



## CUSTOM SOLUTIONS

### SIGNATURE CLIENT EVENT CANCELLATION

1. Name of Applicant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Status of Applicant      \_\_\_\_Individual      \_\_\_\_Partnership      \_\_\_\_Corporate      \_\_\_\_Group  
Event Venue Address: \_\_\_\_\_  
Interest of Applicant in venue \_\_\_\_Owner      \_\_\_\_Tenant      \_\_\_\_General Lessee      \_\_\_\_Other
2. Describe event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Desired effective date of policy: \_\_\_\_\_  
Event Dates:  
Date \_\_\_\_\_, 200\_\_ at \_\_: \_\_AM PM TO Date \_\_\_\_\_, 200\_\_ at \_\_: \_\_AM PM
4. Facility/Venue information where activities will be conducted:  
Telephone # \_\_\_\_\_ Construction: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Construction: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Construction: \_\_\_\_\_
5. Estimate number of: Participants: \_\_\_\_\_ Attendees: \_\_\_\_\_
6. What is construction of building? \_\_\_\_\_  
General condition: \_\_\_\_\_  
Will any part of the event be held in a tent or non-permanent structure or in the open?      Yes      No  
If Yes, please specify: \_\_\_\_\_  
\_\_\_\_\_
7. Is there any special equipment/property required for your event, which if destroyed or lost in transit, could cause an interruption, postponement or cancellation of your event?      Yes      No  
If Yes, please specify: \_\_\_\_\_

8. Have lease agreements with the facility(ies) been signed? Yes No  
 If yes, please attach copies.  
 If no, please indicate which leases have not yet been signed as part of the budgeted expenses for the event:  
 \_\_\_\_\_
9. Are you aware of any extraordinary conditions, either existing or immanent, which might result in the unavailability of the facility(ies) scheduled for the declared event such as a facility under renovation/construction between now and the beginning of your event: Yes No
10. If bereavement coverage is desired, please indicate which family members, age and relation to insured, if any outside the immediate family for whom coverage is needed. Please note, no pre-existing illnesses or life-threatening conditions (i.e. cancer, congestive heart failure) will be covered  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Limits Requested: \$ \_\_\_\_\_  
 Budget Expenses: Please enclose a copy
12. Will Applicant secure Certificates of Insurance from owners or operators who stage the event(s) or otherwise operates under contract with the Applicant? Yes No

The insurance applied for by this application indemnifies the insured for his/her defined financial loss incurred solely and directly in consequence of the cancellation of the described event due to any cause beyond the control of the insured and the participants in said event.

The policy contains a number of very important exclusions and conditions and it is imperative that a specimen copy of the policy be reviewed and that the terms and conditions of the policy are found to be acceptable before coverage is requested by the Applicant to be effective.

This is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or a written binder specifically authorized by the Company. Quotations will be based on information provided and applicant warrants information provided. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Any material change to the Company's exposure must be reported prior to coverage applying.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_

This application must be accompanied by a completed Signature Client Fact Sheet.

Fax number: 908-572-4066  
 ATTN: Toni Cooke

