



Non-Appearance Insurance Application

(Please note that any premiums paid for non-appearance insurance are not refundable.)

General Information

Named Insured:	
Entity Type:	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
For Profit or Non-Profit?	
Years Entity in Business	
Years Experience of Owner	
Contact Person:	
Phone:	
Email:	
Website:	

Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years?	
If yes provide details:	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss

Insurance History (continued)

	Yes / No
Any prior non-appearance insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium

Event Details

Type of Event:	
Event Name:	
No. of Event Occurrences:	
Dates:	
Times:	
Venue Name:	
Venue Street Address:	
Venue City, State, Zip:	
Brief Description of Event:	
Event Gross Revenues:	
Event Expenses:	
Coverage Limit Per Day \$	

All Person(s) to be Insured

Name	Age	Participation	Dates

	Yes or No
Has any person to be insured had any history of non-appearance?	
Is/are the person(s) to be insured suffering from any physical, psychological or other medical conditions?	
Is/are the person(s) to be insured undergoing any form of medical or other treatment?	
Is/are the person(s) to be insured following any prescribed medical regime?	
If you answered yes to any of these questions, please provide full details:	

Event Questions

	Yes or No
Have all necessary arrangements for the successful appearance of the person(s) to be insured been made?	
If no, please provide details:	
Are there any other material facts or items of information with regard to the proposed performance(s) or event(s) which should be disclosed? (A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters)?	
If yes, please provide full details:	

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: _____

Date: _____