



prize indemnity underwriters inc.

204 Division Street, Suite 250, Cobourg, ON, K9A 3P7
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Event Cancellation / Non Appearance Application

1. Name of Insured: _____
Address: _____
City: _____ Province: _____ Postal Code _____
Phone: _____ e-mail: _____

2. Name of Broker: _____
Address: _____
City: _____ Province: _____ Postal Code _____
Phone: _____ e-mail: _____

3. **Amount of Insurance.** Please list Revenue and Expenses and indicate if the Coverage will be for Gross Revenue **OR** Expenses by checking the box. **Please attach a detailed budget.**

Budgeted Revenue:	
Budgeted Expenses:	

4. Does the Sum represented in Question 3 Represent the full extent of your financial responsibilities? Yes _____ No _____ If no, please explain.

5. What percentage of your Revenue comes from: Attendees Fees? _____% Gate Receipts _____%

6. Name and type of event. Please add event website if available.

7. Date(s) and location of the Venue used for the event/promotion. Use separate sheet if required. Please add Website address if available.

8. Has this event been held before? If yes, please note event history.

9. Has the event ever sustained an Insured loss? Yes_____ No_____ If yes, please explain.

10. Has the proposed Insured ever had similar Insurance (as applied for herein) declined, cancelled or renewal refused? Yes_____ No_____ If yes, please explain.

11. Will the Event be held outdoors? If yes please provide a detailed description of the venue and stages if applicable, including full detail of construction, and what precautions have been taken to ensure protection of equipment, personnel, and electricals from the elements. Attach a separate sheet if necessary.

12. Will Adverse Weather preclude the successful fulfillment of the event? Yes ___No___

13. Is the event open to the public? Yes ___No___

14. Will the venue require construction work? Yes ___No___

15. Have all arrangements for the successful fulfillment of the event been made? Yes ___No___

16. Have all required licenses, visas and permits been obtained? Yes ___No___

17. Have all necessary contractual arrangements been confirmed in writing? Yes ___No___

18. Does the event Include Teleconferencing? Yes ___No___

Fill in Questions 23 – 26 ONLY if Non-Appearance Coverage is required

23. Details of **ALL** Entertainers, Bands or Speakers for which you require Insurance. Include Names and ages, and Entertainer type. If a Web Link or Entertainer Website Address is available please add. Please use a separate sheet if necessary

24. Do ANY persons to be insured have a history of Non-Appearance. If yes, please explain.

25. Are ANY persons to be insured suffering from a Medical Condition. If yes, please explain.

26. Has any provisions been made for substitute entertainers. If yes, please explain.

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 Insurance 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.

I agree to advise Prize Indemnity Underwriters of any change in the information detailed in this Application which takes place prior to the commencement of the event/promotion.

Signature of Insured

Date

Print Name and Title

Name of Insurance Broker

Date

Name of Agency