**APPLICATION FOR EVENT CANCELLATION**

**1. INSURED:** Association or Organization holding Event

Name

Address

City State  Zip

Telephone  Facsimile  E-mail

Please check if you are a member of the following associations: AMC **[ ]** ASAE [ ]  IAEE [ ]  MPT **[ ]**

**2. EVENT TO BE INSURED**

TYPE:

**[ ]** CONVENTION/MEETING **[ ]** With Exhibits **[ ]** Without Exhibits  **[ ]** With Teleconferencing

**[ ]** TRADE SHOW/EXPOSITION **[ ]** Open to the Public **[ ]** Not Open to the Public

**[ ]** CONSUMER SHOW  **[ ]** Event dependent upon 2 or less speakers

OTHER TYPE OF EVENT Details: (Provide a separate attachment if necessary)

Full Name of Event

Open Dates of Event: From  to  (inclusive)

Is any part of the event to be held in the open, in a tent or in any structure of a temporary nature? **[ ]** Yes **[ ]** No

**3. 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

**4. FINANCIAL INFORMATION**

a. Please provide the following information about the event to be insured.

**\_\_\_**BUDGETED GROSS REVENUE: **$****\_\_\_**BUDGETED EXPENSES: **$**

**\_\_\_**BUDGETED NET INCOME: **$**

b. Does the Gross Revenue stated above represent the entire Gross Revenue of the event and

not a portion? **[ ]** Yes **[ ]** No

c. At any time during the past 5 years have you had an event that suffered a Loss that was covered

by insurance? **[ ]** Yes **[ ]** No

**5. PRE-EXISTING POTENTIAL LOSS**

Are you aware of any circumstances existing or threatened, that may possibly result in a claim under the

insurance? If the answer to this question is yes, provide full details on a separate attachment. **[ ]** Yes **[ ]** No

**NOTE:** If you become aware of any such circumstances after completing this application and before the date

insurance of the Convention commences, you must disclose the circumstance to the insurers immediately to see

if the insurance will be affected.

**PLEASE READ AND SIGN BELOW**

**Signing this Application and Declaration does not bind the applicant or the company to complete the Insurance, but it is agreed that this Application and Declaration shall be attached to and form part of any policy which maybe subsequently issued.**

I declare that the statements and estimates made herein after due inquiry are true to the best of my knowledge and belief.

Name       Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please print) (As authorized person for and on behalf of the INSURED)

Title       Date



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**Supplemental Application for – Virtual Events and/Hybrid events**

**(please complete this supplement for all events, along with Expo Application)**

**APPLICANT NAME:**

1. Please state the date and time of the Virtual Transmission:

      \_

2. Will the Insured Event be:

i) 100% virtual: Yes[ ]  No[ ]  or

ii) Hybrid i.e. both physical and virtual. Yes[ ]  No[ ]

1. If hybrid, please split:      % virtual;      % physical
2. If Hybrid, can the Virtual Transmission proceed without the physical Insured Event

and vice versa? Yes [ ] No [ ]

3. Has the Applicant contracted with any individual or organization (a Virtual Transmission Partner) to help deliver the

 Virtual Transmission? Yes [ ]  No [ ]

1. If Yes,
	1. Please provide Full Name and address:

* 1. Has a written Contract been signed with Virtual Transmission Partner? Yes [ ] No [ ]
	2. (If Yes please provide full contract)

b) Does the Virtual Transmission Partner have a current Cyber Insurance policy? Yes [ ]  No[ ]

c) Does the Proposer or the Virtual Transmission Partner have detailed remedies in place should the Insured Virtual Transmission be disrupted or cancelled owing to failure of the Host Platform? Yes [ ]  No[ ]

**Please consult with the Virtual Transmission Partner (if applicable) to answer the following questions:**

4. Please state the **Host Platform** to be used:

1. Have the operators provided written confirmation that there have been no problems within the last six months Yes [ ]  No[ ]

ii) Will any new or experimental technology be used? Yes [ ]  No[ ]  (If “Yes” please give full details)

1. Has the Host Platform Operator confirmed they have sufficient bandwidth to

transmit to the expected number of End Users? Yes [ ]  No [ ]

* 1. Is there any buffer between maximum bandwidth and maximum

expected End Users? Yes [ ]  No [ ]

* 1. Are End Users for the Insured Transmission required to pre-register? Yes [ ]  No [ ]

If No, please confirm how they will access the Virtual Transmission:

* 1. Are End Users charged a fee to access the Virtual Transmission? Yes [ ]  No [ ]
	2. Can the Virtual Transmission be postponed or delayed in the

event of failure or malfunction of the Host Platform? Yes [ ]  No [ ]

* 1. What is the maximum delay / interruption to the Virtual Transmission

that can be sustained before any financial loss would be incurred?

* 1. What is the maximum delay / interruption that can be sustained before it

would become necessary to cancel or abandon the Virtual Transmission?

1. Is there a back up method of transmission available in the event of failure

of the primary method: Yes [ ]  No [ ]

* 1. how quickly can transmission be switched?
	2. Is all equipment critical to the transmission within permanent buildings, undercover or in purpose built vehicles at the location where the Virtual

Transmission originates? Yes [ ]  No [ ]

* 1. Does all critical equipment have a backup or redundancy system? Yes [ ]  No [ ]
1. Address where the Transmission of the Virtual event will be produced/held: