



**ASAE-Endorsed
Event Cancellation Insurance Application**

Aon Association Services
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SUPPLEMENTAL INFORMATION (ONLY REQUIRED FOR MULTIPLE EVENTS)



NAMED INSURED: _____

ADDITIONAL CURRENT EVENT(S) TO BE INSURED (within the next 12 months):

- 1.) Full Name of Event _____
 Name and Address of Facility _____
 City _____ State _____ Zip Code _____ Open Dates of Event: From _____ To _____
 Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income/Loss: \$ _____
- 2.) Full Name of Event _____
 Name and Address of Facility _____
 City _____ State _____ Zip Code _____ Open Dates of Event: From _____ To _____
 Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income/Loss: \$ _____
- 3.) Full Name of Event _____
 Name and Address of Facility _____
 City _____ State _____ Zip Code _____ Open Dates of Event: From _____ To _____
 Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income/Loss: \$ _____

FUTURE EVENT(S) TO BE INSURED (beyond the next 12 months):

- 1.) Full Name of Event _____
 Name and Address of Facility _____
 City _____ State _____ Zip Code _____ Open Dates of Event: From _____ To _____
 Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income/Loss: \$ _____
- 2.) Full Name of Event _____
 Name and Address of Facility _____
 City _____ State _____ Zip Code _____ Open Dates of Event: From _____ To _____
 Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income/Loss: \$ _____
- 3.) Full Name of Event _____
 Name and Address of Facility _____
 City _____ State _____ Zip Code _____ Open Dates of Event: From _____ To _____
 Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income/Loss: \$ _____

All quotations are subject to the receipt and acceptable review of the application and other underwriting information by the underwriter.