



# EVENT CANCELLATION APPLICATION

## COSSIO INSURANCE AGENCY

### CONTACT INFORMATION

Name of Company/Organization: \_\_\_\_\_

Entity Type:            Individual        LLC        LLP        Corporation        Non-Profit        Trust

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address (if different to primary): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### QUALIFICATION QUESTIONS

Has the event been held before and suffered a cancellation loss?                    yes                    no

### EVENT DETAILS

Date(s) of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Event Name: \_\_\_\_\_

Budget (Cost of Event): \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

Venue Name: \_\_\_\_\_

Venue Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Event will take place:                    Include                    Exclude

### COVERAGE OPTIONS

Event Cancellation	Include	Exclude
Adverse Weather	Include	Exclude
Named Storms	Include	Exclude
Non-Appearance	Include	Exclude
Door Registration Receipts	Include	Exclude
Personal Property	Include	Exclude
Earth Movement	Include	Exclude

### SCHEDULED PERSONS (complete below if non-appearance is requested)

Insured Person(s)	Birth Date	Profession	Limit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Signature \_\_\_\_\_ Date