



[Specialty Lines]

CONTINGENCY EVENT CANCELLATION APPLICATION



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CONTINGENCY EVENT CANCELLATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Insured Company: _____

Address: _____ Postal Code: _____

Contact Name: _____ Email: _____

Website: _____

PART 2 THE INSURED EVENT

An "Additional Information" page has been provided at the end of this document should you need more space to elaborate on any of your answers below.

The name of the event to be insured:

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

Venue: _____

Address: _____ Postal Code: _____

The start and finish dates of the event to be insured:

From: To:

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

From: To:

Please state the type of event to be insured:

Trade Show Consumer Show Sporting Event Seminar Convention Other

If the event to be insured is a "sporting event" or "other" type of event, please provide the full details below:

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 on your behalf below:

Please state whether the individual had organized an identical or similar event before: Yes No If "Yes", please provide full details below:

Please state whether the event to be insured will be held, in whole or in part, in the open air, in a tent, a marquee or other temporary structure:

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 not below:

Please state:

(a) The budget to be insured, by completing the form below:

Expenses	Amount	Gross Revenue	Amount
General Administration:	\$	Ticket Sales:	\$
Printing, Promotion & Advertising:	\$	Programme Sales:	\$
Venue Hire:	\$	Merchandising:	\$
Facilities and Equipment Rental:	\$	Fees:	\$
Communication Costs:	\$	Commissions:	\$
Sponsorship:	\$	Sponsorship:	\$
Wages, Salaries and Benefits:	\$	Advertising:	\$
Broadcasting and Television Rights:	\$	Concessions:	\$
Insurance, other than this insurance:	\$	Broadcasting and Television Rights:	\$
Other:	\$	Other:	\$
TOTAL	\$	TOTAL	\$

If "Other" please provide full details below

(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 below:

Please state whether you require coverage for adverse weather: Yes No If "Yes", complete **Part 3** of this form, if "NO", continue to **Part 5**

Please state whether you need coverage for non-appearance: Yes No If "Yes", complete **Part 4** of this form, if "NO", continue to **Part 5**

PART 3 ADVERSE WEATHER

Only complete this section if you require coverage for adverse weather

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

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

Yes No

(a) How many times has the event been held?

(b) Was the event held in the venue and address stated above under Part 2 of this application?

Yes No

(c) Will the event take place on a similar date to previous year(s)?

Yes No

(d) Please state whether the event to be insured has ever been affected by adverse weather of unsuitable ground conditions:

Yes No

(e) Have any measures been taken to prevent the reoccurrence of the situation?

Yes No

If you answered "Yes" to (d) or (e) above, please provide full details below:

Please state whether there have been any drainage or other ground improvements made to the venue where the event to be insured has been held the past 10 years?

Is the event to take place on a hard standing surface?

Yes No

If "No" to above, please state what contingency arrangements are in place in the event of any adverse weather or ground conditions below:

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

Yes No

If "Yes" to the above, please state what contingency arrangements are in place in the event of any adverse weather or ground conditions below:

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

Yes No

If "Yes" to above, please provide details below:

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. If "Yes", please provide full details below.

Yes No

Please state whether there is an event management plan in place for the event to be insured. If "Yes", please attach a copy.

Yes No

PART 4 NON-APPEARANCE

Only complete this section if you require coverage for non-appearance

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

Name(s)	Role of the Key Person	Date of Birth (DD/MM/YYYY)

Please state whether the key person(s) has any pre-existing physical or medical condition that could affect their attendance at the event to be insured. If "Yes", please provide full details below: Yes No

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

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

Is there a pre-arranged time of travel? If "Yes", please provide full details below: Yes No

Does the key person(s) have any commitments that could affect their attendance at the event to be insured? If "Yes", provide details: Yes No

Please state whether there is a written contract between you and the key person(s) in respect of the event to be insured: Yes No

Please state whether the key person(s) is being paid a fee: Yes No

PART 5 INSURANCE HISTORY

(a) Have you ever made a claim for event cancellation? Yes No

(b) Have you ever had cancellation insurance declined by any insurer? Yes No

If "Yes" to the questions (a) or (b) above, please provide full details

PART 6 INSURANCE REQUIREMENTS

Please state the limit of liability you require: \$ _____

Please state whether the limit of liability is the full extent of your responsibility. If "No", please explain why below: Yes No

Please state whether you require additional coverage (check as appropriate below):

Terrorism Earthquake Failure to Vacate Windstorm Enforced Reduced Attendance National Mourning Other

If "Other", please give details below:

Loss Payee (if other than the insured company):

ADDITIONAL INFORMATION

NOTICE TO APPLICANT:

I/we declare that the best of my/our knowledge and belief the answers given on this application whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

If this application has been completed on my/our behalf, I/we agree in person is deemed to be my/our agent and not an agent for the Insurer and I/we have read the information provided before signing the form.

This application must be signed by a principal, director or partner of the proposed First Named Insured.

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Date:

Signature of Applicant:

Company name and position held:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Have you personally viewed the applicants operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this applicant?

Broker's Signature:

Position:

Please print name:

Date: