Application – Event Cancellation Insurance

SHOWSTOPPERS® K&K INSURANCE

1. APPLICANT: Entity holding the Event

Name: _____ Telephone: _____

Physical Street Address (Required): _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Website: _____

Type of business and/or purpose of entity: _____

Number of years entity has been in existence: _____

What is the involvement of the applicant in the event? ☐ Organizer ☐ Promoter ☐ Manager ☐ Artist ☐ Sponsor

Other (provide full details) _____

2. EVENT TO BE INSURED:

Full Name of Event _____

Name of Venue/Hotel/Convention Center _____

Address of Venue/Hotel/Convention Center _____

City: _____ State: _____ Country: _____ Zip: _____

Date of Lease (Allowing for installation and dismantling) From _____ To _____

Open Dates of Event From _____ To _____

Alternate Dates (if any) From _____ To _____

Will the event be: ☐ Indoors ☐ Outdoors ☐ Under temporary structures ☐ Indoors with some outdoor elements

Are you looking to insure adverse weather for the outdoor portion of an event? ..... ☐ Yes ☐ No

If yes, please complete the Outdoor Event supplemental application

If you have multiple events, please provide a schedule including event name, location, dates of event, financial information, and sum (limit) to be insured.

3. TYPE OF EVENT: (check one) ☐ Athletic or Sporting Event ☐ Fair or Festival ☐ Music Event
☐ Tradeshow/Conference/Convention ☐ Consumer Show (Art/Antique/Car/Boat/Garden)
☐ Other (please describe) _____

A copy of the budget is required with the application if the budgeted gross revenue or expenses exceed $1,000,000.

4. Maximum number of attendees (including exhibitors) on any one day of the Event.

☐ Less than 100 ☐ 100 to 1,000 ☐ 1,000 to 5,000 ☐ 5,000 to 10,000 ☐ 10,000 to 20,000 ☐ Over 20,000

5. FINANCIAL INFORMATION:

Budgeted Gross Revenue: $ _____ Budgeted Expenses: $ _____ Budgeted Net Income (Loss): $ _____

6. Does any party other than the applicant have an interest in the Gross Revenue noted above? ..... ☐ Yes ☐ No

If yes, please provide details _____

7. Do you have a Ticket Refund Policy? ..... ☐ Yes ☐ No

If yes, please provide details _____

If no, then how do you intend to handle refunds and what procedure do you have in place?

_____

8. Does the sum to be insured (limit) represent either the entire gross revenue or the expenses of the event and not a portion? ..... ☐ Yes ☐ No

If no, please explain _____

9. Has this event been held before? ..... ☐ Yes ☐ No

If no, please provide details of the applicant's experience in organizing events _____

_____

10. Is this event open to the public? ..... ☐ Yes ☐ No

11. Have all contractual arrangements necessary for the successful fulfillment of the Event been made and confirmed in writing? ..... ☐ Yes ☐ No

12. Have all permits, contracts, visas, licenses or the like necessary of the event to be completed successfully been obtained at the time of this application or will they be obtained in good time prior to the start of the event? . . ☐ Yes ☐ No

13. Is the venue under construction or major renovation? . . . . . ☐ Yes ☐ No

14. What period has been allowed for venue preparation/stage set-up? . . . . . Number of hours _____

15. Is coverage for non-appearance of any person required for the event? . . . . . ☐ Yes ☐ No

If yes, please complete the Non-Appearance supplemental application.

16. Do you wish to purchase terrorism coverage? . . . . . ☐ Yes ☐ No

17. Are you aware of any circumstances, currently existing or threatened, that may possibly result in a claim under this insurance? . . . . . ☐ Yes ☐ No

If yes, please provide details _____

NOTE: If you become aware of any such circumstances after completing this application, and before the date insurance for the event commences, you must disclose the circumstances to the insurers immediately, as this may affect this insurance.

18. Have you at any time within the last 5 years had a loss, or circumstances which could have led to a loss which would have been covered by this insurance? . . . . . ☐ Yes ☐ No

If yes, please provide details _____

19. Do you have:

(a) Any further material facts to disclose (material facts are those facts which might influence the acceptance or assessment of the proposal); . . . . . ☐ Yes ☐ No

OR

(b) Any special non-standard request for coverage which you wish underwriters to consider? . . . . . ☐ Yes ☐ No

Please enter any material facts or special coverage requests below:

_____

_____

_____

PLEASE READ AND SIGN BELOW:

Signing this application and declaration does not bind either the application or the underwriter to provide the insurance. In the event there is any material change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn. It is agreed that this application and declaration shall be attached to and form part of any policy which may subsequently be issued.

To be signed by the Insured

The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted to the insurer are true and correct. In accepting any quotation provided by result of this proposal request, the insured warrants that all information and answers provided in this proposal are true and correct. The Insured so warrants: . . . ☐ Yes ☐ No

Name _____ Signature _____

Title _____ Date _____

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

PLEASE SIGN AND RETURN COMPLETED FORM TO:

2001 K Street, NW, Suite 625 North
Washington, DC 20006

seth.fleischer@affinitynonprofits.com

Phone: 202.429.8532 or 800.432.7465 ext. 8532
Fax: 202.429.8584

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MANDATORY SIGNATURE SUPPLEMENT

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name:_____

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE (if applicable)
PRINT NAME	PRINT NAME
DATE (MM/DD/YY)	DATE (MM/DD/YY)