

## 1. APPLICANT (ASSOCIATION OR ORGANIZATION HOLDING EVENT) Please print or type

9962001

Name   
 Address   
 City  State  ZIP  Website   
 Telephone ()  Fax ()  Email

## 2. EVENT TO BE INSURED

- a. EVENT ☐ CONVENTION/MEETING ☐ With Exhibits ☐ Without Exhibits ☐ With Teleconferencing  
☐ TRADE SHOW/EXPOSITION ☐ Open to the Public ☐ Not Open to the Public  
☐ CONSUMER SHOW ☐ Event dependent upon keynote speaker(s)

OTHER TYPE OF EVENT Details (Provide a separate attachment, if necessary.)

- b. Full Name of Event   
 c. Open Dates of Event From  to  (inclusive of lease dates)  
 d. Is any part of the Event to be held in the open, in a tent or in any structure of a temporary nature? ☐ Yes ☐ N  
 If "Yes", please provide full details on a separate attachment.

## 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

- a. Please provide the following information about the Event to be insured:  
 BUDGETED GROSS REVENUE \$   
 BUDGETED EXPENSES \$   
 BUDGETED NET INCOME \$   
 b. Do the Gross Revenue/Expenses stated above represent the entire Gross Revenue/Expenses of the Event and not a portion? ☐ Yes ☐ No  
 c. At any time during the past five years, have you had an event that suffered a loss that was covered by insurance? ☐ Yes ☐ No

## 5. PRE-EXISTING POTENTIAL LOSS

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

NOTE: If you become aware of any such circumstances after completing this application and before the date insurance of the event commences, you must disclose the circumstance to the insurers immediately to see if the insurance will be affected.

## PLEASE READ AND SIGN BELOW

Signing this Application and Declaration does not bind the applicant or the underwriter to complete the insurance, but it is agreed that this Application and Declaration shall be attached to and form part of any policy that may be subsequently issued.

I declare that the statements and estimates made herein after due inquiry are true to the best of my knowledge and belief.

Name  Signature **X**  
 (Please print) (As authorized person for and on behalf of the APPLICANT)  
 Title  Date   
 Referred by

**PLEASE SIGN AND RETURN COMPLETED APPLICATION TO:**  
 EXPOPLUS@amba.info. If you have any questions, please call toll-free: 1-877-451-4003.