



APPLICANT INFORMATION

1. Name of Organization Applying for Insurance _____
2. Address of Organization Applying for Insurance _____ City _____ State _____ ZIP _____
3. Phone _____ 4. Email Address _____ 5. Web Site _____
6. Are you a member of any of the following? PCMA IAEE ASAE TSEA MPI

EVENT INFORMATION

7. Name of event _____
8. Type of event (check all that apply)
 Tradeshow Exposition Convention Other
9. How many years has this event been held under present management? _____
10. Lease dates (MM/DD/YYYY):
 Move in dates: _____ Move out dates: _____
11. Event dates (MM/DD/YYYY):
 Start dates: _____ End dates: _____
12. Name and location of the event venue
 Name: _____
 City, ST and ZIP: _____
13. Does your event include any off site events? If yes, details

14. Would you like a quote for Gross Revenue or Expenses (check one)
 Gross Revenue Expenses
 Budgeted Gross Revenue from the event:

 Budgeted Expenses from the event:

 Do the above sums represent the full extent of your financial responsibilities?
 YES NO

For questions 15—21, please check YES or NO

15. Will the event be held outdoors and/or under canvas?
 YES NO
 16. Will the venue require construction work?
 YES NO
 17. Have all necessary arrangements for successful fulfillment of the event been made?
 YES NO
 18. Have all necessary licenses, visas and/or permits been obtained and have all contractual arrangements been confirmed in writing?
 YES NO
 19. Would the non-appearance of any individual preclude the successful fulfillment of the event? If yes, please provide details:
 YES NO
 20. Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance?
 YES NO
 21. Has the event to be insured ever sustained and insured loss?
 YES NO
- If YES to any of the above questions, please provide details here:

PLEASE ATTACH A COPY OF THE EVENT BUDGET IF THE LIMIT IS GREATER THAN \$1 MILLION

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance.

Print Name _____ Title _____
 Sign Name _____ Date _____