



All. Together. Certain.

EVENT COMMITMENT INSURANCE APPLICATION

HAYS SPECIALTY PROGRAMS

80 South 8th Street, Suite 700
Minneapolis, MN 55402
Phone: (612) 347-8377

eci@hayscompanies.com

Section I: Insured Information

1. Information provided by: [] Broker/Agent [] Self
Broker/Agent Name:
Firm Name:
Phone: E-mail:
2. Name of Insured:
(Association or Organization Holding Event)
Address:
City: State: Zip code:
Telephone: Fax: E-mail:

Section II: Event Details

3. Type of Event: [] Meeting/Convention [] Trade Show/Exposition [] Consumer Show
[] Other Event: (Describe)
[Y] [N] With Exhibits [Y] [N] Open to Public [Y] [N] With Teleconferencing [Y] [N] Event dependent upon 2 or less speakers
[Y] [N] Outdoor Exposure [Y] [N] To be insured If Yes, please attach full details
4. Name of Event:
5. Dates of Event: From: To: (Inclusive of lease dates)
6. Please provide the following information about the event to be insured.
Budgeted Gross Revenue: \$ Budgeted Expenses: \$ Budgeted Net Income: \$
Does the Gross Revenue/Expenses stated above represent the entire Gross Revenue/Expenses of the Event and not a portion? [Y] [N]
7. Name of Event Facility:
City: State: Zip:
Do written contracts exist between you and the facility? [Y] [N]

8. Please confirm that you have made all necessary preliminary arrangements to ensure that a satisfactory event can be held on the scheduled date. [Y] [N]
9. At any time during the past 5 years have you had an event that suffered a loss that was covered by insurance? [Y] [N]
10. Are you aware of any circumstances existing or threatened that may possibly result in a claim under this insurance? [Y] [N]
(If "Yes" please provide full details on a separate attachment.)
11. Do you have Hotel Commitments? [Y] [N] If so, what is the penalty amount?

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 circumstance to the insurers immediately to see if insurance will be affected

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 policy which may be subsequently issued.

I declare that the statements and estimates made herein after due inquiry are true to the best of my knowledge and belief.

Name: (Please Print)

Signature: (As authorized person for and on behalf of Insured)

Title:

Date:

PLEASE SIGN AND RETURN TO ABOVE ADDRESS FOR A NO OBLIGATION QUOTE

If multiple events, please use the attached schedule or attach your own schedule with required information

Additional Events

Type of Event: Meeting/Convention Trade Show/Exposition Consumer Show
 Other Event: (Describe) _____

With Exhibits Open to Public With Teleconferencing Event dependent upon 2 or less speakers

Outdoor Exposure To be insured *If Yes, please attach full details*

Name of Event: _____

Dates of Event: From: _____ To: _____ (Inclusive of lease dates)

Please provide the following information about the event to be insured.

Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income: \$ _____

Does the Gross Revenue/Expenses stated above represent the entire Gross Revenue/Expenses of the Event and not a portion? Y N

Name of Event Facility: _____

City: _____ State: _____ Zip: _____

Do written contracts exist between you and the facility? Y N

Type of Event: Meeting/Convention Trade Show/Exposition Consumer Show
 Other Event: (Describe) _____

With Exhibits Open to Public With Teleconferencing Event dependent upon 2 or less speakers

Outdoor Exposure To be insured *If Yes, please attach full details*

Name of Event: _____

Dates of Event: From: _____ To: _____ (Inclusive of lease dates)

Please provide the following information about the event to be insured.

Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income: \$ _____

Does the Gross Revenue/Expenses stated above represent the entire Gross Revenue/Expenses of the Event and not a portion? Y N

Name of Event Facility: _____

City: _____ State: _____ Zip: _____

Do written contracts exist between you and the facility? Y N

Type of Event: Meeting/Convention Trade Show/Exposition Consumer Show
 Other Event: (Describe) _____

With Exhibits Open to Public With Teleconferencing Event dependent upon 2 or less speakers

Outdoor Exposure To be insured *If Yes, please attach full details*

Name of Event: _____

Dates of Event: From: _____ To: _____ (Inclusive of lease dates)

Please provide the following information about the event to be insured.

Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income: \$ _____

Does the Gross Revenue/Expenses stated above represent the entire Gross Revenue/Expenses of the Event and not a portion? Y N

Name of Event Facility: _____

City: _____ State: _____ Zip: _____

Do written contracts exist between you and the facility? Y N