expo**plus**cci.
Convention Cancellation Insurance

Please Print or Type

1. INSURED: Association or Organization holding Event

Name	
	Telephone ( )
	( )
Address	Facsimile
City	State	Zip

2. EVENT TO BE INSURED

TYPE:
- ☐ CONVENTION/MEETING   ☐ With Exhibits ☐ Without Exhibits ☐ With Teleconferencing
- ☐ TRADE SHOW/EXPOSITION   ☐ Open to the Public ☐ Not Open to the Public
- ☐ CONSUMER SHOW   ☐ Event dependent upon 2 or less speakers
- ☐ OTHER TYPE OF EVENT Details: (Provide a separate attachment if necessary)

Full Name of Event: _____

Open Dates of Event: From _____ to _____ (inclusive of lease dates)

Is any part of the event to be held in the open, in a tent or in any structure of a temporary nature?   ☐ Yes ☐ No

3. EVENT FACILITY

Name _____

Address _____

City _____ State _____ Zip _____

Do written contracts exist between you and the facility?   ☐ Yes ☐ No

Please confirm you have made all the necessary preliminary arrangements essential to ensure that a satisfactory event can be held on the scheduled date.   ☐ Yes ☐ No

4. FINANCIAL INFORMATION

a. Please provide the following information about the event to be insured.
    BUDGETED GROSS REVENUE: $ _____ BUDGETED EXPENSES: $ _____
    BUDGETED NET REVENUE: $ _____
b. Does the Gross Revenue stated above represent the entire Gross Revenue of the event and not a portion?   ☐ Yes ☐ No
c. At any time during the past 5 years have you had an event that suffered a Loss that was covered by insurance? ☐ Yes ☐ No

5. PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances existing or threatened, that may possibly result in a claim under this insurance? If the answer to this question is yes, provide full details on a separate attachment.   ☐ Yes   ☐ No

NOTE: If you become aware of any such circumstances after completing this application and before the date insurance of the Event commences, you must disclose the circumstance to the insurers immediately to see if the insurance will be affected.

PLEASE READ AND SIGN BELOW

Signing this Application and Declaration does not bind the applicant or the underwriter to complete the Insurance, but it is agreed that this Application and Declaration shall be attached to and form part of any policy which may be subsequently issued.

I declare that the statements and estimates made herein after due inquiry are true to the best of my knowledge and belief.

Name _____   Signature _____
        (Please print)   (As authorized person for and on behalf of the INSURED)
Title _____   Date _____

In this transaction, Marsh is acting as the exclusive insurance agent and program manager for certain Underwriters at Lloyd's London ("Insurer") for this type of coverage, and not as your insurance broker. As the agent for Insurer, Marsh will perform all of the functions necessary to underwrite, quote and, upon your acceptance, issue this insurance coverage for your event.

PLEASE SIGN AND RETURN COMPLETED FORM TO: JWagner@ftj.com or fax to 703-318-7554

6. If your answer to question **4a. BUDGETED GROSS REVENUE** on page 1 is **over $75,000** please answer the following questions:

    a.   Yes   No   Are any of the events open to the public?

    b.   Yes   No   Will any of the events be held outdoors and/or under canvas?

    c.   Yes   No   Will adverse weather preclude the fulfillment of any of the events?

    d.   Yes   No   Will any of the venues require construction work?

    e.   Yes   No   Will all necessary arrangements for the successful fulfillment of the events be made a minimum of fourteen (14) days prior to the Insured Event(s)?

    f.   Yes   No   Will all necessary licenses, visas, and/or permits been obtained and have all contractual arrangements been confirmed in writing a minimum of fourteen (14) days prior to the Insured Event(s)?

    g.   Yes   No   Do the sums of gross revenue and expenses entered for the events above represent the full extent of your financial responsibilities?

    h.   Yes   No   Have any of the events to be insured ever sustained an insured loss?

    i.   Yes   No   Would the non-appearance of any individual(s) preclude the successful fulfillment of any of the events?

    j.   Yes   No   Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance?