

ShowPRO

Protection for Consumer Shows

CONSUMER AND TRADE SHOW - EVENT CANCELLATION INSURANCE APPLICATION

(1) Name & address of organization applying for insurance

Name:

Address:

City, State, Zip:

Telephone #:

Fax #:

(2) Name of event:

(3) Type of event (check all that apply):

Consumer Show Trade Show Convention Other

(4) Are you a member of the National Association of Consumer Shows? YES NO

(5) How many years has this event been held under present management? _____ Years

(6) Dates of the event: Start: _____ End: _____

(7) Name & location of venue event will be held

Name:

City: _____ State: _____

(8) Would you like a quote for Gross Revenue or Expenses? (check one) Gross Revenue Expenses

List budgeted Gross Revenue from the event \$ _____

List budgeted Expenses from the event \$ _____

What percentage of your Gross Revenue comes from: Attendees Fees: _____ Gate receipts: _____

IF YOU WOULD LIKE A QUOTE FOR MULTIPLE EVENTS, PLEASE COMPLETE THE FOLLOWING:

Name of Venue:

City: _____ State: _____

Dates of the Event: Start: _____ End: _____

Number of years event has been held: _____ Years

Budgeted Gross Revenue: \$ _____

Budgeted Expenses: \$ _____

Attendees Fees: _____ Gate Receipts: _____

Name of Venue:

City: _____ State: _____

Dates of the Event: Start: _____ End: _____

Number of years event has been held: _____ Years

Budgeted Gross Revenue: \$ _____

Budgeted Expenses: \$ _____

Attendees Fees: _____ Gate Receipts: _____

****FOR LIMITS ABOVE \$250,000 PLEASE ATTACH A DETAILED BUDGET OF EXPENSES AND GROSS REVENUES**

FOR QUESTIONS 9-19 PLEASE CHECK YES OR NO

- (9) Is the event open to the public? YES NO
- (10) Does the event include any teleconferencing? YES NO
- (11) Will the event be held outdoors and/or under canvas? YES NO
- (12) Will adverse weather preclude the fulfillment of event? YES NO
- (13) Is the venue currently under construction or will it be under construction prior to the event? YES NO
- (14) Have all necessary arrangements for the successful fulfillment of the event been made? YES NO
- (15) Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? YES NO
- (16) Do the sums represented in question No. (8) represent the full extent of your financial responsibilities? YES NO
- (17) Has the event to be insured ever sustained an insured loss? YES NO
If yes, please provide full details:
- (18) Would the non-appearance of any individual preclude the successful fulfillment of the event? YES NO
- (19) Is the applicant aware of any circumstances, actual or threatened that may possibly result in a claim under this insurance? YES NO

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

Shoff Darby Companies

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