

# Event Cancellation Application

## Contact Information

Name of Company / Organization: \_\_\_\_\_  
Entity Type:  Individual  LLC  LLP  Corporation  Non-Profit  Trust  
Primary Address: \_\_\_\_\_  
Mailing Address (if different to primary): \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Qualification Questions

Has the event been held before and suffered a cancellation loss?  Yes  No

## Event Details

Date(s) of Event \_\_\_\_\_  
Type of Event \_\_\_\_\_  
Event Name \_\_\_\_\_  
Budget (Cost of Event) \_\_\_\_\_  
Brief Description of Event \_\_\_\_\_  
Venue Name, Address, City, State, Zip \_\_\_\_\_  
\_\_\_\_\_  
Event will take place  Include  Exclude

## Coverage Options

Event Cancellation	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Adverse Weather	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Named Storms	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Non-Appearance	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Door Registration Receipts	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Personal Property	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Earth Movement	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude

Scheduled Persons (complete below if non-appearance is requested)

Insured Person(s)	Birth Date	Profession (Actor, Comedian etc)	Limit

Signature: \_\_\_\_\_

Date: \_\_\_\_\_