

# APPLICATION FOR



SRC-W

Please Print or Type

## 1. INSURED: Association or Organization holding Event

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

## 2. EVENT TO BE INSURED

TYPE:

CONVENTION/MEETING  With Exhibits  Without Exhibits  With Teleconferencing

TRADE SHOW/EXPOSITION  Open to the Public  Not Open to the Public

CONSUMER SHOW  Event dependent upon 2 or less speakers

OTHER TYPE OF EVENT Details: (Provide a separate attachment if necessary)

Full Name of Event: \_\_\_\_\_

Open Dates of Event: From \_\_\_\_\_ to \_\_\_\_\_ (inclusive)

Is any part of the event to be held in the open, in a tent or in any structure of a temporary nature?  Yes  No

## 3. EVENT FACILITY

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do written contracts exist between you and the facility?  Yes  No

Please confirm you have made all the necessary preliminary arrangements essential to ensure that a satisfactory event can be held on the scheduled date.  Yes  No

## 4. FINANCIAL INFORMATION

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

BUDGETED GROSS REVENUE: \$ \_\_\_\_\_  BUDGETED EXPENSES: \$ \_\_\_\_\_

BUDGETED NET INCOME: \$ \_\_\_\_\_

b. Does the Gross Revenue stated above represent the entire Gross Revenue of the event and not a portion?  Yes  No

c. At any time during the past 5 years have you had an event that suffered a Loss that was covered by insurance?  Yes  No

## 5. PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances existing or threatened, that may possibly result in a claim under the insurance? If the answer to this question is yes, provide full details on a separate attachment.  Yes  No

**NOTE:** If you become aware of any such circumstances after completing this application and before the date insurance of the Convention commences, you must disclose the circumstance to the insurers immediately to see if the insurance will be affected.

## 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 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 best of my knowledge and belief.

Name \_\_\_\_\_ Signature **X** \_\_\_\_\_  
(Please print) (As authorized person for and on behalf of the INSURED)

Title \_\_\_\_\_ Date \_\_\_\_\_

Membership: MPI# \_\_\_\_\_

PLEASE SIGN AND RETURN COMPLETED FORM TO: SEABURY & SMITH, INC., 1440 Renaissance Drive, Park Ridge, IL 60068-1400 or fax to (847) 803-4649. If you have any questions, please call toll-free (800) 323-2106 Extension 34271