



AUSTRALIA
CANADA
IRELAND
ISRAEL
UNITED KINGDOM
UNITED STATES
REST OF WORLD

CONTINGENCY EVENT CANCELLATION

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the event cancellation policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all material circumstances which may be relevant to our consideration of your application for insurance.

HOW TO COMPLETE THIS FORM

This form should be completed by a senior executive officer of the applicant firm who should make all necessary enquiries to enable all of the questions to be answered.

SECTION 1: COMPANY DETAILS

Broker code:

1.1 Please state the name and address of the Company for whom this insurance is required:

Insured company: _____

Address: _____

Postal Code: _____

Contact name: _____ E-mail: _____

Website: _____

SECTION 2: THE INSURED EVENT

2.1 Please state:

a) the name of the event to be insured:

b) the name and address of the venue where the event to be insured is to take place:

Venue: _____

Address: _____

Postal Code: _____

c) the start and finish dates of the event to be insured:

from to

d) the start and finish hire dates of the venue where the event to be insured is to take place:

from to

2.2 Please state the type of event to be insured:

Trade show:	<input type="checkbox"/>	Seminar:	<input type="checkbox"/>
Consumer show:	<input type="checkbox"/>	Convention:	<input type="checkbox"/>
Sporting event:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

If the event to be insured is a sporting event or 'other' type of event, please provide full details, and continue on the ADDITIONAL INFORMATION page if necessary:

2.3 Please state:

a) your role in the event to be insured:

b) if you are not organizing the event to be insured please state who is organizing the event on your behalf:

c) whether the individual has organized an identical or similar event before:

Yes No

If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:

2.4 Please state whether the event to be insured will be held, in whole or in part, in the open air, in a tent, a Yes No marquee or other temporary structure:

If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:

2.5 Please state whether all necessary licenses, permits, visas or permissions have been obtained from all relevant authorities or the emergency services: Yes No

If no, please explain why:

2.6 Please state:

a) the budget for the event to be insured by completing the form below:

Expenses	Amount	Gross Revenue	Amount
1. General administration:		1. Ticket sales:	
2. Printing, promotion and advertising:		2. Programme sales:	
3. Venue hire:		3. Merchandising:	
4. Facilities and equipment rental:		4. Fees:	
5. Communication costs:		5. Commissions:	
6. Sponsorship:		6. Sponsorship:	
7. Wages, salaries and benefits:		7. Advertising:	
8. Broadcasting and television rights:		8. Concessions:	
9. Insurance, other than this insurance:		9. Broadcasting and television rights:	
10. Other:		10. Other:	
Total:		Total:	

If other, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:

b) whether any third party has a financial interest in the anticipated revenue generated from the event to be insured: Yes No

If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:

2.7 Please state whether you require cover for adverse weather: Yes No
If yes, please complete SECTION 4 of this form, if no, please continue to SECTION 6.

2.8 Please state whether you require cover for non appearance: Yes No
If yes, please complete SECTION 5 of this form, if no, please continue to SECTION 6.

SECTION 3: ADVERSE WEATHER

Only complete this section if you require cover for adverse weather.

3.1 Please state whether there are any weather or ground conditions which may cause the cancellation, abandonment, postponement, curtailment or interruption of the event to be insured:

Yes No

3.2 Please state whether the event to be insured has been held before:

Yes No

a) how many times has the event been held:

b) whether the event was held at the venue stated in 2.1 b):

Yes No

c) whether the event took take place on a similar date:

Yes No

3.3 Please state:

a) whether the event to be insured has ever been affected by adverse weather or unsuitable ground conditions:

Yes No

b) whether any measures have been take to prevent a reoccurrence of the situation:

Yes No

If you have answered yes to a) or b) please provide full details, and continue on the ADDITIONAL INFORMATION page if necessary:

3.4 Please state whether there has been any drainage or other ground improvements made to the venue where the event to be insured during the past 10 years:

Yes No

If yes, please provide full details, and continue on the ADDITIONAL INFORMATION page if necessary:

3.5 Is the event to be insured to take place on a hard standing surface:

Yes No

If no please state what contingency arrangements are in place in the event of any adverse weather or ground conditions, and continue on the ADDITIONAL INFORMATION page if necessary:

3.6 Please state whether any part of the venue where the event to be insured is to take place is reserved for camping:

Yes No

If yes please state what contingency arrangements are in place in the event of any adverse weather or ground conditions, and continue on the ADDITIONAL INFORMATION page if necessary:

3.7 Please state whether any part of the venue where the event to be insured has ever been flooded or otherwise affected by adverse weather or ground conditions during the last 5 years:

Yes No

If yes please provide full details, and continue on the ADDITIONAL INFORMATION page if necessary:

3.8 Please state whether the venue has been booked by a third party to run an event 6 months before or 6 months after the date the event to be insured is scheduled to take place:

Yes No

If yes please provide full details, and continue on the ADDITIONAL INFORMATION page if necessary:

3.9 Please state whether there is an event management plan in place for the event to be insured:

Yes No

If yes please attach a copy.

SECTION 4: NON-APPEARANCE

Only complete this section if you require cover for non-appearance.

4.1 Please state:

a) the name(s) of the key person(s) booked to appear at the event to be insured:

Name	Role of the key person	Date of birth
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

b) whether the key person(s) has any pre-existing physical or medical condition that could affect their attendance at the event to be insured:

Yes No

If yes, please provide full details, and continue on the ADDITIONAL INFORMATION page if necessary:

c) where the key person(s) will be travelling from:

d) how the key person(s) will travel to the event to be insured:

e) whether there is a pre-agreed time of arrival:

 Yes No

If yes, please provide full details, and continue on the ADDITIONAL INFORMATION page if necessary:

f) whether the key person(s) has any commitments that could affect their attendance at the event to be insured:

 Yes No

If yes, please provide full details, and continue on the ADDITIONAL INFORMATION page if necessary:

g) whether there is a written contract in place between you and the key person(s) in respect of the event to be insured:

 Yes No

h) whether the key person(s) is being paid a fee:

 Yes No

SECTION 5: INSURANCE HISTORY

5.1 Have you ever:

a) made a claim for event cancellation?

 Yes No

b) had event cancellation insurance declined by any insurer?

 Yes No

If you have answered yes to a) or b) please provide full details, and continue on the ADDITIONAL INFORMATION page if necessary:

SECTION 6: INSURANCE REQUIREMENTS

6.1 Please state:

a) the limit of liability you require:

b) whether the limit of liability is the full extent of your responsibility:

 Yes No

If no, please explain why, and continue on the ADDITIONAL INFORMATION page if necessary:

c) whether you require any additional cover (tick as appropriate):

Terrorism:	<input type="checkbox"/>	Windstorm:	<input type="checkbox"/>
Earthquake:	<input type="checkbox"/>	Enforced reduced attendance:	<input type="checkbox"/>
Failure to vacate:	<input type="checkbox"/>	National mourning:	<input type="checkbox"/>
		Other:	<input type="checkbox"/>

d) Loss payee (if other than the insured company):

SECTION 7: DECLARATIONS

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material circumstance.
- I undertake to inform Underwriters of an alteration to any material circumstance before the completion of the contract.
- I agree that the necessary contractual arrangements will be in place and valid for the period of policy or the event to be insured.
- I agree that the event to be insured conforms to legal requirements.

Signed: _____	Full name: _____
Position held: _____	Date: _____ DD / MM / YY

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* If clicking on **Submit Application** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to quotes@abexinsurance.com or fax it to 1-855-821-7060.

ADDITIONAL INFORMATION: