

TheInsuranceNet.com

Instructions for obtaining quotes for event cancellation insurance

- 1) Print out brochure and questionnaire.**
- 2) Fill out questionnaire completely.**
- 3) Fax back to 410-796-7456 (24 hr fax)**

- 4) or mail to....**

**TheInsuranceNet.com
5965 Sandy Ridge
Elkridge, MD 21075**

- 5) Call with questions 410-796-7497 or toll free 877-634-1256.**



EVENT CANCELLATION AND NON-APPEARANCE INSURANCE

◆ EVENT CANCELLATION & ABANDONMENT

This insurance indemnifies the Insured parties for costs and expenses incurred to organize and produce an entertainment event should the event be cancelled, abandoned, postponed, curtailed or relocated due to a cause beyond the control of the Insured.

◆ NON-APPEARANCE

This insurance indemnifies the Insured parties for costs and expenses incurred to organize an entertainment event resulting from cancellation, abandonment, postponement, curtailment or rescheduling due to any or all of the following:

- **Death, Accident or Illness**
- **Unavoidable Travel Delay**
- **Damage or Destruction of Venue**
- **Causes Beyond Insured's Control**



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

23929 Valencia Boulevard Suite 215 Valencia California 91355-2186

Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604

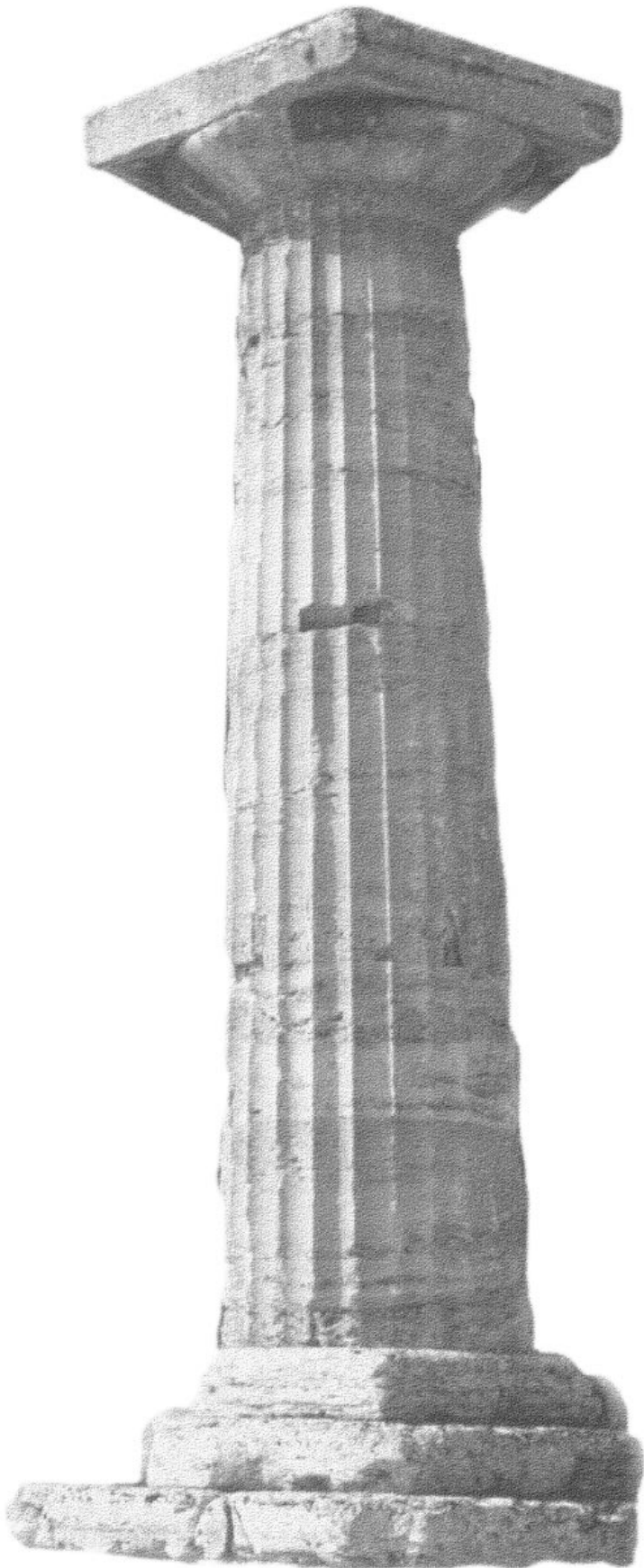
E-Mail: piu@piu.org Website: www.piu.org

PROPOSAL FOR _____

DATE _____

PRESENTED BY _____

EVENT CANCELLATION/ABANDONMENT & NON-APPEARANCE



ELIGIBLE EVENTS

- Sporting Events
- Concerts
- Theatrical Productions
- Conferences
- Indoor/Outdoor Shows
- Exhibitions

Consider this...

An organizer of an event incurs specific costs. These costs include promotions, staff, catering, security, sales, merchandising, other contracts and perhaps even a pre-agreed contract with a key or star performer.

Now Consider the losses should any of the following occur:

- Fire damage to the location
- Riot
- Postponement
- Extreme weather conditions
- No Show by key performer
- Relocation

In addition...

There are numerous other contingencies which can occur out of the control of the organizer which could cause a massive financial loss.

Each case is considered on its own merit. The following application/proposal form must be completed in order to provide the best consideration.

APPLICATION FOR CANCELLATION/ABANDONMENT & NON-APPEARANCE INSURANCE

INSURED PERSON OR ORGANIZATION

Name of Applicant _____ Telephone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____

What is the usual business of applicant and how long engaged therein? _____

What is/are applicant(s) involvement in Event/Performance? _____

Name of Loss Payee if other than applicant _____

EVENT

If more than one event/performance, please provide a separate schedule outlining times/dates and venue details.

Type of Event/Performance _____

Name of Event/Performance _____

Open dates of event _____ from: _____ To: _____

Lease dates _____ from: _____ To: _____

Venue _____

FINANCIAL INFORMATION

Please give details and **PROVIDE A COPY OF YOUR BUDGET** in respect to the Event(s)/Performance(s) to be insured.

Budgeted Expenses: \$ _____ Estimated Gross revenue: \$ _____

GENERAL INFORMATION

- 1) Is any part of this Event/Performance to be held in the open air or a temporary structure? YES NO
If YES; is the actual stage or area in which the performer(s) will work under cover? YES NO
AND; is/are the Venue(s) exposed to wind, flood or waterlogging? YES NO
If YES, please give details: _____
- 2) Has this Event/Performance been held before? YES NO
If YES, how often: _____
- 3) Is/are the event/performance(s) part of a larger production/series/promotion/tour? YES NO
If YES, please give details: _____
- 4) If the proposed event is a tour, what will be the mode of transport used by:
a. Insured person(s): _____
b. Equipment: _____
- 5) What allowances in the itinerary have been made for:
a. Travel Delay: _____
b. Set Up Time: _____
c. Stand By Dates: _____

Before answering Question 6 your attention is drawn to the fact that the insurance will contain warranties regarding necessary arrangements and contractual requirements.

- 6.) a. Have all necessary arrangements for the successful fulfillment of the Event(s)/Performance(s) to be insured been made? YES NO
If not, please give details: _____
- b. Have all necessary necessary licenses, visas, permits been obtained and have all contractual arrangements been confirmed in writing? YES NO
If not, please give details: _____

NON-APPEARANCE (This section need only be competed if Non-Appearance coverage is being requested)

- 1) Please give details of (all) persons to be insured. Name(s), Age(s) and Participation: _____

- 2) Has any person to be insured had any history of Non-appearance? YES NO
 If YES, please give details _____
- 3) Has any provision been made for Understudies or substitutes? YES NO
 If YES, please give details _____
- 4) Is/are the person(s) to be insured:
- a. suffering from any physical, psychological or any other medical conditions? YES NO
 - b. undergoing any form of medical or other treatment? YES NO
 - c. following any prescribed medical regime? YES NO
- If the answer is YES to any part of question 4, please give full details. (NB: answers to this question should only be made after consultation with person(s) to be insured. Underwriters may require a medical examination of the parties to be insured.) _____

COVERAGE REQUIRED (delete as applicable)

- 1) **Event Cancellation & Abandonment** (Costs & Expenses) YES NO Amount \$ _____
 If available, additional coverages required:
- a. Loss of Net Income YES NO Amount \$ _____
 - b. Adverse Weather YES NO
 - c. Reduced Attendance YES NO
- 2) **Non-Appearance** (Costs & Expenses) YES NO Amount \$ _____
 Coverages required:
- a. Death, Accident or Illness YES NO
 - b. Unavoidable travel delay YES NO
 - c. Damage to or destruction of Venue YES NO
 - d. Other causes (beyond Assured's control) YES NO
- If available, additional coverages required:
- a. Loss of Net Income YES NO Amount \$ _____

LOSS INFORMATION

- 1) If the Event(s)/Performance(s) have been held before under the present management or any other, has there been a loss in the past five years?
 YES NO If YES, please give details: _____

- 2) Are you aware of any circumstances, existing or threatened that may possibly result in a claim under this insurance? YES NO
 If YES, please give details: _____

DECLARATION (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 form part of any policy which may subsequently be issued.

I declare that the statements and estimates made herein, after due inquiry, whether in my own hand or not, are true to the best of my knowledge and belief. I understand that non-disclosure or mis-representation of any material fact will entitle Underwriters to void the insurance.

Binding Arbitration-waiver of Right to Trial by Jury: I understand and agree that any disputes concerning this insurance must be submitted to binding arbitration if the amount in dispute exceeds the jurisdictional limits of small claims court and is not resolved with a formal review by Underwriters. I understand and agree that this is a waiver of my and Underwriters rights to a trial by jury.

Applicant's Name: _____ **Signature** _____

Title: _____ **Date** _____