

# APPLICATION FOR EVENT CANCELLATION

Please Print or Type

## 1. INSURED: Association or Organization holding Event

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

## 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 may be 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 **X** \_\_\_\_\_  
(Please print) (As authorized person for and on behalf of the INSURED)

Title \_\_\_\_\_ Date \_\_\_\_\_

**Return this application to:**

**WALTERRY** INSURANCE BROKERS

7411 OLD BRANCH AVENUE, CLINTON, MARYLAND 20735

301-868-7200 800-638-8791 FAX 301-868-2611 [insurance@walterry.com](mailto:insurance@walterry.com) <http://www.walterry.com>