

HCC SPECIALTY UNDERWRITERS, INC.

A SUBSIDIARY OF HCC INSURANCE HOLDINGS, INC.



P 800.927.6306 F 781.994.6001 E ecquotes@hccsu.com W www.hccsu.com

EVENT CANCELLATION APPLICATION – CONFERENCES / TRADESHOWS / CONVENTIONS

1 Name & address of organization applying for insurance

2 Name of event _____

3 Type of event (check all that apply)

Convention/Meeting Tradeshow/Exposition Consumer Show Other

4 How many years has this event been held under present management? _____ Years

5 Dates of the event: Start _____ End _____

6 Name & location of venue event will be held

Name _____

City _____ State _____

7 Would you like a quote for Gross Revenue or Expenses? (check one) Gross Revenue _____ Expenses _____

List budgeted Gross Revenue from the event. \$ _____

List budgeted Expenses from the event. \$ _____

What percentage of your Gross Revenue comes from: Attendees Fees _____ Gate Receipts _____

PLEASE ATTACH A DETAILED BUDGET OF EXPENSES AND GROSS REVENUES

FOR QUESTIONS 8 – 18 PLEASE CHECK YES OR NO

- | | | |
|---|------------------------------|-----------------------------|
| 8 Is the event open to the public? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9 Does the event include any teleconferencing? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10 Will the event be held outdoors and/or under canvas? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11 Will adverse weather preclude the fulfillment of event? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12 Will the venue require construction work? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13 Have all necessary arrangements for the successful fulfillment of the event been made? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14 Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 15 Do the sums represented in question No. (7) represent the full extent of your financial responsibilities? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 16 Has the event to be insured ever sustained an insured loss? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 17 Would the non-appearance of any individual preclude the successful fulfillment of the event? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 18 Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance? _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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** _____