

**SADLER &**  
**COMPANY, INC.**

*P. O. Box 5866, Columbia, SC 29250-5866,  
Phone (803) 254-6311, Fax (803) 256-4017  
Toll Free (800) 622-7370*

**EVENT CANCELLATION APPLICATION—CONFERENCES/TRADESHOWS/CONVENTIONS**

1. Name of Company applying for Insurance: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
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? \_\_\_\_\_
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 DETAILED BUDGET OF EXPENSES AND GROSS REVENUES**

**FOR QUESTIONS 8-18 PLEASE CIRCLE YES OR NO**

- |  |   |    |   |
|--|---|----|---|
| 8. Is the event open to the public?  | Y | or | N |
| 9. Does the event include any teleconferencing?  | Y | or | N |
| 10. Will the event be held outdoors and/or under canvas?   | Y | or | N |
| 11. Will adverse weather preclude the fulfillment of event?  | Y | or | N |
| 12. Will the venue require construction work?  | Y | or | N |
| 13. Have all necessary arrangements for the successful fulfillment of the event been made?   | Y | or | N |
| 14. Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? | Y | or | N |
| 15. Do the sums represented by question No. 7 represent the full extent of your financial responsibilities?                          | Y | or | N |
| 16. Has the event to be insured ever sustained an insured loss?  | Y | or | N |

17. Would the non-appearance of any individual preclude the successful fulfillment of the event? Y or N
18. Is the applicant aware of any circumstances, actual or threatened, that may possible result in a claim under the insurance? Y or N

**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: \_\_\_\_\_

**Please Return This Application To:**

Sadler & Company, Inc.  
P.O. Drawer 5866 Columbia, SC 29250-5866  
Phone: (803)254-6311 Toll Free: (800) 622-7370 Fax: (803) 256-4017