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 CA # 0334819

Application for Event Cancellation and Non-Appearance

PROPOSER CONTACT INFORMATION

1. Contact name: _____
2. Assured name: _____
3. Full address:
 Street address: _____
 City: _____ State: _____
 Country: _____ Postal code: _____
4. E-mail: _____
5. Telephone: _____
6. Facsimile: _____
7. Website address: _____

BROKER CONTACT INFORMATION (if applicable)

8. Contact name: _____
9. Agency name: _____
10. Full address:
 Street address: _____
 City: _____ State: _____
 Country: _____ Postal code: _____
11. E-mail: _____
12. Telephone: _____
13. Facsimile: _____
14. Can your office handle surplus lines tax filing? Yes No
 If so, name on license: _____
 License number: _____
 License expiration date: _____

EVENT INFORMATION

NOTE: If you require coverage for more than one event, please view the special note at the end of this application

15. Do you want to insure: gross revenue OR costs and expenses
NOTE: Gross revenue includes anticipated profit
16. Is coverage required for more than one event? Yes No
17. Name of event: _____
18. Type of event: (classical music event, motor sport (grass track), product demonstration, dance, regatta (rowing), garden show, dinner, parade, cycling, etc.): _____
19. Event dates: _____ / _____ / _____ to _____ / _____ / _____
(dd/mm/yyyy) (dd/mm/yyyy)
20. Total sum to be insured: _____ Currency: _____
NOTE: Your claim will be reduced if you do not insure the total amount of your exposure
21. What period has been allowed for venue preparation/stage set-up?
Number of hours: _____
22. Please advise how weather sensitive the event is, including what levels of adverse weather would cause the event to be cancelled: _____

VENUE INFORMATION

23. Full address:
Street address: _____ City: _____ State: _____
Country: _____ Postal code: _____
24. Will the event be held:
 Indoors
 Partially Outdoors (any aspect of the event is held in a marquee, tent or similar temporary structure which encloses part or all of the event)
 Entirely Outdoors with either a) fully covered stage including roof and 3 full sides or b) no stage or static performing area exists. If the stage or static performing area has a roof but does not have 3 full sides then the Entirely Outdoors with Uncovered Stage option should be selected.
 Entirely Outdoors with Uncovered Stage (the stage or other static performing area does not have a roof with 3 full sides). Please advise if the stage or static performing area has a roof but does not have 3 full sides including a description of any sides: _____
25. Is there any history of waterlogging and/or flooding at the event? Yes No
If yes, please describe: _____
26. Will non-appearance coverage be required? Yes No
NOTE: If you selected 'No' you can skip questions 27-33.

NON-APPEARANCE SECTION

IMPORTANT: Coverage provided for non-appearance is subject to a 30 day health warranty for each declared individual detailed in the Certificate. However, non-appearance coverage for declared individual(s) over 70 years old is limited solely to the occurrence of death within 14 days prior to the event.

27. Is the appearance of any professionally engaged artists, entertainers, or the like, essential to the proposed event going ahead? Yes No
28. Is the appearance of any professional sports persons, speakers or the like, essential to the proposed event going ahead? Yes No
29. Is the appearance of persons other than those referred to in (27) or, (28) essential to the proposed event going ahead? Yes No
30. Complete details of each individual to be included for non-appearance cover indicated above.*

NAME	DATE OF BIRTH
_____	(dd/mm/yyyy) ____/____/____
_____	(dd/mm/yyyy) ____/____/____
_____	(dd/mm/yyyy) ____/____/____
_____	(dd/mm/yyyy) ____/____/____

***If coverage for the non-appearance of more than four (4) individuals is requested, please attach list as a separate schedule.**

31. To your knowledge has the non-appearance of any named individual resulted in loss(es) during the past 5 years? Yes No
32. Total number of losses for all Insured Persons named above: _____
NOTE: If more than 2 losses, full details of all losses will be required. Please provide details below, if applicable.
33. Is the insured person(s) still paid if they do not appear at the event? Yes No
If the answer is no (they will not be paid), is their fee included in the limit of insurance? Yes No
If the answer is yes (the fee is included in the limit), please advise the amount of the fee: _____

ADDITIONAL INFORMATION

34. Have all permits, contracts, visas, licenses or the like necessary of the event to be completed successfully, been obtained at the time of this proposal, or will they be obtained before the coverage is bound? Yes No
35. Do you wish to purchase minimum terrorism coverage? Please make your selection below.
- TRIA Coverage: The event is entitled to coverage in accordance with the US Terrorism Insurance Act 2002 (TRIA).
- Limited Terrorism Coverage: Such cover is limited to actual acts of terrorism within a 25 mile radius of the event venue and within 30 days prior to commencement of the event.
- Limited Terrorism Coverage extended to include threat: Such cover is limited to actual acts of terrorism within a 25 mile radius of the event venue and within 30 days prior to commencement of the event extended to include threat of terrorism confirmed in writing by local or national government authorities as posing a real risk to the event.
- No coverage: No terrorism coverage required for the event.

36. Number of claims for cancellation or partial cancellation of event(s) held in the last 5 years*: _____

*Do not re-enter any claims information provided under the non-appearance section, if applicable.

NOTE: If more than 2 losses, full details of all losses will be required. Please provide details below, if applicable

DECLARATION:

37. At the date of this proposal, does the assured have any knowledge of any circumstance which could give rise to a claim under this proposed insurance? Yes No

38. Do you have: Yes No
(a) Any further material facts to disclose (material facts are those facts which might influence the acceptance or assessment of the proposal); or
(b) Any special non-standard request for coverage which you wish underwriters to consider?

Please enter any material facts or special coverage requests below:

IN ACCEPTING ANY QUOTATION PROVIDED BY RESULT OF THIS PROPOSAL REQUEST, THE ASSURED WARRANTS THAT ALL INFORMATION AND ANSWERS PROVIDED IN THIS PROPOSAL ARE TRUE AND CORRECT. THE ASSURED SO WARRANTS: Yes No

PLEASE NOTE WHEN INSURING MULTIPLE EVENTS:

- i. PLEASE COMPLETE THE EVENT INFORMATION AND VENUE INFORMATION SECTIONS FOR EACH EVENT TO BE INSURED (QUESTIONS 15 - 31). You may reprint additional copies of these pages and add them to the end of this application, or submit multiple requests via email.
- ii. IF AN OPTION FOR TERRORISM IS SELECTED IT WILL APPLY FOR ALL THE EVENTS YOU LIST. If you have certain Events which require cover for Terrorism and other Events which do not: Select the 'No Coverage' tick box in the Terrorism options section; Select 'Yes' to question 36, and please note in the special coverage are provided which of the listed Events require Terrorism and the type of terrorism coverage required.
- iii. WHETHER YOU HAVE SELECTED GROSS REVENUE OR COSTS AND EXPENSES, PLEASE NOTE THAT THE OPTION SELECTED WILL APPLY FOR ALL THE EVENTS LISTED. If you have certain Events which require cover for costs and expenses and other Event which require cover for gross revenue, you will need to create one Proposal for the Events requiring gross revenue cover and a separate proposal for those Events requiring costs and expenses cover.

The Insurance Company will pay K&K Insurance Group, Inc. up to twenty five percent of the total premium for our gross commission for placement of the policy. This commission amount is included within the quoted premium. The applicant understands that, subject to applicable laws, K&K will invest the premium, and in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer. If a quote from this application is bound, the applicant automatically accepts the terms of this disclosure.