

Event Cancellation/ Non-Appearance Application

Applicant Information

Applicant name:		Application date:	
Address:		City:	State: ZIP:
Phone:	Website:	Applicant's email:	
Type of entity: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Nonprofit <input type="radio"/> 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		<input type="radio"/> Yes <input type="radio"/> 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 vent? ☐ 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:

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, AR, DC, LA, MD, NM, 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 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 FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits Applies in ME Only.

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 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 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.

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