



Event Cancellation Application Form

Please ensure that the following documents have been COMPLETED in FULL and SIGNED where required:

- Signature Live! Event Cancellation Application Form
- 5 Year Loss Run (if applicable)

Please email the completed application package to Signature Risk Partners at:

applications@signaturerisk.com

Signature Live! Event Cancellation Application Form

General Information

Name of Insured: _____

Mailing Address: _____

Name of Event(s): _____

Contact: _____

Applicant is: Event Promoter Event Organizer

Years Experience: _____

Business Tel.: _____

Website: _____

Venue Name(s): _____

1. Date of Coverage: _____ Target Premium: \$ _____

2. Current Insurance Company: _____ Deductible: \$ _____

3. Have there been any Claims or Losses in the last 5 years? (if Yes, include Loss Run) Yes No4. Has any form of insurance ever been cancelled or declined? (if Yes, provide details) Yes No

Coverage Limits (Statement of Values Required)

1. Requested Insurance Limit: \$ _____

2. Budgeted Gross Revenues \$ _____ (please attach a complete copy of the Event Budget)

3. Budgeted Costs & Expenses \$ _____

4. Total Amount Insured covers: Gross Revenue Costs & Expenses Only5. Please describe your Ticket Refund Policy: _____

Event Information

1. Event Location is? Indoors Outside

2. Type of Event: _____

3. Event Dates: From _____ To _____ Alternate Date: _____

4. Please describe your responsibilities at each Event: _____

5. Is the Event open to the Public? Yes No6. Is there an Event Management Plan? (If Yes, please provide a copy): Yes No7. Could Adverse Weather affect the Event? (If Yes, please describe): Yes No
_____8. Does the Event require any specialized equipment?: Yes No9. Can all essential equipment be replaced if required? Yes No

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Venue Information

1. Is the Event using an Outdoor Stage? Yes No Permanent Temporary
2. Is the Stage covered with a roof?: Yes No
3. All Electrical Equipment will be properly sheltered and will comply with industry code and regulations: Yes No
4. What percentage of the Event will be: Indoors _____% Outdoors _____%
5. Is there an Alternative Venue Location if required? Yes No
6. Is there an Event Management Plan? (If Yes, please provide a copy): Yes No
7. How much time has been arranged for Venue Set Up: _____

Non-Appearance Coverage Details

Any coverage provided for Non-Appearance is subject to a 30 day Health Warranty for each Individual included on the Policy. Please also be advised that Non-Appearance coverage for any Individual over the age of 70 years is limited solely to the occurrence of death within 14 calendar days prior to the event.

1. Will Non-Appearance Coverage be required? Yes No
2. Please list the name and birthdate for all Individuals that you wish to include on the Policy:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. What distance will the declared Individuals be required to travel to the Event? _____
4. Do the declared Individuals have any prior commitments that may affect their ability to attend? Yes No
5. Is a replacement available if the declared Individual is unable to attend the Event? Yes No
6. Could non-appearance by any declared Individual result in a requirement to refund ticket holders? Yes No
7. Is any declared Individual any physical, mental or medical condition? (If Yes, provide details) Yes No
8. All Non-Appearance fees for declared Individuals are included in the requested limit of insurance? Yes No
9. Are you aware of any Non-Appearance by any declared Individual during the last 5 years? Yes No
10. Please highlight above the declared Individuals who are critical to the success of the Event.

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Certificates of Insurance (COI) Request

Please list all Organizations that will require a COI from you:

	Organization Name	Address	Relationship
1			
2			
3			
4			

Declarations

I/We declare that:

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
3. All Submitted Application Forms become part of the Insurance Policy and is the basis of Coverage provided.
4. If any of the questions have been answered fraudulently or with the intent to conceal or misrepresent any material fact or circumstance concerning this Application for insurance, the entire Policy shall be void.

Signature of Applicant: _____ Date: _____