TOKIO MARINE HCC

Event Cancellation Application
Conferences / Tradeshows / Conventions

1.	Name of Organization applying for insurance	
	Address	
	City, State, Zip	
	Website	
2.	Name of event	

3.	Type of event (**check all that apply**) ☐ Convention/meeting ☐ Tradeshow/exposition ☐ Consumer show ☐ Other
4.	How many years has this event been held under present management? _____ years
5.	Dates of the event Start _____ End _____
6.	Name and location of venue event will be held Name: _____ City/State: _____
7.	Would you like a quote for Gross Revenue or Expenses? (**check one**) ☐ Gross Revenue ☐ Expenses List budgeted Gross Revenue from the event $ _____ List budgeted Expenses from the event $ _____ What percentage of your Gross Revenue comes from: Attendees Fees _____ % Gate Receipts _____ % **PLEASE ATTACH A DETAILED BUDGET OF EXPENSES AND GROSS REVENUES.**

FOR QUESTIONS 8 – 18 PLEASE CHECK *YES* OR *NO*	
8. Is the event open to the public?	☐ Yes ☐ No
9. Does the event include any teleconferencing?	☐ Yes ☐ No
10. Will the event be held outdoors and/or under a canvas?	☐ Yes ☐ No
11. Will adverse weather preclude the fulfillment of event?	☐ Yes ☐ No
12. Will the event require construction work?	☐ Yes ☐ No
13. Have all necessary arrangements for the successful fulfillment of the event been made?	☐ Yes ☐ No
14. Have all necessary licenses, visas, and/or permits been obtained and have all contractual arrangements been confirmed in writing?	☐ Yes ☐ No
15. Do the sums represented in **Question No. 7** represent the full extent of your financial responsibilities?	☐ Yes ☐ No
16. Has the event to be insured ever sustained an insured loss?	☐ Yes ☐ No
17. Would the non-appearance of any individual preclude the successful fulfillment of the event?	☐ Yes ☐ No
18. Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance?	☐ Yes ☐ No

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 non-disclosures or misrepresentation of a material fact will entitle the Company to void the Insurance.

I understand that signing this Application does not bind me to complete the Insurance but agree that should an Insurance policy be issued, this Application and the statements made therein shall form the basis of the Insurance policy.

Print Name	Title
Sign Name	Date

EC-CTC (7.2016)