



SPORTS & ENTERTAINMENT EVENT CANCELLATION APPLICATION

1. ASSOCIATION OR ORGANIZATION HOLDING EVENT

Name

Address

City State ZIP

Telephone () Fax ()

Email Website

2. EVENT TO BE INSURED

a. Name of Event

b. Type of Event

c. Open Dates of Event From To (inclusive of lease dates)

d. Is any part of the Event to be held in the open, in a tent or in any structure of a temporary nature? Yes No
If "Yes," please provide full details on a separate attachment.

3. EVENT FACILITY/VENUE

Name

Address

City State ZIP

Lease dates of Event Facility/Venue From To

4. FINANCIAL INFORMATION

a. Please provide the following information about the Event to be insured:

Do you want to insure: Gross Revenue Cost and Expenses

BUDGETED GROSS REVENUE

BUDGETED EXPENSES

BUDGETED NET INCOME

b. Do the above amounts stated represent the entire Gross Revenue/Expenses of the Event and not a portion? Yes No

c. Optional quotation desired (if available) for: Terrorism: Yes No TRIA: Yes No

5. EVENT UNDERWRITING INFORMATION

a. Has this event/performance been held before? Yes No If "Yes," how often?

b. Have all necessary licenses, visa and/or permits for the successful fulfillment of the Event been made and have all contractual arrangements, including with the venue, been confirmed in writing? Yes No

c. What is/are the involvement of the applicant in this event/performance and what is/are the experience of the applicant in this capacity?

d. Is/are the performance(s) or event(s) part of a larger production, promotion, series or tour? Yes No
If "Yes," please state which

e. If the proposed event is a tour, what will be the method of transport used by insured person(s)?

Equipment

6. INDIVIDUAL NONAPPEARANCE—QUESTIONS ARE FOR NONAPPEARANCE COVERAGE ONLY

a. Would the nonappearance of any individual affect the successful fulfillment of the Event? Yes No

If "Yes," please answer the following in respect of each individual and after consultation with each individual:

b. Names and ages of all individuals

c. Has the individual(s) failed to fulfill any contract to appear/perform at any Event? Yes No

If "Yes," please attach full details.

d. Has any provision for understudies or substitutes been made? Yes No

If "Yes," please attach full details.

e. Is the individual suffering from any physical, psychological or other medical conditions? Yes No

If "Yes," please attach full details.

f. Is the individual(s) undergoing any form of medical or other treatment? Yes No

If "Yes," please attach full details.

g. Is the individual following any prescribed medical regime? Yes No

If "Yes," please attach full details.

Please note that insurers may require the individual to undergo a medical examination.

7. GENERAL INFORMATION

a. At any time during the last five years, have you had an event that suffered a loss whether insured or otherwise? Yes No

If "Yes," please attach full details.

b. Has the applicant had similar insurance (as applied for herein), declined, canceled or renewal refused? Yes No

If "Yes," please attach full details.

c. Are there any other material facts or information with regard to the Event that should be disclosed? Yes No

Please note: A material fact is one likely to influence acceptance or assessment of this application by insurers.

If "Yes," please attach full details.

8. PREEXISTING POTENTIAL LOSS

a. Are you aware of any circumstances, existing or threatened, that may possibly result in a claim under the insurance policy? Yes No

If the answer to this question is "Yes," provide full details.

Please note: If you become aware of any such circumstances after completing this application and before the date insurance of the Event commences, you must disclose the circumstances to the insurers immediately to see if the insurance will be affected.

PLEASE READ AND SIGN BELOW

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 nondisclosures or misrepresentation of a material fact will entitle the company to void the insurance.

Signing this Application and Declaration does not bind the applicant or the insurer to complete the insurance, but it is agreed that this Application and Declaration shall be attached to and form part of any insurance policy that may subsequently be issued.

Name

(Please print)

Signature

X

(As authorized person for and on behalf of the APPLICANT)

Title

Date

NOTICE—THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

PLEASE SIGN AND RETURN COMPLETED FORM IN THE ENCLOSED ENVELOPE TO:

Mercer Consumer • 540 W. Madison St. • Chicago, IL 60661

OR FAX TO: 1-312-627-6172. If you have any questions, please call toll-free: 1-877-451-4003.

AR Ins. Lic. #100102691 • CA Ins. Lic. #0G39709

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