

**Supplemental Application – Virtual Coverage (Hybrid Events)**

2001 K Street, NW, Suite 625 North • Washington, DC 20006  
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Insured (Association or Organization holding the event)

Physical Address (Street, City, State, Zip)			Contact Person
Email address			Phone
			Website

**Event Details**

- 1. Date and time of the Virtual Event Transmission (please include start times and end times each day):
- 2. Will the Virtual Event Transmission be hosted from the same location as the in-person event?  Yes  No
- 3. Is the Virtual Event Transmission independent of the physical event and vice-versa?  Yes  No
- 4. Financial Information: In-Person Budgeted Gross Revenue: \$ In-Person Budgeted Expenses: \$  
Virtual Budgeted Gross Revenue \$ Virtual Budgeted Expenses: \$

**Host Platform Details**

- 1. Have you contracted with a virtual event organiser or production company to help deliver the Virtual Event Transmission?  Yes  No
  - a. If yes, please provide name:
  - b. Please state the virtual platform to be used:
- 2. Do written signed contracts exist between you and all key parties, including the vendor responsible for producing the virtual event and the platform provider?  Yes  No
- 3. Do these contracts contain SLA's (Service Level Agreements) and if so please confirm:  Yes  No
  - a. Minimum response time in the event of an interruption.
  - b. If the Virtual Event Transmission can proceed without loss if response is provided within specific time.
- 4. Have those responsible for the Virtual Event Transmission transmitted from the location before?  Yes  No
  - a. If yes, have there ever been any problems?
- 5. Will the Virtual Event Transmission use any new /un-tested or first-time technology?  Yes  No
- 6. Is internet the sole method of transmission?  Yes  No  
If not, please provide details.

**General Information**

- 1. What percentage of virtual event attendees are: (a) pre-registered? % (b) register on the day? %
- 2. Will the virtual event platform have adequate bandwidth for more than expected attendees?  Yes  No
- 3. What are the contractual refund obligations to attendees in the event of the non-delivery of the virtual event?
- 4. What is the maximum length of interruption:
  - a. to the Virtual Event Transmission before any financial loss would be incurred?
  - b. that can be sustained before it would be necessary to cancel/abandon the Virtual Event Transmission?
- 5. Is the Virtual Event Transmission being recorded?  Yes  No
- 6. Can the virtual event be postponed or delayed?  Yes  No
- 7. Does all critical equipment have back-up power?  Yes  No
- 8. Do all Necessary Facilities (i.e. internet services, computer equipment, communication links, power supply and all necessary equipment) have at least one alternative?  Yes  No
- 9. How quickly can the transmission be switched from primary to alternative system?
- 10. Have satisfactory test transmissions been completed and received?  Yes  No  
If no, are they required to do so before the actual Virtual Event Transmission?  Yes  No
- 11. Is the participation of any individual person critical to the successful fulfilment of the event?  Yes  No
- 12. No known circumstances/declaration - Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the transmission(s) and might result in a claim under the proposed insurance?  Yes  No  
If yes, please provide full details:

**Conditions of Quotation**

Any terms provided by us as a result of non-binding quotation and any supporting information will be subject to:

1. Final acceptance by you and then us prior to the quote expiration date shown in the non-binding quotation, after which the resulting insurance cannot be cancelled.
2. You undertaking to advise us of any change in the supporting information or additional information that should be supplied to make the non-binding quotation current, occurring prior to the inception date of any insurance subsequently issued.
3. We having no obligation to accept the risk if there has been any happening or circumstance, whether advised by you or otherwise, arising prior to acceptance by us which increases or could increase the possibility of a loss or in any way materially alters the risk as indicated. However we at our sole discretion may decide to provide an alternative non-binding quotation.
4. You having declared all material facts likely to influence us in determining
  - a) whether or not to accept the risk,
  - b) the premium,
  - c) the terms, conditions, exclusions and limitations.
5. You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making inquiry of each of them.
  - a) any intermediary(s) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act.
  - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below.
6. You undertaking that no other insurance has been purchased on this specific risk and none shall be without our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non-binding quotation may be amended by us.
7. You paying the premium with acceptance of the non-binding quotation. If (in accordance with 1 and 3 above) we do not accept the risk, the premium will be returned

**Declaration**

To the best of your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this application, whether in your own hand or not, is true and you have not withheld any material facts.

It is understood that the acceptance of a non-binding quotation does not bind you to complete or us to accept this insurance, but you agree that, should a contract of insurance be concluded, the non-binding quotation and any supporting information shall be incorporated into and form the basis of the contract.

You accept these conditions as the Proposed Insured or agent of the Proposed Insured and that any subsequent insurance will become null and void if any of the foregoing conditions are breached.

**Signature:**

**Name:**

**Date:**

**Position:**