Event Cancellation Application

About This Program

This application is used to insure event cancellation for a single event.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement

Applicant Information

Named Insured:	
Entity Type:	☐Individual ☐LLC ☐LLP ☐Corporation ☐Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Underwriting Qualification Questions

Has the event been held before and suffered a cancellation loss?	☐ Yes ☐ No
Any pending labor contract expirations or possible strikes?	☐ Yes ☐ No

Event Details

Type of Event	
Event Name	
Budget (cost of event)	
Date(s) of Event	From: / / To: / /
Venue Name	
Venue Address, City, State, Zip	
Brief Descripotion of Event	
Names of any artists/bands	
Event will take place indoors or outdoors	☐ Indoors ☐ Outdoors

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Coverages

Dates of Coverage Effective: / / Expiration: / /

Coverage	Limit	Deductible
Inland Marine		
Event Cancellation	Included for event budget	n/a
Adverse Weather	☐ Include ☐ Exclude	n/a
Named Storms *	☐ Include ☐ Exclude	n/a
Non-Appearance **	☐ Include ☐ Exclude	n/a
Door Registration Receipts	☐ Include ☐ Exclude	n/a
Personal Property	☐ Include ☐ Exclude	n/a
Earth Movement	☐ Include ☐ Exclude	n/a

Notes:

- Adverse Weather Coverage is included only if the policy is purchased at least 10 days prior to the event effective date.
- For events that occur in the states of AL, FL, GA, LA, MS, NC, SC, TX, & VA during the period June 1st through November 30th, adverse weather coverage does not include coverage for named storms. Named storms coverage is available in these states as an option only if the event cancellation policy is purchased at least 15 days prior to the event effective date.

Applicant Signature: Date:

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: Insurance Agency/Agent: License Number:

NOTE: Availability of coverage will depend on individual risk characteristics and the State in which insured is located.

Non-Appearance Schedule of Covered Persons

Complete this section if non-appearance coverage is required.

Individuals to be Scheduled

First & Last Name	Profession	Date of Birth	Limit
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Notes:

- The maximum limit per person and aggregate limit for all persons is $100,000.

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

☐ **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.

☐ **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 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.

☐ **FLORIDA:** Any person who knowingly and with intent to 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.

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

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

☐ **MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to $5,000.00.

☐ **MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

☐ **NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

☐ **OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

☐ **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.

☐ **OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

☐ **Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

☐ **RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
_____**YES** _____**NO**

☐ **UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

☐ **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.

☐ **ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

_____ SIGNATURE OF APPLICANT

_____ DATE