

ASAE-Endorsed Event Cancellation Insurance Application

asae

CUDDI ENTENITAL INFORMATION	
SUPPLEIMENTAL INFORMATION ((ONLY REQUIRED FOR MULTIPLE EVENTS)

				ENDORS	
NA	MED INSURED:				
AD	DITIONAL CURRENT EVENT(S) TO	BE INSURED (within th	e next 12 months):		
1.	Full Name of Event				
	Facility Name & Address		City:	State:	Zip:
	Open Dates of Event: From	То			
	Budgeted Gross Revenue: \$	Expenses: \$	Net Income/Loss: \$	Financial Commi	tments \$
2.	Full Name of Event				
	Facility Name & Address		City:	State:	Zip:
	Open Dates of Event: From	То			
	Budgeted Gross Revenue: \$	Expenses: \$	Net Income/Loss: \$	Financial Commi	tments \$
3.	Full Name of Event				
	Facility Name & Address		City:	State:	Zip:
	Open Dates of Event: From	То			
	Budgeted Gross Revenue: \$	Expenses: \$	Net Income/Loss: \$	Financial Commi	tments \$
FU	FURE EVENT(S) TO BE INSURED (k	beyond the next 12 mor	nths):		
1.	Full Name of Event				
	Facility Name & Address		City:	State:	Zip:
	Open Dates of Event: From	То			
	Budgeted Gross Revenue: \$	Expenses: \$	Net Income/Loss: \$	Financial Commi	tments \$
2.	Full Name of Event				
	Facility Name & Address		City:	State:	Zip:
	Open Dates of Event: From	То			
	Budgeted Gross Revenue: \$	Expenses: \$	Net Income/Loss: \$	Financial Commi	tments \$
3.	Full Name of Event				
	Facility Name & Address		City:	State:	Zip:
	Open Dates of Event: From	То			
	Budgeted Gross Revenue: \$	Expenses: \$	Net Income/Loss: \$	Financial Commi	tments \$

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

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