

**beazley**

**Application Form**

# **Event Insurance Application**



Find out more about  
the story of Beazley  
and how it all started  
with a hat stand

# Beazley Event Insurance Application

## Section 1 – Your Details

1. Name of applicant/entity(s):
2. Address:
3. City/State:
4. Zip code:
5. Policy Currency:

## Section 2 – Event Details

6. Type of event (e.g. Conference, festival, American Football etc.):
7. Event name:
8. Venue:
9. City/State:
10. Country:
11. Event start date: MM/DD/YYYY: / /
12. Event end date: MM/DD/YYYY: / /
13. Has this event been held before? Yes No
14. Is this event open to the public? Yes No

## Section 3 – Event Cancellation

15. Please enter the budget information for this event and tick to confirm the basis on which you wish to insure:
- a. 100% Gross Revenue (Total Income):
- \* Please note that if the event has not been held before, revenue cover is limited to pre-contracted gross revenue only (money secured in advance of the event such as presold tickets)
- b. 100% Costs and Expenses:
16. Where does this event take place? (Please Tick One):
- Predominantly\* indoors      Predominantly\* outdoors      Predominantly\* in temporary structures
- \* Predominantly means more than 75% of the event
17. If outdoors or in temporary structures, is coverage required for the effects of adverse weather?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
18. If yes to 17, can the event go ahead in continuous moderate rainfall and wind speeds of up to 30mph/50kmh?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
19. Does the event site have any history of flooding or water logging?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
20. Has this event ever had any losses as a result of adverse weather, whether insured or not?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
21. Will any stages, marquees or temporary structures be covered on three sides and above, with all electrical equipment protected from weather?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|

## Section 4 – Non-appearance (only complete if non-appearance cover is required)

22. Is non-appearance cover required?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
23. Type of non-appearance cover required:
- a. Key speaker (key speakers, presenters, hosts involved in a speaking only role)
- If so, please complete Question 24
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- b. Individual/Group (performers, groups or entertainers)
- If so, please complete Question 24
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- c. Simultaneous (Covers 25% of participants\* due to Common Cause)
- If yes, please complete Question 25
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- \*Participants are defined as players, athletes, performers or other groups of individuals who are contracted to perform at the event and whose performance is critical to its successful fulfilment



## Additional Information

### Declaration

To the best of your knowledge and belief and having diligently made all necessary inquiries, the information provided in connection with this proposal, whether in your own hand or not, is true and you have not withheld any material facts. You understand that non-disclosure or misrepresentation of a material fact will entitle us to void the insurance.

Note: \* a material fact is one likely to influence acceptance or assessment of this proposal by us. If you are in any doubt as to what constitutes a material fact you should consult your broker.

It is understood that the acceptance of this non-binding indication does not bind you to complete or us to accept this insurance, but you agree that, should a contract of insurance be concluded, this non-binding indication and any supporting information shall be incorporated into and form the basis of the contract.

I/we the proposer(s) accept these conditions as the proposed assured or agent of the proposed assured and that any subsequent insurance will become null and void if any of the foregoing conditions are breached.

Yes      No

## Fraud warning disclosure

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS:** 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.

**NOTICE TO CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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 IN THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.



**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

**NOTICE TO KENTUCKY, NEW JERSEY, OHIO AND PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO VERMONT APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signed:

Print name: (Owner, Partner, Authorized Officer)

Title:

Date: (MM/DD/YYYY)

/ /

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this **Application** is completed in Iowa, please provide the Insurance Agent's name and signature only.

Agent's signature:

Agent's printed name:

Florida Agent's License Number:

Authorized Representative

\*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a keypad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance - Producer

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