

EVENT CANCELLATION/NONAPPEARANCE

Causes Beyond The Owner's Control

- Death, Accident or Illness
- Damage or Destruction of Venue
- Unavoidable Travel Delay
- Political Unrest
- Communicable Disease



PETERSEN

International Underwriters

Lloyd's Coverholder

23929 Valencia Boulevard Suite 215

Valencia, California 91355-2186

Telephone 800.345.8816

Fax 661.254.0604

E-mail: piu@piu.org Website: www.piu.org

EVENT CANCELLATION NON-APPEARANCE

Common Uses

- Cancellation - in case the event is unable to proceed
- Abandonment - in case the event cannot be completed
- Postponement - in case the event has to be moved to another time or date
- Interruption - in case the event has to be stopped and restarted later
- Relocation - in case the event has to be completely moved to another location
- Curtailment - in case the event can still proceed, but there has been a loss in revenue
- Non-Apperance - in case the event has to be cancelled due to the key/star performer not appearing to the venue

Coverage Options

- Loss of Net Income
- Adverse Weather
- Reduced Attendance
- Communicable Disease
- Death, Accident or Illness
- Unavoidable Travel Delay
- Damage to or Destruction of Venue
- Other Causes (beyond Assured's control)
- And other options may be considered

Eligible Events

- Sporting Events
- Concerts and Theatre
- Indoor/Outdoor Shows
- Conferences or Parties
- Photo/Video shoots
- Exhibitions
- Weddings
- And more





INSURED PERSON OR ORGANIZATION

Name of Applicant _____ Telephone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____

What is the usual business of applicant and how long engaged therein? _____

What is/are applicant(s) involvement in Event/Performance? _____

Name of Loss Payee if other than applicant _____

EVENT

If more than one event/performance, please provide a separate schedule outlining times/dates and venue details.

Type of Event/Performance _____

Name of Event/Performance _____

Open dates of event _____ From: _____ To: _____

Lease dates _____ From: _____ To: _____

Venue _____

FINANCIAL INFORMATION

Please give details and **PROVIDE A COPY OF YOUR BUDGET** in respect to the Event(s)/Performance(s) to be insured.

Budgeted Expenses: \$ _____ Estimated Gross revenue: \$ _____

GENERAL INFORMATION

- 1) Is any part of this Event/Performance to be held in the open air or a temporary structure? YES NO
 - a. Is the actual stage or area in which the performer(s) will work under cover? YES NO
 - b. Is/are the Venue(s) exposed to wind, flood or waterlogging? Wind Flood Waterlogging
- 2) How many times has this event been held before? _____
- 3) Is/are the event/performance(s) part of a larger production/series/promotion/tour? YES NO
If YES, please give details: _____
- 4) If the proposed event is a tour, what will be the mode of transport used by:
 - a. Insured person(s): _____
 - b. Equipment: _____
- 5) What allowances in the itinerary have been made for:
 - a. Travel Delay: _____
 - b. Set Up Time: _____
 - c. Stand By Dates: _____

Before answering Question 6 your attention is drawn to the fact that the insurance will contain warranties regarding necessary arrangements and contractual requirements.

- 6.) a. Have all necessary arrangements for the successful fulfillment of the Event(s)/Performance(s) to be insured been made? YES NO
- b. Have all necessary licenses, visas, permits been obtained and have all contractual arrangements been confirmed in writing? YES NO

If no to a or b, please give details: _____

NON-APPEARANCE (This section need only be competed if Non-Appearance coverage is being requested)

- 1) Please give details of (all) persons to be insured. Name(s), Age(s) and Participation: _____
- 2) Has any person to be insured had any history of Non-appearance? YES NO
If YES, please give details _____
- 3) Has any provision been made for Understudies or substitutes? YES NO
If YES, please give details _____
- 4) Is/are the person(s) to be insured:
- a. suffering from any physical, psychological or any other medical conditions? YES NO
 - b. undergoing any form of medical or other treatment? YES NO
 - c. following any prescribed medical regime? YES NO

If the answer is YES to any part of question 4, please give full details. (NB: answers to this question should only be made after consultation with person(s) to be insured. Underwriters may require a medical examination of the parties to be insured.) _____

COVERAGE REQUIRED (delete as applicable)

- 1) Event Cancellation & Abandonment(Costs & Expenses) YES NO Amount \$ _____
If available, additional coverages required:
- a. Loss of Net Income YES NO Amount \$ _____
 - b. Adverse Weather YES NO
 - c. Reduced Attendance YES NO
- 2) Non-Appearance(Costs & Expenses) YES NO Amount \$ _____
Coverages required:
- a. Death, Accident or Illness YES NO
 - b. Unavoidable travel delay YES NO
 - c. Damage to or destruction of Venue YES NO
 - d. Other causes (beyond Assured's control) YES NO
- If available, additional coverages required:
- a. Loss of Net Income YES NO Amount \$ _____

LOSS INFORMATION

- 1) If the Event(s)/Performance(s) have been held before under the present management or any other, has there been a loss in the past five years?
 YES NO If YES, please give details: _____
- 2) Are you aware of any circumstances, existing or threatened that may possibly result in a claim under this insurance?
 YES NO If YES, please give details: _____

DECLARATION

Signing this application and declaration does not bind the applicant or the company to complete the insurance, but it is agreed that this application and declaration shall be attached to form part of any policy which may subsequently be issued. I declare that the statements and estimates made herein, after due inquiry, whether in my own hand or not, are true to the best of my knowledge and belief. I understand that non-disclosure or mis-representation of any material fact will entitle Underwriters to void the insurance.

Signature _____ Date _____