

Alliant Contingency and Event Cancellation Insurance

Tradeshow/Events/Conferences

DOWNLOAD APPLICATION TO COMPUTER FIRST, THEN COMPLETE.

1. Applicant Information

Contact Name:

Company Name:

Street Address:

City:

State:

Zip:

Email Address:

Phone Number:

Type of Business:

Website:

Number of Years Entity has been in existence:

2. Event Information

a. Name of Event:

b. Dates of Event:

c. Trade Show Conference Exhibition Consumer Show
 Annual Meeting Other:

d. Name of Event Location:

Venue Street Address:

City:

State:

Zip:

e. How many years has this event been held?

f. Financial Information

Gross Event Revenue: \$

Total Event Expenses: \$

(Please select which one you would like to use as the Insured Limit)

A complete and detailed budget breakdown is required for underwriting

3. Please confirm that the above amounts (question 2.e.) represent the full extent of your financial responsibilities: ☐ YES ☐ NO

a. Does any other entity have an interest in the Gross Event Revenue? ☐ YES ☐ NO

4. What is the registration refund policy?

5. Does the Insured Event include any outdoor activities? YES NO

a. If YES, please advise what those activities are, and what costs of revenue are associated:

b. What portion of revenue or costs are associated with outdoor activities? % of revenue % of costs

6. Does the Insured Event include any Virtual Components or Teleconferencing (i.e. video conferencing, webinars, etc.): ☐ YES ☐ NO
7. Have all necessary arrangements required for a successful event been made? ☐ YES ☐ NO
- a. This includes all required permits, licenses, visas, contracts, etc. ☐ YES ☐ NO
8. Would the Non-Appearance of a key person, speaker, or artist result in a loss? ☐ YES ☐ NO
- a. IF YES:
- i. Is there a separate ticketed event for this individual? ☐ YES ☐ NO
- ii. Please advise what the loss would be if they were to not appear: \$
9. Has the event ever suffered a loss that could have been covered by this type of insurance? YES NO
If YES, please provide details on the circumstances and costs:
10. Is the Applicant aware of any circumstance, actual or threatened, that could possibly result in a claim under this policy? ☐ YES ☐ NO
11. Do you have any additional information about the event or any special coverage requests that you would like to advise Underwriters?
12. Have you purchased Event Cancellation Insurance in the last 3 years? If so, who was the insurer? YES NO

I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION. ☐ YES ☐ NO

Name of Applicant:

Title:

Signature of Applicant:

Date:

Name of Broker:

Title:

Signature of Broker:

Date: