

Event Cancellation Application
Conference / Trades / Convention
Cambrian Special Risks Insurance Services

130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866)-308-2784
Email: quotes@cambrianspecialrisks.com

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant:

2. Address:

Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:

SECTION 2: UNDERWRITING INFORMATION

1. Name of event:

2. Type of event (check all that apply):

<input type="checkbox"/> Convention/meeting	<input type="checkbox"/> Tradeshows/Exposition
<input type="checkbox"/> Consumer Show	<input type="checkbox"/> Other _____

3. How many years has this event been held under present management? _____ years

4. Dates of the event: Start: _____ End: _____

5. Name & Location of venue event will be held:

6. Would you like a quote for Gross Revenue or Expenses? (check one)

<input type="checkbox"/> Gross Revenue
<input type="checkbox"/> Expenses

7. List budgeted Gross Revenue from the event: \$ _____

8. List budgeted Expenses from the event: \$ _____

9. What percentage of your Gross Revenue comes from: Attendees Fees _____% Gate receipts _____%

10. Please attach a detailed budget of expenses and gross revenues.

11. Is the event open to the public Yes No

12. Does the event include any teleconferencing? Yes No

13. Will the event be held outdoors and/or under canvas? Yes No

14. Will adverse weather preclude the fulfillment of event? Yes No

15. Will the venue require construction work? Yes No

16. Have all necessary arrangements for the successful fulfillment of the event been made? Yes No

17. Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? Yes No
18. Do the sums represented in Q. 7. represent the full extent of your financial responsibilities? Yes No
19. Has the event to be insured ever sustained an insured loss? Yes No
20. Would the non-appearance of any individual preclude the success fulfillment of the event? Yes No
21. Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance? Yes No

SECTION 3: DECLARATION

I/we hereby declare that the above statements are to my/our knowledge true and that I/we have not suppressed or misstated any material facts and I/we propose that these statements shall be the basis of the contract which I/we wish to take.

We confirm that the proposed promotion is legal and that any competition element conforms with the current legislation relevant to such competitions.

PLEASE NOTE: This insurance excludes any error or omission by you, your agents or contractors that would give rise to a prize not otherwise covered under the terms and conditions of the coverage.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION	
Agent Name:	Address:
Broker Name:	City:
E-Mail:	Province:
Phone:	Postal Code:
Fax:	