

ASAE-Endorsed Event Cancellation Insurance Application

Aon Association Services 1120 20th Street NW, Ste 600 Washington, DC 20036 (800) 432-7465, Fax (202) 429-8584 www.asae-aon.com

1.1	INSURED: (Association	-	on holding the Ev	ent)			_	
	Name:							M
	Physical Street Addr							
	City:			•				
	Phone:							
21	Are you a member EVENT TO BE INSUR		Society of Associa	ation Executive? (Not required for	Insurance)	Yes	No
2	Full Name of Event							
	Facility Name & Add	dress		City	/:	State:	Zip:	
	Open Dates of Even * If you have multip	t: From	To	2			·	
3. I	FINANCIAL INFORMA Budgeted Gross Rev		Budgeted	Expenses: \$	Budget	ed Net Income/Loss	s: \$	
	Please provide the a NOTE: The policy at							
4.		• •						
	Attendees fee: **A copy of the bug						00.000	
5.				-				No
6.	Has this event been	held before?		· · · · · · · · · · · · · · · · · · ·			Yes 🗌	No
	Is coverage for non-			,				
	ls your event going							
9.	Is any part of the even If yes, provide detail		doors, in a tent, oi	r in a temporary no	n-permanent struc	ture?	····· Yes	No
	. Do written contract	s exist between yo						
	. Have all the necessa							
	. Is the facility under							
	. Do you have a conti	• • • •			yes, provide detail	S	····· Yes	No
	. FUTURE EVENT INF Has your organization If yes, provide detail	on decided where Is so that we may	your events will b be able to provide	e held in the future an accurate quote			🗌 Yes 🔲	No
15.	. FUTURE EVENT(S)	TO BE INSURED (BEYOND THE NEX	XT 12 MONTHS)				
	Full Name of Event							
	Facility Name & Ado	dress		City	:	State:	Zip:	
	Open Dates of Even *If you have multip			the supplementa	event applicatio	n.		
16.	. FINANCIAL INFORM							
	Budgeted Gross Rev		5	Expenses: \$	Budget	ed Net Income/Loss	s: \$	
17.	. PRIOR CLAIMS & P Are you aware of an If yes, provide detail NOTE: If you becom	y circumstances, c	currently existing o	or threatened that n	nay possibly result	in a claim under thi	s insurance? Yes Durance for the even	No ent
	commences, you m	ust disclose the ci	rcumstances to the	e insurers immediat	ely, as this may aff	ect this insurance.		
18.	. Have you at any tim would have been co						🗌 Yes 🔲	No
	EASE READ AND SIG		ind aither the - "	at an that we done it is	normida the star	he the a survey the	u mantani-l-l-	
the noti	ning this application and c answers to the questions l ify the insurer in writing, a ached to and form part of attachments and other ma	herein prior to the issu nd if necessary any c	ance date of the policy outstanding auotation	y, the application form may be modified or wi	would be considered i thdrawn. It is gareed t	naccurate or incomplete hat this application and	. The applicant will declaration shall be	nd
Nai	me		Signatu	re				
Titl	le	Date						

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

Aon Association Services is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency. A-12142-0616