



ASAE-Endorsed
Event Cancellation Insurance Application

Aon Association Services
1120 20th Street NW, Ste 600
Washington, DC 20036
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1. INSURED: (Association or Organization holding the Event)

Name:
Address:
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 Code: 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: \$

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?
6. Has this event been held before?
7. Is coverage for non-appearance of any person required for the event?
8. Is your event going to utilize teleconferencing or satellite communications?
9. Is any part of the event to be held outdoors, in a tent, or in a temporary non-permanent structure?
10. Do written contracts exist between you and the facility?
11. Have all the necessary arrangements essential to a satisfactory event been made?
12. Is the facility under construction or major renovation?
13. Do you have a contingency plan if your event is delayed or postponed?

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?
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: \$ Budgeted Expenses: \$ Budgeted Net Income/Loss: \$

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?
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.

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.

Name Signature
Title Date

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