

Event Cancellation Insurance Application

1. **Insured:** Association or Organization Holding the Event, (if event is a joint venture, please list both organizations).
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tel: (_____) _____ Fax: (_____) _____ Email: _____
 Website: _____
 Please check if you are a member of the following associations: (Not required for insurance) ASAE IAEE MPI

2. **Event To Be Insured:** If you have multiple events, please complete an additional event application for each.
 - a. Full name of event: _____
 - b. Dates of the event: (inclusive of move in/out dates) From: _____ To: _____
 - c. Type of event: (check all that apply)
 Convention/Meeting Tradeshow/Exposition Consumer Show Other: _____
 - d. Is the event open to the Public? Yes No
 - e. Does the event include any teleconferencing? Yes No
 - f. Is coverage for non-appearance of any individual (e.g., speaker) required for the successful fulfillment of the event? If yes, provide details under separate attachment. Yes No
 - g. Is any part of this event to be held outdoors, in a tent or in a temporary structure? Yes No
 Will adverse weather preclude the fulfillment of the event? Yes No
 If you answered "yes" to either question in section g, please provide details under separate attachment.
 - h. Has this event been held before? If so, how many years? _____ Yes No
 - i. Estimated number of attendees expected: _____

3. **Event Facility:**
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 - a. Do written contracts exist between you and the facility? Yes No
 - b. Have all the necessary arrangements for the successful fulfillment of the event been made? Yes No
 - c. Will all necessary licenses, visas, and/or permits be obtained and all contractual arrangements be confirmed in writing within a minimum of 14 days prior to the event? Yes No
 - d. Is the facility presently under construction or renovation and/or will it be at the time of the event? Yes No

4. **Financial Information:** (See page 2 for additional information for completing this section.)
 - a. Please provide the following information about the event to be insured and include a copy of the budget.
 Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net: \$ _____
 - b. What percentage of your Gross Revenue comes from: Attendance Fees: _____% Exhibitor Fees: _____%
 - c. Do the Gross Revenue/Expenses stated above represent the full extent of your financial responsibilities?
 Yes No
 - d. Has the event to be insured ever sustained a loss covered by insurance? Yes No
 If yes, provide details under separate attachment.
 - e. Please state the dollar amount of the Insured Commitments you would like to insure, if any (e.g., room block, etc):
 \$ _____

5. **Pre-Existing Potential Loss:** Are you aware of any circumstances existing or threatened that may possibly result in a claim under this insurance? (If yes, provide details.) Yes No

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-disclosure or misrepresentation of a material fact will entitle the company to void the 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.

Name: _____ Signature: _____
 Title: _____ Date: _____

Please sign and return completed form to Showguard@novickgroup.com or via mail/fax to:

Novick Group, Inc. • One Church Street • Suite 400 • Rockville, MD 20850 • Tel 301.917.6599 • Fax 301.795.6610



Is That The Right Number?

Your responses in **Section 4: Financial Information** are so very important that we want you to take a moment to read this memo and look back to the application.

In the event of a claim, the insurance company will require that you be able to show the source material that supports the revenue and expense estimates in the completed application. We encourage all clients to make use of a pro forma budget that relies on historical results, but to be certain that it captures future event specific detail as well. It should be understood that this document would often be the principal claim reconciliation reference record.

There is no single template for associations to rely on in determining the budgeted gross revenue and expense estimates required in the application. The following is a partial list of revenue sources, expenses and financial commitments associated with many meetings that are often overlooked.

Site Visit Expense: May have been incurred years before the meeting itself

Meeting Department Expense: Allocations for overhead, salary, benefits, taxes, dues and subscriptions

Advertising/Marketing: Expense in the promotion of the meeting and advertising revenue

Legal: Legal review of contracts

Related Meeting Expenses: Board, chapter and committee meeting expenses, while likely segregated from budgeted meeting expenses, may be subject to the same hazard that causes a loss to the meeting.

Room Block: Often the single largest financial commitment, and an indirect exposure in that the claim would result from an inability to perform a contractual undertaking, rather than from an actual loss to the association.

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