



ASAE-Endorsed
Event Cancellation Insurance Application

Aon Affinity Nonprofits
2001 K Street, NW, Suite 625 North
Washington, DC 20006
800.432.7465 • asae-aon.com
asaainsurance@affinitynonprofits.com



1. INSURED: (Association or Organization holding the Event)

Name: _____

Physical Street Address (Required): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____ Website: _____

Are you a member of the American Society of Association Executive? (Not required for Insurance) Yes No

2. EVENT TO BE INSURED:

Full Name of Event _____

Facility Name & Address _____ City: _____ State: _____ Zip: _____

Open Dates of Event: From _____ To _____

*If you have multiple events, please complete the supplemental event application

3. FINANCIAL INFORMATION:

Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income/Loss: \$ _____

Please provide the additional amount of financial commitments (eg. Room Blocks) you would like to insure \$ _____

NOTE: The policy automatically includes up to 15% above the limit of indemnity for financial commitments.

4. Provide the percentage of gross revenue from:

Attendees fee: _____ Exhibitor's fees _____ Sponsorships: _____ Public Gate Receipts: _____

**A copy of the budget is required with the application if the budgeted revenue or expenses exceeds \$1,000,000.

5. Does the financial information represent the entire gross revenue or expense of the event? Yes No

6. Has this event been held before? Yes No

7. Is coverage for non-appearance of any person required for the event? If yes, provide details Yes No

8. Is your event going to utilize teleconferencing or satellite communications? If yes, provide details Yes No

9. Is any part of the event to be held outdoors, in a tent, or in a temporary non-permanent structure? Yes No
If yes, provide details.

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

11. Have all the necessary arrangements essential to a satisfactory event been made? Yes No

12. Is the facility under construction or major renovation? Yes No

13. Do you have a contingency plan if your event is delayed or postponed? If yes, provide details Yes No

14. FUTURE EVENT INFORMATION (BEYOND THE NEXT 12 MONTHS)

Has your organization decided where your events will be held in the future beyond what is provided above? Yes No

If yes, provide details so that we may be able to provide an accurate quote in the future for these events.

15. FUTURE EVENT(S) TO BE INSURED (BEYOND THE NEXT 12 MONTHS)

Full Name of Event _____

Facility Name & Address _____ City: _____ State: _____ Zip: _____

Open Dates of Event: From _____ To _____

*If you have multiple future events, please complete the supplemental event application.

16. FINANCIAL INFORMATION (BEYOND THE NEXT 12 MONTHS):

Budgeted Gross Revenue: \$ _____ Expenses: \$ _____ Net Income/Loss: \$ _____ Financial Commitments \$ _____

17. PRIOR CLAIMS & PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances, currently existing or threatened that may possibly result in a claim under this insurance?

If yes, provide details Yes No

NOTE: If you become aware of any such circumstances after completing this application, and before the date insurance for the event commences, you must disclose the circumstances to the insurers immediately, as this may affect this insurance.

18. Have you at any time within the last 5 years had a loss, or circumstances, which could have led to a loss, which would have been covered by this insurance? If yes, please provide details Yes No

PLEASE READ AND SIGN BELOW:

Signing this application and declaration does not bind either the applicant or the underwriter to provide the insurance. In the event there is any material change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn. It is agreed that this application and declaration shall be attached to and form part of any policy which may subsequently be issued. The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted to the insurer are true and correct.

Name _____ Signature _____

Title _____ Date _____

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