Supplemental Application - Outdoor Events





1.	Name of Event:
2.	Event Location:
3.	Date and Time of Event:
4.	Time and date when Set Up of Event begins:
5.	Description of Event:
6.	Describe any weather and / or ground conditions which could cause the event to be canceled, abandoned or disrupted, or cause additional costs to be incurred:
7.	Has the event been held before? ☐ Yes ☐ No
8.	If yes, how many times a. In all?
	b. At this location?
9.	Has the Event ever been affected by adverse weather and/or ground conditions? ☐ Yes ☐ No
	If Yes, please give details:
10.	If Yes to question 9, please provide detail of any measures that have been taken to prevent the situation reoccurring?
11.	Does the Event take place on tarmac, hard standing or similar surface?
12.	Have any drainage or ground improvements been made to the Event site (including car parks or camping grounds) in the last 10 years?
13.	Is the car parking on tarmac, hard standing or similar surface?
14.	Are camping grounds required/provided for the Event?

15.	Has any part of the Event site (including car parks or camping grounds) been flooded or waterlogged during the last five (5) years?
	If Yes, please give details:
16.	Proportion of Tickets sold / Revenue generated in advance of the Event:
17.	Are there any other Events scheduled to take place on the Event site in the 14 days directly before or after the Event?
	Please provide details:
18.	If the event has both indoor & outdoor components, what proportion of the sum insured is: Indoors \$ Outdoors \$
19.	ls the venue or any surrounding area that is being used for the event exposed to strong wind, flood or water logging?
	If yes, please give details:
20.	Will the stage or area in which the performers work be covered by a roof and on three sides and will all electrical equipment be protected to comply with industry standards against adverse weather
	If yes, please give details:
	If no, please give details of what protections, if any, are in place:
To The	ASE READ AND SIGN BELOW: Doe signed by the Insured The undersigned applicant represents that the statements set forth in this application and its attachments and other materials mitted to the insurer are true and correct. In accepting any quotation provided by result of this proposal request, the insured rants that all information and answers provided in this proposal are true and correct. The Insured so warrants:
Naı	ne Signature
	e Date
Em	ail

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

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