

### 1. INSURED: Association or Organization Holding the Event

Name ..... Tel ( ..... ) .....  
Address ..... Fax ( ..... ) .....  
..... Email .....  
City ..... State ..... Zip .....  
Member?  ASAE  PCMA  MPI  IAEM (Not required for insurance)

### 2. EVENT TO BE INSURED: If more than one event to be insured, please complete supplemental application, section A.

Full Name of Event: .....  
Open Dates of Event: From ..... to ..... (Inclusive)  
 Convention/Meeting  Trade Show/Exposition  Consumer Show  Other Type of Event .....  
With Exhibits:  Yes  No      Dependent on two or less Speakers:  Yes  No  
With Teleconferencing:  Yes  No      Including Outdoor Events/Including Tent(s):  Yes  No  
Open to the Public:  Yes  No

**NOTE:** Please attach details (including number of attendees) for the event indicated above.

### 3. EVENT FACILITY

Name .....  
Address .....  
City ..... State ..... Zip .....  
a. Do written contracts exist between you and the facility?  Yes  No  
b. Please confirm you have made all the necessary preliminary arrangements essential to ensure that a satisfactory event can be held on the scheduled date.  Yes  No

### 4. FINANCIAL INFORMATION: If budget or revenue exceeds \$3M, please complete supplemental application, section B.

a. Please provide the following information about the event to be insured and attach a copy of the budget.  
BUDGETED GROSS REVENUE: \$ ..... BUDGETED EXPENSES: \$ ..... BUDGETED NET: \$ .....  
b. At any time during the past 5 years has your organization had an event that suffered a loss?  Yes  No  
If "Yes", provide full details on a separate attachment.  
c. Estimate the percentage of your estimated gross revenue from:  
Attendance Fees: ..... Exhibitor Fees: .....  
d. Does the gross revenue stated above represent the entire gross revenue of the event and not a portion?  Yes  No

### 5. PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances, existing or threatened, that may possibly result in a claim under this insurance?  Yes  No  
If "Yes", provide full details on a separate attachment.

### PLEASE READ AND SIGN BELOW

The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted to the insurer are true and correct.

Signing of this application does not bind the applicant or the insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

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.

Name ..... Signature .....  
Title ..... Date .....

### PLEASE SIGN AND RETURN COMPLETED FORM TO:

Novick Group, Inc. • One Church St., Suite 400 • Rockville, MD 20850 • Tel 301.795.6600 • Fax 301.795.6610 • novickgroup.com

Association or Organization name .....

Please complete this supplemental application for each additional event to be insured.

### SECTION A

#### EVENT TO BE INSURED

Full Name of Event: .....

Open Dates of Event: From ..... to ..... (Inclusive)

Convention/Meeting  Trade Show/Exposition  Consumer Show  Other Type of Event .....

With Exhibits:  Yes  No      Dependent on two or less Speakers:  Yes  No

With Teleconferencing:  Yes  No      Including Outdoor Events/Including Tent(s):  Yes  No

Open to the Public:  Yes  No

**NOTE:** Please attach details (including number of attendees) for the event indicated above.

#### EVENT FACILITY

Name .....

Address .....

City ..... State ..... Zip .....

- Do written contracts exist between you and the facility?  Yes  No
- Please confirm you have made all the necessary preliminary arrangements essential to ensure that a satisfactory event can be held on the scheduled date.  Yes  No

#### FINANCIAL INFORMATION: If budget or gross revenue exceeds \$3M, please complete supplemental application, section B.

- Please provide the following information about the event to be insured and attach a copy of the budget.  
BUDGETED GROSS REVENUE: \$ ..... BUDGETED EXPENSES: \$ ..... BUDGETED NET: \$ .....
- At any time during the past 5 years has your organization had an event that suffered a loss?  Yes  No  
If "Yes", provide full details on a separate attachment.
- Estimate the percentage of your estimated gross revenue from:  
Attendance Fees: ..... Exhibitor Fees: .....
- Does the gross revenue stated above represent the entire gross revenue of the event and not a portion?  Yes  No

#### PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances, existing or threatened, that may possibly result in a claim under this insurance?  Yes  No  
If "Yes", provide full details on a separate attachment.

### SECTION B

Complete for each event where budget or gross revenue exceeds \$3M.

- Has this event been held before?  Yes  No
- Is the facility under construction or major renovation?  Yes  No
- Do you have a contingency plan if your event is delayed or postponed?  Yes  No  
If "Yes", provide full details on a separate attachment.
- Does your event require international travel of either exhibitors/attendees either to or from a foreign location or the import of international exhibitors/attendees to a domestic location?  Yes  No  
If "Yes", provide full details on a separate attachment.

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## **Is That The Right Number**

Your responses in Section 4. Financial Information (A. Budgeted Gross Revenue/Expense/Net) 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 & expense estimates in the completed application. We encourage all clients to make use of a pro forma budget relying on historical results but being certain it captures future event specific detail as well. It should be understood that this document will 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 so it's no surprise to find that meeting planners respond based on different criteria. The following is a list of revenue sources, expenses and financial commitments associated with many meetings that we have found are often overlooked.

Room Block – often the single largest financial commitment, room block is an indirect exposure in that the claim doesn't arise from an actual loss to the association but from performance of a contractual undertaking;

Site Visit Expense – often overlooked in the “meeting budget” because expense may be incurred years before the event itself;

Meeting Department Expense – perhaps because many association execs don't recognize these as insurable expenses, allocations for (i) overhead, (ii) salary, benefits & taxes and (iii) dues & subscriptions are rarely included as budgeted expense;

Advertising Revenue & Expense – not only the loss of advertising revenue but the association's advertising & marketing expense in promoting the meeting;

Related Meeting Expenses – while expenses associated with related events such as board, chapter & committee meetings (for which you are responsible) may be properly segregated from budgeted meeting expenses, the hazard that causes a loss to the meeting is likely to cause a loss involving these expenses as well;

Legal – legal review of contracts is highly recommended and associated expense for many associations is not insignificant



## **EVENT CANCELLATION INSURANCE ADDENDUM TO INSURE ROOM BLOCK**

Apart from obtaining coverage for the limit of indemnity stated in section 4 [financial information] of the application, coverage for Insured Commitments are also obtainable if they are made known to and agreed by Underwriters. Insured Commitments are defined as written financial undertakings made by the applicant that were needed to conduct the event, and were made before any loss causing occurrence.

If desired please state below the dollar amount of the commitment[s]:

\$ \_\_\_\_\_

Association or Organization: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_