

Event Cancellation/ Non-Appearance Application

Applicant Information

Applicant name: _____ Application date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Website: _____ Applicant's email: _____

Type of entity: Individual Partnership Corporation LLC Nonprofit Other _____

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____

Location to be insured has been under present management since (year): _____

Is the applicant a member of any event safety association Yes No

If yes, please provide name of association: _____

List previous names under which the applicant has operated, if applicable:

Name: _____

Name: _____

General Information

What is the usual business of the applicant, and how long have they been engaged in that business?

Name of event: _____

Type of event: _____

Has this performance(s) or event(s) been held before? Yes No

If yes, how often? _____

What is the applicant's involvement in the listed events and/or performances, and what experience does the applicant have in this capacity?

Is the performance(s) or event(s) part of a larger production, promotion, series, or tour? Yes No

If yes, please describe: _____

If the proposed event is a tour, what method of transportation will be used by:

Insured person(s)? _____

Equipment: _____

List event dates and times:

Event	Start date	End date	Time

If the event is longer than five days, please submit additional dates and times on a separate sheet. Please attach a schedule of the events planned for the event.

Describe allowances in the itinerary for:

Travel delay: _____

Set-up time: _____

Can the event be postponed to a future date? Yes No

Will adverse weather conditions preclude the fulfillment of the event? Yes No

If yes, describe the weather conditions that could cause the event to be cancelled:

General Information (Continued)

Have all necessary arrangements for the successful fulfillment of the performance(s) or event(s) to be insured been made?

Yes No

If no, provide details:

Have all necessary licenses, visas, and/or permits been obtained, and have all contractual arrangements been confirmed in writing?

Yes No

If no, provide details:

If Does the applicant want to insure Gross Revenue or Expenses? *Choose one:*

Gross Revenue

Definition: All monies paid or payable to the applicant from every source arising from the event.

Gross Revenue from event:

Expenses

Definition: The total of all costs and charges incurred by the applicant for, and in connection with, the planning, preparation, and staging of the event.

Expenses from event:

Please attach justification for the sum insured for gross revenue or expenses in the form of a detailed budget breakdown showing all revenue and expenses for the events to be covered.

Do the above sums represent the full extent of the applicant's financial responsibilities?

Yes No

If no, provide details:

If the performance(s) or event(s) has been held before under the present management or any other, has there ever been a loss?

Yes No

If yes, provide details:

Has the applicant sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force?

Yes No

If yes, provide details:

Has the applicant had similar insurance (as applied for herein) declined, cancelled, or renewal refused?

Yes No

If yes, provide details:

Are there any other material facts or items of information with regard to the proposed performance(s) or event(s) which should be disclosed? (A material fact is one likely to influence acceptance or assessment of this proposal by underwriters.)

Yes No

If yes, provide details:

Would the non-appearance of any individual, group, act, team, etc. preclude the fulfillment of the event?

Yes No

If yes, provide details:

Venue

Event venue name and address: _____

Please attach a copy of the contract with venue and/or hotel

Does the event involve a parade?

- Indoor? Yes No
- Outdoor? Yes No
- Under canvas? Yes No
- Other? Yes No

If yes, please describe venue: _____

Will the event require construction work? Yes No

If yes, please describe: _____

Additional Exposures

Does the applicant want to apply for non-appearance coverage for this event? Yes No

If yes, provide details of all persons to be insured:

Name	Age	Participation

Does the person(s) to be insured have any history of non-appearance? Yes No

If yes, provide details: _____

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

If yes, provide details: _____

Is the person(s) to be insured suffering from any physical, psychological, or other medical conditions? Is the person(s) to be insured undergoing any form of medical or other treatments? Is the person(s) to be insured following any prescribed medical regime? Yes No

If yes to any of these questions, provide details: _____

Please provide the travel itinerary of the person(s) to be insured for non-appearance, describing how and when they will be arriving at the event.

Please provide the contract between the applicant and the person to be insured for non-appearance.

Submission Requirements

This application requires additional documentation:

- If the event is longer than five days, please submit additional dates and times on a separate sheet
- Schedule of the events planned for the event
- Justification for the sum insured for gross revenue or expenses in the form of a detailed budget breakdown showing all revenue and expenses for the events to be covered
- Copy of contract with venue and/or hotel
- Travel itinerary of any person(s) to be insured for non-appearance, describing how and when they will be arriving at the event
- Contract between the applicant and the person(s) to be insured for non-appearance

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only.

Applicable in CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in ME

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Statements / Signature

Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in TN and VA

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.

Applicable in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER