



APPLICATION FOR: **Event Cancellation & Non-Appearance**

SECTION I. BROKER INFORMATION

Broker / Agency Name: _____ Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Phone No.: _____ Email: _____

SECTION II. GENERAL APPLICANT INFORMATION

Name of Insured: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

Phone No.: _____ Email: _____

What is the usual business of the Applicant(s) and what is their experience in organizing, planning, and / or participating in the event(s)?

SECTION III. EVENT INFORMATION

Type of performances(s) or event(s) to be insured: _____

Name of performance(s) or event(s) to be insured: _____

Has the performance(s) or event(s) been held before? ☐ Yes ☐ No

If yes, how many times? _____

When would you like insurance to begin and end? _____

NOTE: Any insurance offered as a result of this Application cannot commence before the date of: _____

Will the event(s) be held: ☐ Indoors ☐ Outdoors ☐ Both

Please list event date(s) and event times to be insured: _____

Please list event venue(s) and address(es) of performance(s) or event(s) to be insured: _____

NOTE: If insuring more than one performance or event, a full itinerary is required with show times, dates, and exact venue for all performances and events.

SECTION IV. ADDITIONAL INFORMATION

Have all necessary licenses, visas, and / or permits been obtained? ☐ Yes ☐ No

Have all contractual arrangements been confirmed in writing? ☐ Yes ☐ No

Are there additional provisions in place to ensure the successful fulfillment of the performance(s) or event(s) to be insured? ☐ Yes ☐ No

If so, please explain: _____

SECTION V. BUDGET BREAKDOWN

Please provide the following limits:

A. Budgeted Gross Revenue including Profit: _____

B. Budgeted Expenses: _____

Which of the above limits, A) Gross Revenue or B) Expenses, do you wish to insure? (check one): ☐ Gross Revenue ☐ Expenses

Do these limits represent the full extent of your financial responsibilities? ☐ Yes ☐ No

NOTE: Budgeted Gross Revenue including Profit CANNOT BE COMBINED WITH Budgeted Expenses.

SECTION VI. DISCLOSURE

Has the performance(s) or event(s) ever been cancelled, whether covered by insurance or not? ☐ Yes ☐ No

If so, please explain: _____

Has promoter ever suffered a loss for the performance(s) or event(s) to be insured? ☐ Yes ☐ No

Please provide any other material facts in respect of the performance(s) or event(s) to be insured.

NOTE: A material fact is one likely to influence acceptance or assessment of this Application by the Underwriter.

OUTDOOR EVENT QUESTIONNAIRE

Complete for ALL Outdoor Events

Has the event been held previously? (If 'Yes', please answer the following questions)

☐ Yes ☐ No

a. How many years has the event been held?

☐ Yes ☐ No

b. At this venue?

☐ Yes ☐ No

c. During this time of year?

☐ Yes ☐ No

d. If the above answer is 'No', have similar events been held at this venue during this time of year?

☐ Yes ☐ No

e. Have there been any prior occurrences of cancellation, postponement, or additional costs?

☐ Yes ☐ No

If the answer to b, c, or d is 'No', please provide details:

If the answer to e is 'Yes', please provide details:

Is the venue(s) exposed to wind, flood, or waterlogging? (If 'Yes', please answer the following questions)

☐ Yes ☐ No

Have any ground or drainage improvements been made to the venue and / or event site?

☐ Yes ☐ No

Has the venue been previously affected by unfavorable ground conditions at the same time of year (within a month) as the event?

☐ Yes ☐ No

If the answers above are 'Yes', please provide details:

Please describe the extent of inclement weather and / or ground conditions that could adversely impact the event or result in additional costs:

What contingency plans and / or equipment is in place to mitigate inclement weather and / or ground conditions?

Regarding the event itinerary and day of event scheduling:

Are other events taking place before or after the event that could affect setup or teardown?

☐ Yes ☐ No

Are you able to move the event to another time or place to avoid or mitigate a loss?

☐ Yes ☐ No

Is there a curfew or similar ordinance or any other reason that would prohibit you from delaying or shortening the event to avoid or mitigate a loss?

☐ Yes ☐ No

If the answers to the above question are 'Yes', please provide details:

Do you have a ticket refund policy?

☐ Yes ☐ No

If 'Yes', please provide details of who is eligible and any limitations that may apply for claiming a refund:

Does the event have both indoor and outdoor elements?

☐ Yes ☐ No

If 'Yes', what portion of the insured limit is attributable to the indoor element:

\$ _____

If 'Yes', what portion of the insured limit is attributable to the outdoor element:

\$ _____

If insuring for gross revenue only, what portion of event ticket revenue is generated from:

Pre-sale \$ _____

Walk-up \$ _____

Regarding the event site and parking:

- a. Is the event held on hard-standing, tarmac, or similar surface? ☐ Yes ☐ No
- b. Do the entrances and exits to the event have hard-standing surfaces? ☐ Yes ☐ No
- c. Will parking be on hard-standing surface? ☐ Yes ☐ No
- d. Will parking be provided: ☐ Onsite ☐ Offsite
- e. If parking is provided offsite, is a shuttle or similar service available for all attendees? ☐ Yes ☐ No
- f. Will there be camping at the event? ☐ Yes ☐ No

If the answer to a, b, or c is 'No', please provide details of the surface:

Will any performance(s) or event(s) be held in the open air?

☐ Yes ☐ No

If 'Yes', please provide details of how the electrical and other sensitive equipment will be protected against the effects of weather:

For performances held in a permanent or temporary structure:

If the stage or area in which the performer(s) work covered by a roof and three full sides? ☐ Yes ☐ No

Is all electrical and other sensitive equipment protected against the effects of weather? ☐ Yes ☐ No

If the answer to either question above is 'No', please provide details and what protections, if any, are in place:

Is the venue and stage able to withstand moderate rain of up to 0.30 inches per hour with small puddles forming, and wind speeds of up to 40 mph or greater? ☐ Yes ☐ No

If the answer is 'No', please describe what rain amount and wind speed that the venue and stage is able to withstand:

Will the event take place at a location near commercial or residential premises?

☐ Yes ☐ No

Is there a communication and command structure for noise control? ☐ Yes ☐ No

Are monitoring plans in place to prevent a noise nuisance or disturbance in the area? ☐ Yes ☐ No

Are there any restrictions on sound levels onsite and / or noise levels offsite and / or hours when certain noise levels are prohibited and / or restricted? ☐ Yes ☐ No

If the answers to the above questions are 'Yes', please provide details:

Please attach copies of your B.E.S.T. documents:

Budget – please include daily revenue and expense projections

Emergency Management Plan – please include inclement and / or wet weather contingency plans

Site Plan

Ticket Refund Policy

Complete only if Coverage for Non-Appearance is Being Requested

NON-APPEARANCE INFORMATION

Is coverage required for the non-appearance of a performer, speaker, and / or entertainer?

☐ Yes ☐ No

PERSONS TO BE INSURED

Key Individual(s) to be Insured:

Date(s) of Birth or Age(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How will the Key Individual(s) travel to the event? _____

How long before the event are they due to arrive? _____

Any prior commitments which may affect their ability to attend the event? ☐ Yes ☐ No

Is a replacement available if Key Individual(s) is unable to attend the event? ☐ Yes ☐ No

If so, please explain: _____

Will the non-appearance of any Key Individual(s) result in a request for refunds? ☐ Yes ☐ No

Is any Key Individual(s) to be insured suffering from or undergoing any form of treatment for any physical, psychological, or medical condition?
☐ Yes ☐ No

If so, please explain: _____

To your knowledge, any Key Individual named above with a history of non-appearance? ☐ Yes ☐ No

If so, please explain: _____

To your knowledge, has the non-appearance of any Key Individual named above resulted in loss(es) during the past five years? ☐ Yes ☐ No

If so, please explain: _____

Is the Key Individual(s) paid if they do not appear at the event? ☐ Yes ☐ No

If so, what is the amount of the fee? \$ _____

If not, is the fee included in the limit of insurance? ☐ Yes ☐ No

DECLARATION

I understand that a signature on this Application does not bind me to complete or the Underwriters to accept this insurance and agree that, should a contract of insurance be concluded, this Application and the statements herein shall form the basis of the contract. Should any information in this application change prior to the time of binding, I will inform Alive Risk promptly.

I DECLARE THAT THE STATEMENTS AND ESTIMATES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

CONSENT TO SHARE PERSONALLY IDENTIFIABLE INFORMATION: This application includes questions that ask for personal data or personally identifiable information concerning one or more individuals. By signing this application, you hereby certify that you have received the consent of the subject individuals to share this information with Alive Risk, their group companies and the insurers (as well as reinsurers and relevant intermediaries) for purposes of determining whether non-appearance coverage can be provided, either for this event or for a future event. All information provided shall be dealt with in accordance with our privacy policy.

Name: _____ Title: _____

Signature: _____ Date: _____

FRAUD STATEMENTS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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