



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

EVENT CANCELLATION

General Information

Proposed effective date: _____

Applicant's name: _____

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ County: _____

Business telephone number: () _____ Fax: () _____

Physical location of business (if different): _____

Population within 50 miles: _____

Other locations used:

Physical address: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact person: _____

Producer no.: _____ Producer's name: _____

Producer's e-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Is this a new event? Yes No If no, how many years has the event taken place? _____

Applicant is a(n): Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual payroll: \$ _____

Total number of employees: _____ Full-time: _____ Part-time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee name: _____

E-mail: _____ Business telephone no.: () _____

Fax: () _____ Years with company: _____

Employee's responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide names for all insurance companies that have provided applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company name			
Expiration date			
Annual premium	\$	\$	\$

Has the applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five-year loss/claims history, including details. (Required)

Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim covered by this policy, prior to the inception of this policy? Yes No

If yes, please explain: _____

Has the applicant, or anyone on the applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired insurance

1. Limit of Liability:

Per Act/Aggregate		or	Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000	
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000	
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000	
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	

2. Self-Insured Retention (SIR): \$1,000 (minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Coverage

a. Weather-Related Cancellation? Yes No

1. If yes, please outline what specific weather-related perils would cause the event(s) to cancel: _____

b. Non-Appearance Cancellation? Yes No

1. If yes, please provide a schedule of individuals including their full name, role with the event, and date of birth: _____

c. Communicable Disease Cancellation? Yes No

d. Civil Commotion Cancellation? Yes No

3. Risk Mitigation Techniques – Insured is required to make reasonable efforts to mitigate all losses.

1. Provide a brief summary of all procedures in place to mitigate event cancellation losses and attach a copy of the full plan separately (e.g. rescheduling events, using an alternate venue, substituting alternative key individuals if non-appearance is an issue, etc.): _____

4. Business Activities

1. Person providing accounting and tax services:

a. Name: _____

b. Address: _____

2. Are you interested in single event coverage, or an annual policy where multiple events are provided coverage? Single Annual with multiple events

Please provide answers to the following for the event (if annual coverage is requested, provide this information for EACH event):

3. Gross receipts from each event:

4. Cost for each event (submit an excel schedule outlining all costs associated with each event):

5. Date(s) for which coverage is desired: _____

6. Date(s) for all scheduled event(s): _____

7. Name of event(s): _____

8. Location of each event: _____

9. Facility was originally used for? _____

10. Is location temporary or permanent? Temporary Permanent

11. Attach exact schedule of events, meetings, gatherings, or participants, etc.

12. Description of event(s): _____

13. If there is a website related to the event(s) (a promotional website, etc.), list the website address here. If not, indicate "not applicable." _____

14. Is event indoors or outdoors? Indoors Outdoors

If outside:

a. Is area fenced or otherwise enclosed and controlled? Yes No

b. Will event end two hours prior to sundown? Yes No

15. Has similar event taken place? Yes No

Explain experience: _____

16. Is seating reserved or general admission? Reserved General Admission Both

17. Are seats of temporary or permanent construction? Temporary Permanent

18. Describe construction and seating capacity: _____

19. Are any additional named insureds required? Yes No
If yes, who are they, what interest do they have, and what is their relationship to event, etc.: _____

20. Will there be any exhibitions, demonstrations, parades or other associated activities with the event(s)? Yes No
If yes, describe completely: (Attach list of each booth with descriptions of products or activities.) _____

KEY PERSONNEL

21. Key personnel can make a big difference in said event. Please attach a resume and background information on all key personnel associated with the event.

22. Name of event coordinator: _____
a. Address: _____
b. City: _____ State: _____
c. Phone: (_____) _____ Fax: (_____) _____
d. E-mail: _____

23. Name of person(s) in charge of and responsible for safety:
a. Address: _____
b. City: _____ State: _____
c. Phone: (_____) _____ Phone: (_____) _____
d. E-mail: _____

EMERGENCY MEDICAL PLANS

24. Describe completely the emergency medical evacuation plans, affected for this event. Attach additional sheets if necessary. _____

VERY IMPORTANT

1. Attach copies of all leases and/or hold harmless agreements in effect
2. Attach copy of any brochure, fliers, etc., used for this event.
3. Include diagrams showing specific location(s); noting exact distances; and identifying set up procedures for all facilities. The diagrams must include, and clearly identify spectator areas, transition areas, medical tent, and location of medical service vehicle, staging areas, concession stands, and distances between each location. A complete layout is required.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name