

Alliant Contingency and Event Cancellation Insurance

Tradeshow/Events/Conferences

1. Applicant Information

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Phone Number: _____
Type of Business: _____ Website: _____
Number of Years Entity has been in existence: _____

2. Event Information

- a. Name of Event: _____
b. Dates of Event: _____
c. Trade Show Conference Exhibition Consumer Show Annual Meeting
d. Venue Street Address: _____
City: _____ State: _____ Zip: _____
e. How many years has this event been held? _____
f. Financial Information

Total Event Expenses : \$ _____

Gross Event Revenue: \$ _____

(Please select which one you would like to use as the Insured Limit)

A complete and detailed budget breakdown is required for underwriting

3. Please confirm that the above amounts (question 2.e.) represent the full extent of your financial responsibilities: YES NO

- a. Does any other entity have an interest in the Gross Event Revenue? YES NO

4. What is the registration refund policy? _____

5. Does the Insured Event include any outdoor activities? YES NO

- a. If YES, please advise what those activities are, and what costs or revenue are associated:

b. What portion of revenue or costs are associated with outdoor activities? ____% of revenue
____% of costs

6. Does the Insured Event include any Virtual Components or Teleconferencing (i.e. video conferencing, webinars, etc.): YES NO
7. Have all necessary arrangements required for a successful event been made? YES NO
a. This includes all required permits, licenses, visas, contracts, etc. YES NO
8. Would the Non-Appearance of a key person, speaker, or artist result in a loss? YES NO
a. IF YES:
i. Is there a separate ticketed event for this individual? YES NO
ii. Please advise what the loss would be if they were to not appear: \$_____
9. Has the event ever suffered a loss that could have been covered by this type of insurance? YES NO
If YES, please provide details on the circumstances and costs:

10. Is the Applicant aware of any circumstance, actual or threatened, that could possibly result in a claim under this policy? YES NO
11. Do you have any additional information about the event or any special coverage requests that you would like to advise Underwriters?

I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION. YES NO

Name of Applicant: _____

Title: _____

Signature of Applicant: _____ Date: _____

Name of Broker: _____

Title: _____

Signature of Broker: _____ Date: _____