event(s) ever been cancelled, whether covered by insurance or not? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has promoter ever suffered a loss for the performance(s) or event(s) to be insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any other material facts in respects of the performance(s) or event(s) to be insured.	
<i>NOTE: A material fact is one likely to influence acceptance or assessment of this Application by the Underwriter.</i>	



Complete only if Coverage for Non-Appearance is Being Requested

NON-APPEARANCE INFORMATION

Is coverage required for the non-appearance of a performer, speaker, and/or entertainer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONS TO BE INSURED

Key Individual(s) to be Insured:	Date(s) of Birth or Age(s):
How will the Key Individual(s) travel to the event?	
How long before the event are they due to arrive?	
Any prior commitments which may affect their ability to attend the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a replacement available if Key Individual(s) is unable to attend the event? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the non-appearance of any Key Individual(s) result in a request for refunds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any Key Individual(s) to be insured suffering from or undergoing any form of treatment for any physical, psychological, or medical condition? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, any Key Individual named above with a history of non-appearance? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, has the non-appearance of any Key Individual named above resulted in loss(es) during the past five years? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Key Individual(s) paid if they do not appear at the event? <i>If so, what is the amount of the fee?: \$_____</i> <i>If not, is the fee included in the limit of insurance?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

<p>I understand that a signature on this Application does not bind me to complete or the Underwriters to accept this insurance and agree that, should a contract of insurance be concluded, this Application and the statements herein shall form the basis of the contract.</p> <p>I DECLARE THAT THE STATEMENTS AND ESTIMATES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> <p>Name: _____ Position: _____</p> <p>Signature: _____ Date: _____</p>



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE in THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.