



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