

GAGLIRDI INSURANCE SERVICES, INC
284 DIGITAL DR.
MORGAN HILL, CA
PHONE: 408-414-8100
FAX: 408-414-8199

APPLICATION FOR EVENT CANCELLATION AND/OR NON-APPEARANCE INDEMNITY POLICY

I. Applicant Information

1. Name of Applicant: _____
2. Mailing Address: _____
3. Business of the Insured, Legal Status and years established: _____
4. What is Applicant's involvement in the event(s) or performance(s): Organizer Promoter
 Manager Artist Sponsor Other: _____

II. Event Information (Applies to both Event Cancellation and Non-Appearance Coverages)

1. Title or Name of event(s) or performance(s) to be insured: _____
2. Date(s) and Venue(s) of event(s) or performance(s) to be insured, attach a schedule if applicable: _____

3. Has this event(s) or performance(s) been held before? Yes No. If "Yes", what is the extent of the Applicant's experience in this capacity? _____
4. How many event(s) or performance(s) held: _____ Indoors _____ Outdoors _____ Under canvas. If outdoor events are held, will you have a covered stage, and will all essential electrical equipment be protected? Yes No. If "No", please explain: _____
5. Have written contracts been signed for the hire of the venue(s)? Yes No
6. Have all other contractual arrangements necessary for the successful fulfillment of the event(s) or performance(s) been made and confirmed in writing? Yes No. If "No", do you undertake to make all such remaining contractual arrangements in a prudent and timely manner and ensure they are confirmed in writing prior to the relevant event or performance? Yes No. If "No" to any of these questions, please explain fully: _____

7. Have all necessary permits, visas, licenses and authorization been obtained? Yes No. If "No", please give details: _____
8. Has the event(s) or performance(s) (under the present or any other management) had any occurrence that could have resulted, or did result in financial loss? Yes No. If "Yes", please give full details: _____

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9. Has any event(s) or performance(s) in which the Applicant was involved had any incident that would have resulted, or did result in financial loss? Yes No. If "Yes", please give full details: _____

10. Are you aware of any matter, fact or circumstance, actual or threatened, that increases or could increase the possibility of a loss to the event(s) or performance(s)? Yes No. If "Yes", please give full details: _____

11. Has the Applicant, or any other entity to which this insurance would apply, ever been declined insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed? Yes No. If "Yes", please give full details: _____

12. Can and/or have arrangements been made to postpone and reschedule the event(s) or performance(s) if cancellation is necessary? Yes No. Please give full details: _____

13. How many stages and sets of equipment will be needed for the event(s) or performance(s)? _____
14. Is there any equipment or staging that is necessary for the event(s), which is not already part of or stored at the location of the event(s) or performance(s)? Yes No. If "Yes", please give full details: _____

15. Will there be any pyrotechnics at the event(s) or performances? Yes No. If "Yes", please give full details, including name and telephone number of the pyrotechnician: _____

16. Limit of Insurance Desired

- \$ _____ Aggregate
\$ _____ Per Performance
\$ _____ Per Week
\$ _____ Other

17. Deductible Desired

- _____ Aggregate
_____ % of Each Claim
_____ Number of Performances Each Claim
_____ Number of Performances Each Claim not to exceed ____ Performances in the aggregate
_____ Other

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18. Please give details of the budget for the event(s) or performance(s) below, or attach a budget:

	Expenses		Gross Revenue
Costs	<input type="text"/>	Gate/ticket sales	<input type="text"/>
Commitments	<input type="text"/>	Program Sales	<input type="text"/>
Guarantees	<input type="text"/>	Merchandising	<input type="text"/>
Fees	<input type="text"/>	Fees	<input type="text"/>
Commissions	<input type="text"/>	Commissions	<input type="text"/>
Sponsorship	<input type="text"/>	Sponsorship	<input type="text"/>
Advertising	<input type="text"/>	Advertising	<input type="text"/>
Promotional	<input type="text"/>	Concessions	<input type="text"/>
Broadcasting	<input type="text"/>	Broadcasting	<input type="text"/>
Other	<input type="text"/>	Guarantees	<input type="text"/>
	<input type="text"/>	Other	<input type="text"/>
Total Expenses	<input type="text"/>	Total Gross Revenue	<input type="text"/>

Please provide details of "other" items: _____

19. Do these sums represent the full extent of your financial responsibilities? Yes No. If "No", please give full details: _____

20. Does any other party have an interest in the expenses and gross revenue for the event(s) or performance(s)? Yes No. If "Yes", please give full details: _____

21. Is Profit ("profit", where insured, means the difference between Gross Revenue and Expenses) desired to be insured? Yes No. If "No", please give full details: _____

22. The policy which may be issued contains an "Insurance to Value" clause, which requires the Applicant to maintain a limit of insurance equal to 100% of the Applicant's insurable interest, without allowance for

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recoveries or waivers. If the limit insurance is not maintained at 100% of the insurable interest, the policy will not respond for a greater proportion of any "loss" covered than the limit of insurance bears to a total loss of 100% of the insurable interest. Applicant may request a waiver of this clause by providing a full budget and by providing details as to why the Applicant does not want to cover 100% of insurable values.

23. The policy which may be issued contains an "Other Insurance" clause, which states that the policy will only pay an amount of a covered loss which is in excess of the amount collectible from that other insurance. Applicant may request a waiver of this clause by providing a schedule of all other applicable insurance.

III. Covered Person(s) Information (Non-Appearance Coverage Only)

1. List the names, occupations and ages of individuals whose Non-Appearance would result in the cancellation or postponement of the specified event(s) to be insured (Coverage shall be limited to those individuals detailed and stated in the Declarations of the Policy. We may require any of the following individuals to undergo an independent medical examination, or to subscribe to a statement of health):

Name of Individual	Date of Birth	Participation/Role
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2. Has any provision been made for understudies, substitutes or standbys? Yes No. If "Yes", please provide details: _____

3. Would the Non-Appearance of one individual give rise to a loss? Yes No. If "Yes", please provide details: _____

4. Describe activities (business and/or leisure) and location(s) where the Covered Person(s) is/are staying between now and the first schedule event and when they are scheduled to arrive at the location(s): _____

5. How is/are the Covered Person(s) traveling to all event(s) or performance(s), and when will the covered person(s) arrive at the general vicinity of the first event(s) or performance(s)? _____

6. Will the Covered Person(s) be involved in any stunts or hazardous activity, whether at an event(s) or performances(s)? Yes No. If "Yes", please provide details: _____

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7. Will there be any fog machines? Yes No. If "Yes", please provide details, including the type and amount of chemicals to be used: _____
8. Have the Covered Person(s) ever been declined medical, health, disability, life, cast or non-appearance insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed? Yes No. If "Yes", please give full details: _____
9. Will you have a doctor on staff, or any medical personnel? Yes No.
10. Has/have the Covered Person(s) consulted a doctor within the last 12 months? Yes No. If "Yes," please specify reason(s) and time(s) when last examined: _____
11. To the best of the Applicant's knowledge, is/are the Covered Person(s) presently in good health and capable of appearing as scheduled? Yes No. If "No," explain fully: _____

12. Describe fully any contracted engagements of the Covered Person(s) occurring during the policy period, or following the Covered Event(s) for a period of 90 days: _____

13. Has the Applicant and the Covered Person(s) entered into similar performance contracts/arrangements in the past? Yes No. If "Yes", please provide details: _____
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THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) The policy which may be issued may contain an exclusion of sickness or pre-existing medical conditions of the Covered Person(s), and certain other exclusions and restrictions. The peril of sickness or pre-existing medical conditions may be accepted once we receive and approve a satisfactory medical certificate and physicians examination.
- (b) 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.
- (c) 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.
- (d) Any material change to the Company's exposure must be reported prior to coverage applying.

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(e) I/We have read the above and agree that, to the best of my/our knowledge and belief, same fully represents the true statements of facts.

Date Signed: _____

Applicant's Signature: _____

By: _____

Title: _____

Account Executive: _____

Brokerage Firm: _____

Address: _____

Phone: _____ Telex: _____ Telefax: _____