Wedding Cancellation Application

contact Information Name of Insured:				
Primary Address:				
Mailing Address (if different to primary):				
Contact Person:				
Phone:				
Fax:				
Email:				
ride & Groom Details				
	Brid	de	Gro	om
First Name				
Last Name				
Occupation				
Birth Date				
Drivers License Number				
U.S. Resident	Yes	☐ No	Yes	□ No
edding Details				
Cost of Wedding				
Number of Guests				
	Ceremony		Reception	
Venue Name	Coromony		Nocopiion	
Address				
City, State, Zip				
Country*				
Location:	☐ Indoors		☐ Indoors	
	Outdoors		☐ Outdoors	
*Optional Extended Policy Territory [the Caribbean Islands (excluding Cuba) and cruise	ne UK, Mexico, Bermud e ships leaving from por	a and the ts within these	☐ Include	

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Coverages

Cancellation Limit (up to the wedding cost)

Wedding Cost	Up to \$10,000	Up to \$25,000	Up to \$50,000	Up to \$75,000	Up to \$100,000	Over \$100,000
Additional Included Coverages						
Wedding Photo & Video	1,000	2,500	3,500	5,000	7,500	10,000
Wedding Gifts	1,000	2,500	3,500	5,000	7,500	10,000
Wedding Attire	1,000	2,500	3,500	5,000	7,500	10,000
Wedding Rings	1,000	2,500	3,500	5,000	7,500	10,000
Loss of Deposits	1,000	2,500	3,500	5,000	7,500	10,000
Extra Expense	1,000	2,500	3,500	5,000	7,500	10,000
Professional Counseling	500	500	500	500	500	500

The deductible is \$25 for each coverage section

0'	Data
Signature:	Date: