

APPLICANT INFORMATION

- Name of Organization Applying for Insurance _____
- Address of Organization Applying for Insurance _____ City _____ State _____ ZIP _____
- Phone _____ 4. Email Address _____ 5. Web Site _____
- Are you a member of any of the following? PCMA IAEE ASAE SISO MPI

EVENT INFORMATION

- Name of event _____
- Type of event (check all that apply)
 Tradeshow Exposition Convention Other
- How many years has this event been held under present management? _____
- Lease dates (MM/DD/YYYY):
 Move in dates: _____ Move out dates: _____
- Event dates (MM/DD/YYYY):
 Start dates: _____ End dates: _____
- Name and location of the event venue
 Name: _____
 City, ST and ZIP: _____
- Does your event include any off site events? If yes, details

- Would you like a quote for Gross Revenue or Expenses (check one)
 Gross Revenue Expenses
 Budgeted Gross Revenue from the event: _____
 Budgeted Expenses from the event: _____
 Do the above sums represent the full extent of your financial responsibilities?
 YES NO

For questions 15—21, please check YES or NO

- Will the event be held outdoors and/or under canvas?
 YES NO
 - Will the venue require construction work?
 YES NO
 - Have all necessary arrangements for successful fulfillment of the event been made?
 YES NO
 - Have all necessary licenses, visas and/or permits been obtained and have all contractual arrangements been confirmed in writing?
 YES NO
 - Would the non-appearance of any individual preclude the successful fulfillment of the event? If yes, please provide details:
 YES NO
 - Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance?
 YES NO
 - Has the event to be insured ever sustained and insured loss?
 YES NO
- If YES to any of the above questions, please provide details here:

PLEASE ATTACH A COPY OF THE EVENT BUDGET

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.

Print Name _____ Title _____
 Sign Name _____ Date _____