



EVENT CANCELLATION & NON-APPEARANCE APPLICATION

BROKER INFORMATION

Broker/Agency Name:			
Address:	City:	State:	Zip:
Contact Person:	Phone #:	E-Mail:	

GENERAL APPLICANT INFORMATION

Name of Insured:			
Name of Applicant (if different than Insured):			
Insured Street Address:	City:	State:	Zip:
Contact Person:	Phone #:	E-Mail:	
What is the usual business of the Applicant(s) and what is their experience in organizing, planning, and/or participating in the event(s)?			

EVENT INFORMATION

Type of performance(s) or event(s) to be insured:			
Name of performance(s) or event(s) to be insured:			
Has the performance(s) or event(s) been held before? <i>If so, how many times?</i>	Yes	No	
When would you like insurance to begin and end?			
NOTE: Any insurance offered as a result of this Application cannot commence before the date of			
Will the event(s) be held: If the event(s) will be held Outdoors, please complete the Outdoor Event Questionnaire.	Indoors	Outdoors	Both
Please list event date(s) and event times to be insured:			
Please list event venue(s) and address(es) of performance(s) or event(s) to be insured:			
NOTE: If insuring more than one performance or event, a full itinerary is required showing times, dates, and exact venue for all performances or events.			

ADDITIONAL INFORMATION

Have all necessary licenses, visas, and permits been obtained?	Yes	No
Have all contractual arrangements been confirmed in writing?	Yes	No
Are there additional provisions in place to ensure the successful fulfillment of the performance(s) or event(s) to be insured? <i>If so, please explain:</i>	Yes	No

BUDGET BREAKDOWN

Please provide the following limits:			
A. Budgeted Gross Revenue Including Profit:			
B. Budgeted Expenses:			
Which of the above limits (A. or B.) do you wish to insure?	A	B	
Do these limits represent the full extent of your financial responsibilities?	Yes	No	
NOTE: Budgeted Gross Revenue Including Profit CANNOT BE COMBINED WITH Budgeted Expenses.			

DISCLOSURE

Has the performance(s) or event(s) ever been cancelled, whether covered by insurance or not? <i>If so, please explain:</i>	Yes	No
Has promoter ever suffered a loss for the performance(s) or event(s) to be insured?	Yes	No
Please provide any other material facts in respects of the performance(s) or event(s) to be insured.		
NOTE: A material fact is one likely to influence acceptance or assessment of this Application by the Underwriter.		

OUTDOOR EVENT QUESTIONNAIRE

Complete for ALL Outdoor Events

EverSports &
Entertainment
Insurance



Has the event been held previously? (If 'Yes', please answer the following questions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. How many years has the event been held?	
b. At this venue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. During this time of year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If the above answer is 'No', have similar events been held at this venue during this time of year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have there been any prior occurrences of cancellation, postponement, or additional costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to b., c. or d. is 'No', please provide details:	
If the answer to e. is 'Yes', please provide details:	
Is the venue(s) exposed to wind, flood, or waterlogging? (If 'Yes', please answer the following questions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any ground or drainage improvements been made to the venue and/or event site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the venue been previously affected by unfavorable ground conditions at the same time of year (within a month) as the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answers above are 'Yes', please provide details:	
Please describe the extent of inclement weather and/or ground conditions that could adversely impact the event or result in additional costs:	
What contingency plans and/or equipment is in place to mitigate inclement weather and/or ground conditions?	
Regarding the event itinerary and day of event scheduling:	
Are other events taking place before or after the event that could affect setup or teardown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to move the event to another time or place to avoid or mitigate a loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a curfew or similar ordinance or any other reason that would prohibit you from delaying or shortening the event to avoid or mitigate a loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answers to the above questions are 'Yes', please provide details:	
Do you have a ticket refund policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please provide details of who is eligible and any limitations that may apply for claiming a refund:	
Does the event have both indoor and outdoor elements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', what portion of the insured limit is attributable to the indoor element:	\$ _____
If 'Yes', what portion of the insured limit is attributable to the outdoor element:	\$ _____



Complete for **ONLY Festival Events**

If insuring for gross revenue only, what portion of event ticket revenue is generated from:	Pre-sale: \$ _____ Walk-up: \$ _____
Regarding the event site and parking:	
a. Is the event held on hard-standing, tarmac, or similar surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do the entrances and exits to the event have hard-standing surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Will parking be on hard-standing surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Will parking be provided:	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
e. If parking is provided offsite is a shuttle or similar service available for all attendees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Will there be camping at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to a., b., or c. is 'No', please provide details of the surface:	
Will any performance(s) or event(s) be held in the open air? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please provide details of how the electrical and other sensitive equipment will be protected against the effects of weather:	
For performances held in a permanent or temporary structure:	
Is the stage or area in which the performer(s) work covered by a roof and three full sides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is all electrical and other sensitive equipment protected against the effects of weather?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to either question above is 'No', please provide details and what protections, if any, are in place:	
Is the venue and stage able to withstand moderate rain of up to 0.30 inches per hour with small puddles forming, and wind speeds of up to 40 mph or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is 'No', please describe what rain amount and wind speed that the venue and stage is able to withstand:	
Will the event take place at a location near commercial or residential premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a communication and command structure for noise control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are monitoring plans in place to prevent a noise nuisance or disturbance in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any restrictions on sound levels onsite and/or noise levels offsite and/or hours when certain noise levels are prohibited and/or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answers to the above questions are 'Yes', please provide details:	
Please attach copies of your B.E.S.T. documents:	
Budget – please include daily revenue and expense projections. Emergency Management Plan – please include inclement and/or wet weather contingency plans. Site Plan Ticket Refund Policy	



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Complete only if Coverage for Non-Appearance is Being Requested

NON-APPEARANCE INFORMATION

Is coverage required for the non-appearance of a performer, speaker, and/or entertainer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONS TO BE INSURED

Key Individual(s) to be Insured:	Date(s) of Birth or Age(s):
How will the Key Individual(s) travel to the event?	
How long before the event are they due to arrive?	
Any prior commitments which may affect their ability to attend the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a replacement available if Key Individual(s) is unable to attend the event? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the non-appearance of any Key Individual(s) result in a request for refunds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any Key Individual(s) to be insured suffering from or undergoing any form of treatment for any physical, psychological, or medical condition? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, any Key Individual named above with a history of non-appearance? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, has the non-appearance of any Key Individual named above resulted in loss(es) during the past five years? <i>If so, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Key Individual(s) paid if they do not appear at the event? <i>If so, what is the amount of the fee?: \$_____</i> <i>If not, is the fee included in the limit of insurance?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

<p>I understand that a signature on this Application does not bind me to complete or the Underwriters to accept this insurance and agree that, should a contract of insurance be concluded, this Application and the statements herein shall form the basis of the contract.</p> <p>I DECLARE THAT THE STATEMENTS AND ESTIMATES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> <p>Name: _____ Position: _____</p> <p>Signature: _____ Date: _____</p>

FRAUD STATEMENTS**GENERAL STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to (civil)** fines and (criminal penalties)** confinement in prison. *Applies in MD only. ** Applies in NM only.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, NEW YORK, AND PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime (and subjects such person to criminal and civil penalties)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**.*Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. * Applies in ME Only.

TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.