

### 1. INSURED: Association or Organization Holding the Event

Name ..... Tel ( ..... ) .....  
Address ..... Fax ( ..... ) .....  
..... Email .....  
City ..... State ..... Zip .....  
Member?  ASAE  PCMA  MPI  IAEM (Not required for insurance)

### 2. EVENT TO BE INSURED: If more than one event to be insured, please complete supplemental application, section A.

Full Name of Event: .....  
Open Dates of Event: From ..... to ..... (Inclusive)  
 Convention/Meeting  Trade Show/Exposition  Consumer Show  Other Type of Event .....  
With Exhibits:  Yes  No      Dependent on two or less Speakers:  Yes  No  
With Teleconferencing:  Yes  No      Including Outdoor Events/Including Tent(s):  Yes  No  
Open to the Public:  Yes  No

**NOTE:** Please attach details (including number of attendees) for the event indicated above.

### 3. EVENT FACILITY

Name .....  
Address .....  
City ..... State ..... Zip .....  
a. Do written contracts exist between you and the facility?  Yes  No  
b. Please confirm you have made all the necessary preliminary arrangements essential to ensure that a satisfactory event can be held on the scheduled date.  Yes  No

### 4. FINANCIAL INFORMATION: If budget or revenue exceeds \$3M, please complete supplemental application, section B.

a. Please provide the following information about the event to be insured and attach a copy of the budget.  
BUDGETED GROSS REVENUE: \$ ..... BUDGETED EXPENSES: \$ ..... BUDGETED NET: \$ .....  
b. At any time during the past 5 years has your organization had an event that suffered a loss?  Yes  No  
If "Yes", provide full details on a separate attachment.  
c. Estimate the percentage of your estimated gross revenue from:  
Attendance Fees: ..... Exhibitor Fees: .....  
d. Does the gross revenue stated above represent the entire gross revenue of the event and not a portion?  Yes  No

### 5. PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances, existing or threatened, that may possibly result in a claim under this insurance?  Yes  No  
If "Yes", provide full details on a separate attachment.

### PLEASE READ AND SIGN BELOW

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.

Signing of this application does not bind the applicant or the insurer. 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 a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Name ..... Signature .....  
Title ..... Date .....

### PLEASE SIGN AND RETURN COMPLETED FORM TO:

Novick Group, Inc. • One Church St., Suite 400 • Rockville, MD 20850 • Tel 301.795.6600 • Fax 301.795.6610 • novickgroup.com

Association or Organization name .....

Please complete this supplemental application for each additional event to be insured.

### SECTION A

#### EVENT TO BE INSURED

Full Name of Event: .....

Open Dates of Event: From ..... to ..... (Inclusive)

Convention/Meeting  Trade Show/Exposition  Consumer Show  Other Type of Event .....

With Exhibits:  Yes  No      Dependent on two or less Speakers:  Yes  No

With Teleconferencing:  Yes  No      Including Outdoor Events/Including Tent(s):  Yes  No

Open to the Public:  Yes  No

**NOTE:** Please attach details (including number of attendees) for the event indicated above.

#### EVENT FACILITY

Name .....

Address .....

City ..... State ..... Zip .....

- a. Do written contracts exist between you and the facility?  Yes  No
- b. Please confirm you have made all the necessary preliminary arrangements essential to ensure that a satisfactory event can be held on the scheduled date.  Yes  No

#### FINANCIAL INFORMATION: If budget or gross revenue exceeds \$3M, please complete supplemental application, section B.

- a. Please provide the following information about the event to be insured and attach a copy of the budget.  
BUDGETED GROSS REVENUE: \$ ..... BUDGETED EXPENSES: \$ ..... BUDGETED NET: \$ .....
- b. At any time during the past 5 years has your organization had an event that suffered a loss?  Yes  No  
If "Yes", provide full details on a separate attachment.
- c. Estimate the percentage of your estimated gross revenue from:  
Attendance Fees: ..... Exhibitor Fees: .....
- d. Does the gross revenue stated above represent the entire gross revenue of the event and not a portion?  Yes  No

#### PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances, existing or threatened, that may possibly result in a claim under this insurance?  Yes  No  
If "Yes", provide full details on a separate attachment.

### SECTION B

Complete for each event where budget or gross revenue exceeds \$3M.

- a. Has this event been held before?  Yes  No
- b. Is the facility under construction or major renovation?  Yes  No
- c. Do you have a contingency plan if your event is delayed or postponed?  Yes  No  
If "Yes", provide full details on a separate attachment.
- d. Does your event require international travel of either exhibitors/attendees either to or from a foreign location or the import of international exhibitors/attendees to a domestic location?  Yes  No  
If "Yes", provide full details on a separate attachment.

#### PLEASE RETURN COMPLETED FORM TO:

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# Event Cancellation Insurance

## Application Addendum

1. How many years has this event been held under present management? \_\_\_\_\_ Years
2. Will adverse weather preclude the fulfillment of event? \_\_\_Yes \_\_\_No
3. Will the venue require construction work? \_\_\_Yes \_\_\_No
4. Have all the necessary licenses, visas, and/or permits been obtained and have all contractual arrangements been confirmed in writing? \_\_\_Yes \_\_\_No
5. Would the non-appearance of any individual preclude the successful fulfillment of the event? \_\_\_Yes \_\_\_No
6. Have all the necessary arrangements for the successful fulfillment of the event been made? \_\_\_Yes \_\_\_No
7. Has the event to be insured ever sustained an insured loss? \_\_\_Yes \_\_\_No

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance.

Name of the Organization: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Event Cancellation Insurance

## Is That The Right Number?

Your responses in Section 4: Financial Information are so very important that we want you to take a moment to read this memo and look back to the application.

In the event of a claim the insurance company will require that you be able to show the source material that supports the revenue and expense estimates in the completed application. We encourage all clients to make use of a pro forma budget that relies on historical results, but to be certain that it captures future event specific detail as well. It should be understood that this document will often be the principal claim reconciliation reference record.

There is no single template for associations to rely on in determining the budgeted gross revenue and expense estimates required in the application. The following is a list of revenue sources, expenses and financial commitments associated with many meetings that are often overlooked.

**Site Visit Expense:** May have been incurred years before the meeting itself.

**Meeting Department Expense:** Allocations for overhead, salary, benefits, taxes, dues and subscriptions

**Advertising/Marketing:** Expense in the promotion of the meeting and advertising revenue

**Legal:** Legal review of contracts

**Related Meeting Expenses:** Board, chapter and committee meeting expenses, while likely segregated from budgeted meeting expenses, may be subject to the same hazard that causes a loss to the meeting.

**Room Block:** Often the single largest financial commitment, and an indirect exposure in that the claim would result from an inability to perform a contractual undertaking, rather than from an actual loss to the association

## EVENT CANCELLATION INSURANCE ADDENDUM TO INSURE ROOM BLOCK

Apart from obtaining coverage for the limit of indemnity stated in Section 4 of the application, coverage for Insured Commitments is also obtainable if they are made known to and are agreed upon by Underwriters. Insured Commitments are defined as written financial undertakings made by the applicant that were necessary to conduct the event, and were made before any loss causing occurrence.

Please state below the dollar amount of the commitment(s) you wish to insure:

\$ \_\_\_\_\_

Association or Organization: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_