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Application for Event Cancellation Insurance**

a division of JD Fulwiler & Co. Insurance
5727 SW Macadam Avenue Portland, OR 97239
877.305.5040 | www.eventinsurancenow.com

**Applicant Information**
Name:

Street Address:

City, State, Zip:      ,      ,

Phone Number:       Email Address:

**Event Information**

Name of Event:       Facility Name:

Facility Address:

City, State, Zip:      ,      ,

Event Start Date:      Event End Date:       Do you have more than one event? [ ] Yes\* [ ] No

*\*If yes and you would like one quote for multiple events, please contact underwriting at* *events@eventinsurancenow.com* *or 877.305.5040.*

**Financial Information**

Budgeted Gross Revenue: $      Budgeted Expenses: $      Budgeted Net Income/Loss: $

*\*If budgeted revenue or expenses exceeds $1,000,000, a copy of the budget is required with the application.*

Provide the percentage of gross revenue from:

Attendee’s fees:       Exhibitor’s fees:       Sponsorships:       Public Gate Receipts:

Does the financial information represent the entire gross revenue/expense of the event? [ ] Yes [ ] No

Has this event been held before? [ ] Yes [ ] No

Is coverage for non-appearance of any person required for the event? [ ] Yes [ ] No

If yes, please provide details:

Is your event going to utilize teleconferencing or satellite communications? [ ] Yes [ ] No

If yes, please provide details:

Is any part of the event to be held outdoors, in a tent, or in a temporary non-permanent structure?

[ ] Yes [ ] No If yes, please provide details:

Do written contracts exist between you and the facility? [ ] Yes [ ] No

Have all the necessary arrangements essential to a satisfactory event been made? [ ] Yes [ ] No

Is the facility under construction or major renovation? [ ] Yes [ ] No

Do you have a contingency plan if your event is delayed or postponed? [ ] Yes [ ] No

 If yes, please provide details:

**Prior Claims and Pre-Existing Potential Loss**

Are you aware of any circumstances, currently existing or threatened that may possibly result in a claim under this insurance? [ ] Yes [ ] No If yes, please provide details:

*\*Note: If you become aware of any such circumstances after completing this application, and before the date of insurance for the event commences, you must disclose the circumstances to the insurers immediately, as this make affect this insurance.*

Have you at any time within the last 5 years had a loss or circumstances which could have led to a loss, which would have been covered by this insurance? [ ] Yes [ ] No

If yes, please provide details:

***[ ]  I, the applicant, understand, that signing this application and declaration does not bind either the applicant or the underwriter to provide insurance. In the event there is any material change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn. It is agreed that this application and declaration shall be attached to and form part of any policy which may subsequently be issued. The undersigned applicant represents that the statements set forth in the application and its attachments and other materials submitted to the insurer are true and correct.***

**Applicant Name:**

**Title:**

**Signature:**

**Date:**

**Broker Information *(if applicable)***

Agency Name:

Representative:
Email:

Phone Number:

***All quotations are subject to the receipt and acceptable review of the application and other underwriting information by the underwriter.***