

PACEFAC Cancellation Insurance Application

The Applicant must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Proposer knows or ought to know.

Please answer all questions fully and check all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Proposal Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

1 1.1) Name of Association or Organization Holding Event:

1.2) Address:

Physical Address (No P.O. Box):

Physical Address (No P.O. Box):		
City:	State:	Zip:

1.3) Telephone No.:

E-Mail:

Fax No:

Website:

1.4) Type of Entity:

2 2.1) What is the Applicants role in the Insured Event(s)?

3 3.1) Title or name of Insured Event(s):

3.2) Type of event(s) to be insured (please provide a brief description of the Insured Event(s)):

3.3) Time and Date of Insured Event(s)- Inclusive of lease dates:

3.4) Time and Date when Set-Up of Insured Event(s) begins:

3.5) Name of Venue(s):

3.6) Address of Venue(s) (including City, State & Zip Code(s)):

3.7) Has the Insured Event(s) been held before? Yes No

If yes, how often?

3.8) Is the Insured Event(s) part of a larger production, promotion, series or tour? Yes No

If yes, please state which:

If the proposed event is a tour, what will be the method of transport used by insured person(s)?

3.9) In order to mitigate a loss to this insurance is rescheduling / postponement / relocation possible for each Insured Event? Yes No

4 4.1) Will the Insured Event(s) be held wholly or partly in the open air, in a tent or in a temporary structure? Yes No

If 'Yes', what proportion will be held in:

i) the open air:

ii) tent:

iii) other temporary structure:

If event(s) are to be held wholly or partly in the open air, in a marquee or in a temporary structure, please complete Outdoor Event Appendix A

4.2) Will the non-appearance of any Person cause Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event? Yes No

4.3) If 'Yes', would the Proposer(s) like Underwriters to consider offering terms for the Non Appearance of those persons? Yes No

If 'Yes', please complete Non Appearance Appendix B

5 5.1) Will the Proposer(s) have a signed written contract for the lease or hire of Venue(s) prior to inception of this Insurance?

If 'No', please provide full explanation:

Yes No

5.2) Have all other contractual arrangements necessary for the fulfilment of the Insured Event(s) been made and confirmed in writing?

If 'No', please provide full explanation:

Yes No

5.3) Have all necessary licences, visas, permits and authorisations been obtained?

If 'No', please provide full explanation:

Yes No

6

6.1) Financial Information:

Please provide the following information about the Event to be insured:

Do you want to insure: Gross Revenue Cost & Expenses BUDGETED GROSS REVENUE

USD\$

 BUDGETED EXPENSES

USD\$

 BUDGETED NET INCOME

USD\$

6.2) Do the above amounts stated represent the entire Gross Revenue/Expenses of the Event and not a portion?

 Yes No6.3) Optional quotation desired (if available) for: Terrorism: Yes No TRIA: Yes No

6.4) The Applicant may elect to insure either the Total Expenses or the Total Gross Revenue. Please indicate your preference by ticking the box below:

Total Gross Revenue: Total Expenses:

7

Does any other party have an interest in the Gross Revenue?

If 'Yes', please provide details:

Yes No

8

8.1) What proportion of Tickets are sold / Revenue generated in advance of the Insured Event?

8.2) Do you have in place a Ticket Refund Policy?

Yes No

If 'Yes', please provide details:

If 'No', then what system do you have in place?

9

Has any event in which the Applicant was/were involved (in managing) had any incident that resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event in the last 5 years?

If 'Yes', please give full details:

Yes No

10 Are you aware of any matter, fact, circumstance or incident existing or threatened that might reasonably result in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event(s)?

If 'Yes', please give full details:

Yes

No

Are there any other material facts or information with regard to the Event that should be disclosed? If 'Yes', please give full details:

Yes

No

DECLARATION

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 nondisclosures or misrepresentation of a material fact will entitle the company to void the insurance.

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

Name:

Signature:

(As authorized person for and on behalf of the APPLICANT)

Title:

Date:

PLEASE SIGN AND RETURN COMPLETED FROM IN THE ENCLOSED ENVELOPE TO:

Association Member Benefits Advisors (AMBA) | 4050 NW 114th Street | Urbandale, IA 50322

Or fax to 1-312-627-6172. If you have any questions, please call toll-free 1-877-451-4003.

Association Member Benefits Advisors, LLC.

In CA d/b/a Association Member Benefits & Insurance Agency

AR Ins. Lic.#100114462 | CA Ins. Lic. 0I96562

Appendix A – Outdoor Event

- 1** Describe any weather and/or ground conditions which could cause the Insured Event(s) to be cancelled, abandoned, postponed, curtailed or interrupted or result in additional costs:

- 2** Has the Insured Event(s) been held before? Yes No

If 'Yes', how many times:

a) in all?

b) at this location?

c) at this time of year?

- 3** Has the Insured Event(s) ever been affected by adverse weather and/or unsuitable ground conditions? Yes No

If 'Yes', please:

a) give details:

b) provide detail of any measures that have been taken to prevent the situation reoccurring:

- 4** 4.1) Does the Insured Event(s) take place on tarmac, hard standing or similar surface? Yes No

If 'No', what contingency plans are in place in the event of adverse weather and/or unsuitable ground conditions?

- 4.2) Is the car parking on tarmac, hard-standing or similar surface? Yes No

If 'No', what contingency plans are in place in the event of adverse weather and/or unsuitable ground conditions?

- 5** Are camping grounds required / provided for the Insured Event(s)? Yes No

If 'Yes', what contingency plans are in place in the event of adverse weather and/or unsuitable ground conditions?

- 6** Has any part of the event Venue (including car parks or camping grounds) been flooded or waterlogged or affected by adverse weather conditions during the last five (5) years? Please consult with owner.

If 'Yes', please give full details: Yes No

7

Has any event held at this location ever been affected by adverse weather and/or ground conditions? Please consult with owner.

If 'Yes', please give full details:

Yes

No

Name:

Signature:

(As authorized person for and on behalf of the APPLICANT)

Title:

Date:

Appendix B – Non Appearance

1 Note: The perils covered are death, accidental Bodily Injury and Illness and Unavoidable Travel Delay

2 For the purposes of any insurance granted as a result of this proposal coverage shall be limited to those individuals detailed below and stated in the Schedule attached to the Policy. Underwriters may require any of the following individuals to undergo an independent medical examination.

Persons to be insured: Date of Birth: Participation/Role:

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3 Has any provision been made for understudies, substitutes or standbys?

Yes No

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4 The Proposer(s) shall consult the person(s) detailed in question 2 before answering the following.

4.1) Is any person to be insured suffering from any physical, mental or medical condition?

If 'Yes', please give full details:

Yes No

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4.2) Is any person to be insured undergoing any form of treatment, medical or otherwise?

If 'Yes', please give full details:

Yes No

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4.3) Is any person to be insured following any prescribed regime, medical or otherwise?

If 'Yes', please give full details:

Yes No

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4.4) Is any person to be insured aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a loss under the proposed insurance?

If 'Yes', please give full details:

Yes No

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4.5) Have any of the persons to be insured had any history of non-appearance whether or not it resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of an Event?

If 'Yes', please give full details:

Yes No

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5

5.1) What method of transportation will be used by the person(s) to be insured?

5.2) What method of transportation will be used for equipment or items essential to the Insured Performance(s) or Event(s)?

5.3) Is the means of transportation to be used customised or adapted for the purpose?

Yes

No

If 'Yes', is an alternative means of transportation available?

6

6.1) Have written contracts been signed for the appearance of all persons shown in question 2?

If 'No', please give full details:

Yes

No

6.2) Please provide full details, if any, of the written contracts that are in place for the appearance of all persons shown in question 2?

Please give full details:

Name:

Signature:

(As authorized person for and on behalf of the APPLICANT)

Title:

Date:
