



# Event insurance

Application form

United States

## INTRODUCTION

The purpose of this application form is for us to find out more about you.

You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

## HOW TO COMPLETE THIS FORM

The application form must be completed by a member of senior management of the company who must make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the application form please return it directly to your insurance broker.

## SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the company for whom this insurance is required:

Company:	
Address:	
State:	ZIP code:
Contact name:	E-mail:
Website:	

## SECTION 2: THE INSURED EVENT

2.1 Please state:

a) the name of the event to be insured:

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b) the name and address of the venue where the event to be insured is to take place:

Venue:	
Address:	
State:	ZIP Code:

c) where the event to be insured is to take place. i.e. in a building, in the open air, in a tent, a marquee or other temporary structure:


d) whether the venue where the event to be insured is to take place is in an area free from flooding:  Yes  No

e) the start and finish dates of the event to be insured:

from  to

f) the start and finish hire dates of the venue where the event to be insured is to take place (including build up and breakdown):

from  to

**2.2 Please state:**

a) your role in the event to be insured:

b) who is organizing the event on your behalf if you are not organizing the event yourself:

c) whether you or the individual organizing the event on your behalf have organized an identical or similar event before:  Yes  No

*If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:*

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d) whether you are hiring the venue where the event to be insured is to take place under a written contractual agreement:  Yes  No

e) the capacity of the venue where the event to be insured is to take place:

f) the number of people you anticipate will attend the event:

**2.3 Do you employ subcontractors?**

Yes  No

If yes, please state:

a) what approximate percentage of your revenue, in your current financial year, will be paid to subcontractors:

 %

b) whether you sign reciprocal hold harmless agreements:

Yes  No

c) whether you ensure that contractors have their own general liability insurance:

Yes  No

d) if you answered yes to c) above, what is the limit of liability that subcontractors must purchase:

**2.4 Please state whether anybody will be working at heights before, during or after the event to be insured:**

Yes  No

If yes, please state:

a) the maximum height they will be working at:

2.5 Please state whether all necessary licenses, permits, visas or permissions have been obtained from all relevant authorities or the emergency services:  Yes  No

*If no, please explain why:*

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2.6 Please provide the budget for the event to be insured:

Expenses	Amount	Gross Revenue	Amount
Communication costs:	<hr/>	Fees:	<hr/>
Sponsorship:	<hr/>	Commissions:	<hr/>
Wages, salaries and benefits:	<hr/>	Sponsorship:	<hr/>
Broadcasting and television rights:	<hr/>	Advertising:	<hr/>
Insurance, other than this insurance:	<hr/>	Concessions:	<hr/>
Other: <i>Please provide full details on the ADDITIONAL INFORMATION page:</i>	<hr/>	Broadcasting and television rights:	<hr/>
		Other: <i>Please provide full details on the ADDITIONAL INFORMATION page:</i>	<hr/>
<b>Total:</b>	<hr/>	<b>Total:</b>	<hr/>

2.7 Please state whether any third party has a financial interest in the anticipated revenue generated from the event to be insured:  Yes  No

*If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:*

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2.8 Please state whether any products will be sold at the event to be insured:  Yes  No  
If yes:

a) please describe the products which will be sold and by whom:

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b) please state whether you ensure that all vendors have their own general liability insurance:  Yes  No

c) if you answered yes to b) above, please state what limit of liability the vendors must purchase:

- 2.9 Please state whether the venue where the event to be insured is to take place is overseen by 24 hour guards:  Yes  No
- 2.10 Please state whether your property will be left unattended at any time at the venue where the event to be insured is to take place:  Yes  No
- 2.11 Please state whether the value any individual item you wish to be insured exceeds \$250,000:  Yes  No

If yes, please list the individual items that exceed \$250,000 in the box below:

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### SECTION 3: INSURANCE HISTORY

- 3.1 Please state whether you are aware of any incident:
- a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form;  Yes  No
- b) which resulted in legal action being made against any of the companies to be insured within the last 5 years?  Yes  No

If you have answered yes to a) or b) above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

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### SECTION 4: INSURANCE REQUIREMENTS

- 4.1 Please state the limits of the insurance you wish to purchase:

	Event cancellation:	General liability:	Property:
Limit:	<hr/>	<hr/>	<hr/>

- 4.2 Please state:

- a) whether the limit of liability stated above is the full extent of your responsibility:  Yes  No

*If no, please explain why and continue on the ADDITIONAL INFORMATION page if necessary:*

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b) whether you require any additional cover for event cancellation (tick as appropriate):

Adverse weather: (if required please complete Section 5)	<input type="checkbox"/>	Failure to vacate:	<input type="checkbox"/>
Non-Appearance: (if required please complete Section 6)	<input type="checkbox"/>	Enforced reduced attendance:	<input type="checkbox"/>
Terrorism:	<input type="checkbox"/>	National mourning:	<input type="checkbox"/>
Earthquake:	<input type="checkbox"/>		

c) Loss payee (if other than the insured company):

**SECTION 5: ADVERSE WEATHER**

*Only complete this section if you require cover for adverse weather.*

5.1 Please explain why your event may need to be cancelled, abandoned, postponed, curtailed or otherwise interrupted:

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5.2 Please state:

a) whether the event to be insured is to take place on a hard standing surface:  Yes  No

*If no, please state what contingency arrangements are in place in the event of any adverse weather or ground conditions and continue on the ADDITIONAL INFORMATION page if necessary:*

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b) whether any part of the venue where the event to be insured is to take place is reserved for camping:  Yes  No

*If yes, please state what contingency arrangements are in place in the event of any adverse weather or ground conditions and continue on the ADDITIONAL INFORMATION page if necessary:*

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5.3 Please state whether the event to be insured has been held before:  Yes  No

If yes, please state:

a) how many times the event been held before:

b) whether the event was held at the venue stated in 2.1 b):  Yes  No

c) whether the event takes place at approximately the same time of the year each time it is held:  Yes  No

5.4 Please state:

- a) whether the event to be insured has ever been affected by adverse weather or unsuitable ground conditions which resulted in its cancellation, postponement or curtailment:  Yes  No

*If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:*

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- 5.5 Please state whether you are aware of the events that are scheduled to take place at its venue where the event to be insured is to take place during the 6 month period before preceding the hire start date:  Yes  No

*If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:*

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- 5.6 Please state whether there is an event management plan in place for the event to be insured:  Yes  No

*If yes, please attach a copy.*

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**SECTION 6: NON-APPEARANCE**

*Only complete this section if you require cover for non-appearance.*

6.1 Please state:

- a) the name(s) of the key person(s) booked to appear at the event to be insured:

Name	Role of the key person	Date of birth
<hr/>	<hr/>	<hr/>

- b) if you have checked whether the key person(s) has any pre-existing physical or medical condition that could affect their attendance at the event to be insured:  Yes  No

*If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:*

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c) where the key person(s) will be travelling from:

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d) how the key person(s) will travel to the venue where the event to be insured is to take place:

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e) whether there is a pre-agreed time of arrival:

Yes  No

*If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:*

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f) whether the key person(s) has any commitments that could affect their attendance at the event to be insured:

Yes  No

*If yes, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:*

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g) whether there is a written contractual agreement in place between you and the key person(s) to attend the event to be insured:

Yes  No

h) whether the key person(s) is being paid a fee to attend the event to be insured:

Yes  No

## SECTION 7: DECLARATIONS

- I declare that AFTER FULL INQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy
- I agree that the necessary contractual arrangements will be in place and valid for the period of policy or the event to be insured.
- I agree that the event to be insured conforms to legal requirements.

Signed: _____	Full name: _____
Position held: _____	Date: _____ MM / DD / YY

ADDITIONAL INFORMATION: