

Gold Coast Specialty Insurance Agency, Inc.
222 Main Street, East Setauket, New York 11733
Tel: 631-675-2529 * Fax: 631-675-2530

EVENT CANCELLATION / NON-APPEARANCE APPLICATION

1. Name of Person or Organization applying for Insurance:

Street Address:

City/State/Zip: _____

2. What is the usual business of the Applicant (s) and how long engaged therein?

3. Name and Type of Event:

4. Has this/have these performances (s) or event (s) been held before? YES NO

5. What is the involvement (s) of the Applicant (s) in performance (s) or event (s) and what is/are the experience (s) of the Applicant (s) in this capacity?

6. Is/are the performances (s) or event (s) part of a larger production, promotion, series or tour?
YES NO

If Yes, please state which:

7. If the proposed event is a tour, what will be the method of transport by:

Insured person (s):

Equipment:

8. Event Date (s)/Time (s):

	From:		To:	
	From:		To:	

	From:		To:	
	From:		To:	
	From:		To:	

If the event is longer than five days please submit additional dates and times on a separate sheet.

Please attach a schedule of the events planned for the event.

9. What allowance in the itinerary has been made for:

Travel Delay?

Set up time?

“Stand By Dates”?

10. Is the event held:

Indoor?	Yes?		No?	
Outdoor?	Yes?		No?	
Under Canvas?	Yes?		No?	
Other?	Yes?		No?	

If other, please specify:

11. Name of Venue where the event will be held:

Address of Venue:

Please attach a copy of the contract with the venue.

12. Will the event require construction work? YES NO

If yes, please provide details:

13. Will adverse weather conditions preclude the fulfillment of the event? YES NO

If yes, please detail the weather conditions which would cause the event to be cancelled:

14. Would the non-appearance of any individual, group, act, team, etc. preclude the fulfillment of the event? Yes No

If yes, please provide details:

Questions 15-18 are for Non-Appearance Coverage Only

15. Provide details of (all) persons to be insured. Name (s), age (s), and participation:

16. Has any person to be insured any history of non-appearance? YES NO

If yes, please provide details:

17. Has any provision been made for Understudies or Substitutes? YES NO

If yes, please provide details:

18. Is/are the person (s) to be insured suffering from any physical, psychological or other medical conditions? Is the person (s) to be insured undergoing any form of medical or other treatment? Is/are the person(s) to be insured following any prescribed medical regime? YES NO

If yes, please provide full details:

19. Have all necessary arrangements for the successful fulfillment of the performance (s) or event (s) to be insured been made? YES NO

If no, please provide details:

20. Have all necessary licenses, visas and/or permits been obtained and have all contractual arrangements been confirmed in writing? YES NO

If no, please provide details:

21. Please complete both of the following categories (see definitions listed below) and please indicate which amount is to be insured:

A.	Gross Revenue from the Event		\$
B.	Expenses from Event		\$
	Sum Insured = either A or B above		\$

Please attach justification of the sum insured, explaining how the dollar amount provided was calculated. If possible, please attach the budget for the event.

Definitions of Categories

- A. **Gross Revenue:** All monies paid or payable to the applicant from every source arising out of the event. (Note: If gross revenue is insured, expenses, profit are also insured, because expenses and profit added together equals gross revenue.)
- B. **Expenses:** The total of all costs and charges incurred by the applicant for, and in connection with, the planning, preparation and staging of the event.

22. Do these sums represent the full extent of your financial responsibility? YES NO

If no, please provide details:

23. If the performance (s) or event (s) has/have been held before under the present management or any other, has there ever been a loss? YES NO

If yes, please provide details:

24. Has the applicant sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force? YES NO

If yes, please provide details:

25. Has the applicant has similar insurance, (as applied for herein), declined, cancelled or renewal refused? YES NO

If yes, please provide details:

Are there any other material facts or items of information with regard to the proposed performance (s) or event (s), which should be disclosed? (A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters) YES NO

If yes, please provide full details:

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 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 herein shall form the basis of the insurance policy.

Print Name:

Title:

Signature:

Date:

Phone/Fax:

Email:
