

## ShowDown<sup>®</sup> 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 \_\_\_\_\_