



# SPORTS & ENTERTAINMENT EVENT CANCELLATION APPLICATION

## 1. ASSOCIATION OR ORGANIZATION HOLDING EVENT

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

## 2. EVENT TO BE INSURED

a. Name of Event   
b. Type 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  No  
If "Yes," please provide full details on a separate attachment.

## 3. EVENT FACILITY/VENUE

Name   
Address   
City  State  ZIP   
Lease dates of Event Facility/Venue From  to

## 4. FINANCIAL INFORMATION

a. Please provide the following information about the Event to be insured:  
Do you want to insure:  Gross Revenue  Cost and Expenses  
 BUDGETED GROSS REVENUE  USD \$  
 BUDGETED EXPENSES  USD \$  
 BUDGETED NET INCOME  USD \$  
b. Do the above amounts stated represent the entire Gross Revenue/Expenses of the Event and not a portion?  Yes  No  
c. Optional quotation desired (if available) for: Terrorism:  Yes  No TRIA:  Yes  No

## 5. EVENT UNDERWRITING INFORMATION

a. Has this event/performance been held before?  Yes  No If "Yes," how often?   
b. Have all necessary licenses, visa and/or permits for the successful fulfillment of the Event been made and have all contractual arrangements, including with the venue, been confirmed in writing?  Yes  No  
c. What is/are the involvement of the applicant in this event/performance and what is/are the experience of the applicant in this capacity?   
d. Is/are the performance(s) or event(s) part of a larger production, promotion, series or tour?  Yes  No  
If "Yes," please state which   
e. If the proposed event is a tour, what will be the method of transport used by insured person(s)?   
Equipment

**6. INDIVIDUAL NONAPPEARANCE—QUESTIONS ARE FOR NONAPPEARANCE COVERAGE ONLY**

a. Would the nonappearance of any individual affect the successful fulfillment of the Event?  Yes  No

If "Yes," please answer the following in respect of each individual and after consultation with each individual:

b. Names and ages of all individuals

c. Has the individual(s) failed to fulfill any contract to appear/perform at any Event?  Yes  No

If "Yes," please attach full details.

d. Has any provision for understudies or substitutes been made?  Yes  No

If "Yes," please attach full details.

e. Is the individual suffering from any physical, psychological or other medical conditions?  Yes  No

If "Yes," please attach full details.

f. Is the individual(s) undergoing any form of medical or other treatment?  Yes  No

If "Yes," please attach full details.

g. Is the individual following any prescribed medical regime?  Yes  No

If "Yes," please attach full details.

**Please note** that insurers may require the individual to undergo a medical examination.

**7. GENERAL INFORMATION**

a. At any time during the last five years, have you had an event that suffered a loss whether insured or otherwise?  Yes  No

If "Yes," please attach full details.

b. Has the applicant had similar insurance (as applied for herein), declined, canceled or renewal refused?  Yes  No

If "Yes," please attach full details.

c. Are there any other material facts or information with regard to the Event that should be disclosed?  Yes  No

**Please note:** A material fact is one likely to influence acceptance or assessment of this application by insurers.

If "Yes," please attach full details.

**8. PREEXISTING POTENTIAL LOSS**

a. Are you aware of any circumstances, existing or threatened, that may possibly result in a claim under the insurance policy?  Yes  No

If the answer to this question is "Yes," provide full details.

**Please 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 circumstances to the insurers immediately to see if the insurance will be affected.

**PLEASE READ AND SIGN BELOW**

**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 it is agreed that this Application and Declaration shall be attached to and form part of any insurance policy that may subsequently be issued.

Name

(Please print)

Signature

X

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

Title

Date

**PLEASE SIGN AND RETURN COMPLETED FORM IN THE ENCLOSED ENVELOPE TO:**

Association Member Benefits Advisors (AMBA) • 4050 NW 114th St. • Urbandale, IA 50322

OR FAX TO: 1-312-627-6172. If you have any questions, please call toll-free: 1-877-451-4003.

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Association Member Benefits Advisors, LLC. • In CA d/b/a Association Member Benefits & Insurance Agency