

ShowDown[®] EVENT CANCELLATION INSURANCE APPLICATION
Tradeshows / Conventions / Meetings / Expositions / Consumer & Public Events

APPLICANT INFORMATION

- 1 Name & address of organization applying for insurance _____

- 2 Phone Number _____ Fax Number _____
- 3 Email Address _____
- 4 Are you a member of IAEE? Yes _____ No _____ If yes, IAEE member # _____

EVENT INFORMATION

- 5 Name of event _____
- 6 Type of event (check all that apply)
 Convention/Meeting _____ Tradeshow/Exposition _____ Consumer/ Public Show _____ Other _____
- 7 How many years has this event been held under present management? _____
- 8 Lease Dates: _____ Move In Dates: _____ Move out Dates: _____
- 9 Event Dates: _____ Start Date: _____ End Date: _____
- 10 Name & Location of venue event will be held
 Name: _____
 City: _____ State: _____
- 11 Does your event include a Golf Tournament? If so, Date _____ Location: _____
- 12 Does your event include any off site events? If so, details _____
- 13 Would you like a quote for Gross Revenue or Expenses? (check one) Gross Revenue _____ Expenses _____
 List budgeted Gross Revenue from the event: \$ _____
 List budgeted Expenses from the event: \$ _____
 If a Consumer or Public Show, what percentage of your Gross Revenue comes from: _____ Gate receipts _____

PLEASE ATTACH A COPY OF VENUE CONTRACT AND BUDGET

FOR QUESTIONS 13-21 PLEASE CHECK YES OR NO:

- 14 Does the event include any teleconferencing? YES _____ NO _____
- 15 Will the event be held outdoors and/or under canvas? YES _____ NO _____
- 16 Will the venue require construction work? YES _____ NO _____
- 17 Have all necessary arrangements for the successful fulfillment of the event been made? YES _____ NO _____
- 18 Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? YES _____ NO _____
- 19 Do the sums represented in question No. (13) represent the full extent of your financial responsibilities? YES _____ NO _____
- 20 Has the event to be insured ever sustained an insured loss? YES _____ NO _____
- 21 Would the non-appearance of any individual preclude the successful fulfillment of the event? YES _____ NO _____
- 22 Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance? YES _____ NO _____

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance.

PRINT NAME _____ TITLE _____

SIGN NAME _____ DATE _____