



American Association of Museums
Event Cancellation Insurance
Application

Aon Association Services
1120 20th Street, NW, Ste 600
Washington, DC 20036
800-701-1982, Fax 202-429-8584

1. INSURED: Association or Organization holding the Event

Name:
Address:
City: State: Zip Code:
Telephone: Fax:
Email: Website Address:



Are you a member of the American Association of Museums? (Not required for Insurance) Yes No

2. EVENT TO BE INSURED:

Full Name of Event
Name of Facility Venue/Hotel/Convention Center
Address of Venue/Hotel/Convention Center
City: State: Zip Code:
Open Dates of Event: From To
If you have multiple events, please complete the supplemental event application.

3. TYPE OF EVENT: (Check all that apply)

- Museum Exhibition
Conference / Meeting / Seminar
Trade Show / Exposition / Convention
Consumer Show
Open to the Public
Other

4. FINANCIAL INFORMATION:

Budgeted Gross Revenue: \$
Budgeted Expenses: \$
Budgeted Net Income/Loss: \$
Does this represent the entire gross revenue or expense of the event? Yes No

A copy of the budget is required with the application if the budgeted revenue or expenses exceeds \$1,000,000.

- 5. Provide the percentage of your gross revenue from: Attendees fee: Exhibitor's fees: Sponsorships: Public Gate Receipts:
6. Has this event been held before?
7. Is coverage for non-appearance of any person required for the event?
8. Is your event going to utilize teleconferencing or satellite communications?
9. Is any part of the event to be held outdoors, in a tent, or in a temporary non-permanent structure?
10. Do written contracts exist between you and the facility?
11. Have all the necessary arrangements essential to a satisfactory event been made?
12. Is the facility under construction or major renovation?
13. Do you have a contingency plan if your event is delayed or postponed? If yes, provide details

14. PRIOR CLAIMS & PRE-EXISTING POTENTIAL LOSS

Are you aware of any circumstances, currently existing or threatened that may possibly result in a claim under this insurance?
If yes, provide details

NOTE: If you become aware of any such circumstances after completing this application, and before the date insurance for the event commences, you must disclose the circumstances to the insurers immediately, as this may affect this insurance.

- 15. Have you at any time within the last 5 years had a loss, or circumstances, which could have led to a loss, which would have been covered by this insurance? If yes, please provide details

PLEASE READ AND SIGN BELOW:

Signing this application and declaration does not bind either the applicant or the underwriter to provide the insurance. In the event there is any material change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn. It is agreed that this application and declaration shall be attached to and form part of any policy which may subsequently be issued. The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted to the insurer are true and correct.

Name Signature
Title Date