

## ASAE-Endorsed Event Cancellation Insurance Application

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## **SUPPLEMENTAL INFORMATION** (ONLY REQUIRED FOR MULTIPLE EVENTS)





ADI	DITIONAL CURRENT EVENT(S) TO	BE INSURED	(within the next 12 mont	hs):	
				,	
1.)	Full Name of Event				
	Name and Address of Facility				
	City	State	Zip Code	Open Dates of Event: From	_ То
	Budgeted Gross Revenue: \$	Bu	dgeted Expenses: \$	Budgeted Net Income/Loss: \$ -	
2.)	Full Name of Event				
	Name and Address of Facility				
	City	State	Zip Code	Open Dates of Event: From	_ To
	Budgeted Gross Revenue: \$	Bu	dgeted Expenses: \$	Budgeted Net Income/Loss: \$ _	
3.)	Full Name of Event				
	Name and Address of Facility				
	City	State	Zip Code	Open Dates of Event: From	_ To
	Budgeted Gross Revenue: \$	Bu	dgeted Expenses: \$	Budgeted Net Income/Loss: \$ .	
_					
FUT	TURE EVENT(S) TO BE INSURED (	peyond the nex	t 12 months):		
1.)	Full Name of Event				
1.)	Full Name of Event  Name and Address of Facility				
1.)	Full Name of Event  Name and Address of Facility  City	State	Zip Code		_ To
1.)	Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$	State Bu	Zip Code dgeted Expenses: \$	Open Dates of Event: From Budgeted Net Income/Loss: \$ .	_ To
<ol> <li>1.)</li> <li>2.)</li> </ol>	Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$  Full Name of Event	State Bu	Zip Code dgeted Expenses: \$	Open Dates of Event: From Budgeted Net Income/Loss: \$ _	_ To
2.)	Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$  Full Name of Event  Name and Address of Facility	State Bu	Zip Code dgeted Expenses: \$	Open Dates of Event: From Budgeted Net Income/Loss: \$ _	_ To
2.)	Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$  Full Name of Event  Name and Address of Facility  City	State Bu	Zip Code  dgeted Expenses: \$  Zip Code	Open Dates of Event: From Budgeted Net Income/Loss: \$ _	_ To
2.)	Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$  Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$	State Bu State	Zip Code  dgeted Expenses: \$  Zip Code  dgeted Expenses: \$	Open Dates of Event: From Budgeted Net Income/Loss: \$  Open Dates of Event: From  Budgeted Net Income/Loss: \$	_ To
2.)	Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$  Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$  Full Name of Event	State Bu State Bu	Zip Code  dgeted Expenses: \$  Zip Code  dgeted Expenses: \$	Open Dates of Event: From Budgeted Net Income/Loss: \$  Open Dates of Event: From  Budgeted Net Income/Loss: \$	_ To
2.)	Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$  Full Name of Event  Name and Address of Facility  City  Budgeted Gross Revenue: \$  Full Name of Event  Name and Address of Facility	State Bu State Bu	Zip Code  dgeted Expenses: \$  Zip Code  dgeted Expenses: \$	Open Dates of Event: From Budgeted Net Income/Loss: \$  Open Dates of Event: From  Budgeted Net Income/Loss: \$	_ To

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