



1. APPLICANT: Entity holding the Event

Name: Telephone:
Physical Street Address (Required): Fax:
City: State: Zip Code:
Email: Website:
Type of business and/or purpose of entity:
Number of years entity has been in existence:
What is the involvement of the applicant in the event? Organizer Promoter Manager Artist Sponsor
Other (provide full details)

2. EVENT TO BE INSURED:

Full Name of Event
Name of Venue/Hotel/Convention Center
Address of Venue/Hotel/Convention Center
City: State: Country: Zip:
Date of Lease (Allowing for installation and dismantling) From To
Open Dates of Event From To
Alternate Dates (if any) From To
Will the event be: Indoors Outdoors Under temporary structures Indoors with some outdoor elements
Are you looking to insure adverse weather for the outdoor portion of an event? Yes No

If yes, please complete the Outdoor Event supplemental application

If you have multiple events, please provide a schedule including event name, location, dates of event, financial information, and sum (limit) to be insured.

- 3. TYPE OF EVENT: (check one) Athletic or Sporting Event Fair or Festival Music Event
Tradeshow/Conference/Convention Consumer Show (Art/Antique/Car/Boat/Garden)
Other (please describe)

A copy of the budget is required with the application if the budgeted gross revenue or expenses exceed \$1,000,000.

4. FINANCIAL INFORMATION:

Budgeted Gross Revenue: \$ Budgeted Expenses: \$ Budgeted Net Income (Loss): \$

- 5. Does any party other than the applicant have an interest in the Gross Revenue noted above? Yes No
If yes, please provide details
6. Do you have a Ticket Refund Policy? Yes No
If yes, please provide details
If no, then how do you intend to handle refunds and what procedure do you have in place?
7. Does the sum to be insured (limit) represent either the entire gross revenue or the expenses of the event and not a portion? Yes No
If no, please explain
8. Has this event been held before? Yes No
If no, please provide details of the applicant's experience in organizing events
9. Is this event open to the public? Yes No
10. Have all contractual arrangements necessary for the successful fulfillment of the Event been made and confirmed in writing? Yes No
11. Have all permits, contracts, visas, licenses or the like necessary of the event to be completed successfully been obtained at the time of this application or will they be obtained in good time prior to the start of the event? Yes No

12. Is the venue under construction or major renovation? .....  Yes  No

13. What period has been allowed for venue preparation/stage set-up? ..... Number of hours \_\_\_\_\_

14. Is coverage for non-appearance of any person required for the event? .....  Yes  No

**If yes, please complete the Non-Appearence supplemental application.**

15. Do you wish to purchase terrorism coverage? .....  Yes  No

16. Are you aware of any circumstances, currently existing or threatened, that may possibly result in a claim under this insurance? .....  Yes  No

If yes, please provide details \_\_\_\_\_

**NOTE:** If you become aware of any such circumstances after completing this application, and before the date insurance for the event commences, you must disclose the circumstances to the insurers immediately, as this may affect this insurance.

17. Have you at any time within the last 5 years had a loss, or circumstances which could have led to a loss which would have been covered by this insurance? .....  Yes  No

If yes, please provide details \_\_\_\_\_

18. Do you have:

(a) Any further material facts to disclose (material facts are those facts which might influence the acceptance or assessment of the proposal); .....  Yes  No

OR

(b) Any special non-standard request for coverage which you wish underwriters to consider? .....  Yes  No

Please enter any material facts or special coverage requests below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN BELOW:**

Signing this application and declaration does not bind either the application or the underwriter to provide the insurance. 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 agreed that this application and declaration shall be attached to and form part of any policy which may subsequently be issued.

**To be signed by the Insured**

*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. In accepting any quotation provided by result of this proposal request, the insured warrants that all information and answers provided in this proposal are true and correct. The Insured so warrants: . . .*  Yes  No

Name \_\_\_\_\_ Signature \_\_\_\_\_

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

**All quotations are subject to the receipt and acceptable review of the application and other underwriting information by the underwriter.**

**PLEASE SIGN AND RETURN COMPLETED FORM TO:**

2001 K Street, NW, Suite 625 North  
Washington, DC 20006  
seth.fleischer@affinitynonprofits.com  
Phone: 202.429.8532 or 800.432.7465 ext. 8532  
Fax: 202.429.8584