



ASAE-Endorsed
Event Cancellation Insurance Application

Aon Association Services
2001 K Street, NW, Suite 625 North
Washington, DC 20006
(800) 432-7465, Fax (202) 429-8584
www.asae-aon.com

SUPPLEMENTAL INFORMATION (ONLY REQUIRED FOR MULTIPLE EVENTS)



INSURED NAME: _____

ADDITIONAL CURRENT EVENT(S) TO BE INSURED (within the next 12 months):

- 1.) Full Name of Event
Name and Address of Facility
City State Zip Code Open Dates of Event: From To
Budgeted Gross Revenue: \$ Budgeted Expenses: \$ Budgeted Net Income/Loss: \$
2.) Full Name of Event
Name and Address of Facility
City State Zip Code Open Dates of Event: From To
Budgeted Gross Revenue: \$ Budgeted Expenses: \$ Budgeted Net Income/Loss: \$
3.) Full Name of Event
Name and Address of Facility
City State Zip Code Open Dates of Event: From To
Budgeted Gross Revenue: \$ Budgeted Expenses: \$ Budgeted Net Income/Loss: \$

FUTURE EVENT(S) TO BE INSURED (beyond the next 12 months):

- 1.) Full Name of Event
Name and Address of Facility
City State Zip Code Open Dates of Event: From To
Budgeted Gross Revenue: \$ Budgeted Expenses: \$ Budgeted Net Income/Loss: \$
2.) Full Name of Event
Name and Address of Facility
City State Zip Code Open Dates of Event: From To
Budgeted Gross Revenue: \$ Budgeted Expenses: \$ Budgeted Net Income/Loss: \$
3.) Full Name of Event
Name and Address of Facility
City State Zip Code Open Dates of Event: From To
Budgeted Gross Revenue: \$ Budgeted Expenses: \$ Budgeted Net Income/Loss: \$

All quotations are subject to the receipt and acceptable review of the application and other underwriting information by the underwriter.