**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:

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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: