



CHUBB INSURANCE COMPANY OF CANADA

ONE FINANCIAL PLACE, 1 ADELAIDE ST. E., TORONTO, ONT. M5C 2V9 • (416) 863-0550 • FAX: (416) 863-5010

CANCELLATION OF EVENT APPLICATION

1. Name of the Applicant: _____

2. Mailing Address: _____

3. Business of Applicant: _____

4. Applicant is a Corporation Individual Partnership

5. Name(s) and Title(s) of Principal Officers, Partners or Individuals: _____

6. Type of event(s) to be insured:

- Convention with Exhibits Trade Show Open to Public
- Convention without Exhibits Trade Show Not Open to Public
- Sporting Event(s) Concerts
- Other _____

7. Give name and detailed description of event(s): _____

If any printed material is available about this event, enclose a copy with application. If not yet available, send a copy of previous year's material.

8. Facility Information/Itinerary

<u>Name</u>	<u>Location</u>	<u>Description of Structure</u>	<u>Date(s) of Use</u>		<u>Date(s) of Event</u>
			<u>From</u>	<u>To</u>	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. Will any part of the event be held in a tent or other non-permanent structure or in the open?

Yes No

If yes, please provide complete details: _____

10. Is there any special equipment/property required for your event, which if destroyed or lost in transit, could cause an interruption, postponement or cancellation of your event? Yes No

If yes, please explain:

11. Have lease agreements with the facility(ies) been signed?

Yes No

If "Yes", please attach copy(ies).

If "No", please explain:

12. Describe contingency arrangements (if any) to use alternate locations and the additional expenses that would be incurred (if any).

13. Are you aware of any extraordinary conditions, either existing or imminent, which might result in the unavailability of the facility(ies) scheduled for the declared event(s) such as a facility still under construction, or additional construction, renovations between now and the beginning of your event?

Yes No

If "Yes", please explain: _____

14. Are you presently aware of any circumstances which could result in a claim under this policy?

Yes No

If yes, please provide full details: _____

15. Have you operated or managed this event before? Yes No

If "Yes", how many times/years? _____

If "No", have you operated or managed similar events before?

Yes No

If "Yes", please describe: _____

16. Have you had any previous cancellations of this or similar event(s) whether insured or uninsured? ___ Yes ___ No

If "Yes", please describe (ie. date(s) of loss(es), circumstances and amount(s) paid): _____

17. Policy limits desired: _____

18. Policy period desired: From: _____ To: _____

19. Please provide the following information for event to be insured. (Please enclose a copy of budget.)

a. Budgeted Gross Revenue \$ _____

b. Budgeted Expense \$ _____

c. Budgeted Net Income \$ _____

Important

The insurance applied for by this application indemnifies the insured for his/her defined financial loss incurred solely and directly in consequence of the cancellation of the described event(s) due to any cause beyond the control of the insured and the participant(s) in said event(s).

The policy contains a number of very important exclusions and conditions and it is imperative that a specimen copy of the policy be reviewed and that the terms and conditions of the policy are found to be acceptable before coverage is requested by the Applicant to be made effective.

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Any material change to the Company's exposure must be reported prior to coverage applying.

I/We have read the above and agree that to the best of my/our knowledge and belief the foregoing fully represents the true statement of facts.

Applicant: _____

By: _____

Title: _____

Date: _____

Agent/Broker: _____

Address: _____

Contact: _____ Telephone Number: _____