



EVENT CANCELLATION AND NON-APPEARANCE INSURANCE

◆ EVENT CANCELLATION & ABANDONMENT

This insurance indemnifies the Insured parties for costs and expenses incurred to organize and produce an entertainment event should the event be cancelled, abandoned, postponed, curtailed or relocated due to a cause beyond the control of the Insured.

◆ NON-APPEARANCE

This insurance indemnifies the Insured parties for costs and expenses incurred to organize an entertainment event resulting from cancellation, abandonment, postponement, curtailment or rescheduling due to any or all of the following:

- Death, Accident or Illness
- Unavoidable Travel Delay
- Damage or Destruction of Venue
- Causes Beyond Insured's Control



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

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Broker # 26356

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EVENT CANCELLATION/ABANDONMENT & NON-APPEARANCE



ELIGIBLE EVENTS

- Sporting Events
- Concerts
- Theatrical Productions
- Conferences
- Indoor/Outdoor Shows
- Exhibitions

Consider this...

An organizer of an event incurs specific costs. These costs include promotions, staff, catering, security, sales, merchandising, other contracts and perhaps even a pre-agreed contract with a key or star performer.

Now Consider the losses should any of the following occur:

- Fire damage to the location
- Riot
- Postponement
- Extreme weather conditions
- No Show by key performer
- Relocation

In addition...

There are numerous other contingencies which can occur out of the control of the organizer which could cause a massive financial loss.

Each case is considered on its own merit. The following application/proposal form must be completed in order to provide the best consideration.

APPLICATION FOR CANCELLATION/ABANDONMENT & NON-APPEARANCE INSURANCE

INSURED PERSON OR ORGANIZATION

Broker #26356

Name of Applicant _____ Telephone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____

What is the usual business of applicant and how long engaged therein? _____

What is/are applicant(s) involvement in Event/Performance? _____

Name of Loss Payee if other than applicant _____

EVENT

If more than one event/performance, please provide a separate schedule outlining times/dates and venue details.

Type of Event/Performance _____

Name of Event/Performance _____

Open dates of event _____ from: _____ To: _____

Lease dates _____ from: _____ To: _____

Venue _____

FINANCIAL INFORMATION

Please give details and **PROVIDE A COPY OF YOUR BUDGET** in respect to the Event(s)/Performance(s) to be insured.

Budgeted Expenses: \$ _____ Estimated Gross revenue: \$ _____

GENERAL INFORMATION

- 1) Is any part of this Event/Performance to be held in the open air or a temporary structure? YES NO
If YES; is the actual stage or area in which the performer(s) will work under cover? YES NO
AND; is/are the Venue(s) exposed to wind, flood or waterlogging? YES NO
If YES, please give details: _____
- 2) Has this Event/Performance been held before? YES NO
If YES, how often: _____
- 3) Is/are the event/performance(s) part of a larger production/series/promotion/tour? YES NO
If YES, please give details: _____
- 4) If the proposed event is a tour, what will be the mode of transport used by:
a. Insured person(s): _____
b. Equipment: _____
- 5) What allowances in the itinerary have been made for:
a. Travel Delay: _____
b. Set Up Time: _____
c. Stand By Dates: _____

Before answering Question 6 your attention is drawn to the fact that the insurance will contain warranties regarding necessary arrangements and contractual requirements.

- 6.) a. Have all necessary arrangements for the successful fulfillment of the Event(s)/Performance(s) to be insured been made? YES NO
If not, please give details: _____
- b. Have all necessary necessary licenses, visas, permits been obtained and have all contractual arrangements been confirmed in writing? YES NO
If not, please give details: _____

NON-APPEARANCE (This section need only be competed if Non-Appearance coverage is being requested)

- 1) Please give details of (all) persons to be insured. Name(s), Age(s) and Participation: _____

- 2) Has any person to be insured had any history of Non-appearance? YES NO
If YES, please give details _____
- 3) Has any provision been made for Understudies or substitutes? YES NO
If YES, please give details _____
- 4) Is/are the person(s) to be insured:
- a. suffering from any physical, psychological or any other medical conditions? YES NO
 - b. undergoing any form of medical or other treatment? YES NO
 - c. following any prescribed medical regime? YES NO
- If the answer is YES to any part of question 4, please give full details. (NB: answers to this question should only be made after consultation with person(s) to be insured. Underwriters may require a medical examination of the parties to be insured.) _____

COVERAGE REQUIRED (delete as applicable)

- 1) **Event Cancellation & Abandonment** (Costs & Expenses) YES NO Amount \$ _____
If available, additional coverages required:
- a. Loss of Net Income YES NO Amount \$ _____
 - b. Adverse Weather YES NO
 - c. Reduced Attendance YES NO
- 2) **Non-Appearance** (Costs & Expenses) YES NO Amount \$ _____
Coverages required:
- a. Death, Accident or Illness YES NO
 - b. Unavoidable travel delay YES NO
 - c. Damage to or destruction of Venue YES NO
 - d. Other causes (beyond Assured's control) YES NO
- If available, additional coverages required:
- a. Loss of Net Income YES NO Amount \$ _____

LOSS INFORMATION

- 1) If the Event(s)/Performance(s) have been held before under the present management or any other, has there been a loss in the past five years?
 YES NO If YES, please give details: _____

- 2) Are you aware of any circumstances, existing or threatened that may possibly result in a claim under this insurance? YES NO
If YES, please give details: _____

DECLARATION (Please read and sign below)

Signing this application and declaration does not bind the applicant or the company to complete the insurance, but it is agreed that this application and declaration shall be attached to form part of any policy which may subsequently be issued.

I declare that the statements and estimates made herein, after due inquiry, whether in my own hand or not, are true to the best of my knowledge and belief. I understand that non-disclosure or mis-representation of any material fact will entitle Underwriters to void the insurance.

Applicant's Name: _____ **Signature** _____

Title: _____ **Date** _____

Petersen International Underwriters Privacy Policy Statement

Petersen International Underwriters

Petersen International Underwriters want you to understand how we protect the confidentiality of non-public personal information we collected about you.

Information We Collect

We collect non-public information about you from numerous sources including, but not limited to:

- a) Information we receive from you on applications and other forms;
- b) Information about your transactions with our affiliates, others or us;
- c) Information we receive from consumer-reporting agencies; and
- d) Financial and medical sources.

Information We Disclose

We do not disclose any non-public information about you to anyone except as is necessary in order to provide our products or services to you or otherwise as we are required or permitted by law (e.g. subpoena, fraud investigation, regulatory reporting, etc.).

Confidentiality and Security

We restrict access to non-public personal information about you to our employees, our affiliates' employees or others who need to know that information to service your account. We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

Contacting Us

If you have any further questions about this privacy statement or would like to learn more about how we protect your privacy, please contact the insurance producer who handled this case, or our offices at: 23929 Valencia Boulevard, Suite 215, Valencia, California 91355, (800)345-8816, e-mail: piu@piu.org

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AUTHORIZATION TO RELEASE PERSONAL INFORMATION HIPAA Compliant

I AUTHORIZE any physician, medical practitioner, hospital, clinic, health care facility, other medical or medically related facility, insurance or reinsuring company, consumer reporting agency, employer having information available as diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children to provide to Petersen International Underwriters, Inc., or to any agency authorized by Petersen International Underwriters, Inc to collect any and all such information by means of U.S. Post , fax or e-mail.

I AUTHORIZE Petersen International Underwriters to communicate with me/us or our representative via mail, phone, fax or electronic mail regarding quotations, underwriting, claims, coverage administration, or additional coverages from Petersen International Underwriters.

I UNDERSTAND the purpose of this Authorization is to allow Petersen International Underwriters, Inc., to determine eligibility for life or health insurance or claim for benefits under a life or health policy. Any information obtained will not be released by Petersen International Underwriters, Inc., to any person or organization EXCEPT to those persons or organizations needing such information in performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may further authorize.

I KNOW that I may request to receive a copy of this Authorization.

I UNDERSTAND that I may revoke this Authorization, except to the extent that Petersen International Underwriters, Inc. has acted in reliance upon this Authorization. My revocation must be submitted in writing to Petersen International Underwriters Inc.. Any such revocation may also have an impact upon my Underwriting or claims processing.

I UNDERSTAND that I can obtain a complete copy of Petersen International Underwriters Inc. Privacy Policy either on Petersen International Underwriters, Inc. website or by contacting them directly and asking for a copy.

I AGREE that a photostatic copy of this Authorization shall be as valid as the original.

I AGREE this Authorization shall be valid for two years from the date shown below.

Signed this _____ day of _____ 20_____

Signature of Proposed Insured