



ASAE-Endorsed
Event Cancellation Insurance Application

Aon Association Services
1120 20th Street NW, Ste 600
Washington, DC 20036
(800) 432-7465, Fax (202) 429-8584
www.asae-aon.com



1. INSURED: (Association or Organization holding the Event)

Name: Southeast Regions of the WOCN @ Society, c/o Bernie Haberer, BHe Mgt.

Physical Street Address (Required): 36181 East Lake Road, Ste. 376

City: Palm Harbor State: FL Zip Code: 34685

Phone: (727) 238-5140 Fax: (727) 269-5760 Email: bhe@serwocn.org Website: www.serwocn.org

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

2. EVENT TO BE INSURED:

Full Name of Event SER of the WOCN@ Society 2020 Annual Conference

Facility Name & Address Rosen Centre Hotel; 9840 International Driv City: Orlando State: FL Zip: 32819

Open Dates of Event: From 09/24/20 To 09/26/20

\*If you have multiple events, please complete the supplemental event application

3. FINANCIAL INFORMATION:

Budgeted Gross Revenue: \$ 160,000 Budgeted Expenses: \$ 88,000 Budgeted Net Income/Loss: \$ 72,000

Please provide the additional amount of financial commitments (eg. Room Blocks) you would like to insure \$

NOTE: The policy automatically includes up to 20% above the limit of indemnity for financial commitments.

4. Provide the percentage of gross revenue from:

Attendees fee: 40 Exhibitor's fees 50 Sponsorships: 10 Public Gate Receipts: 0

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

- 5. Does the financial information represent the entire gross revenue or expense of the event?
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?

14. FUTURE EVENT INFORMATION (BEYOND THE NEXT 12 MONTHS)

Has your organization decided where your events will be held in the future beyond what is provided above? Yes No
If yes, provide details so that we may be able to provide an accurate quote in the future for these events.

15. FUTURE EVENT(S) TO BE INSURED (BEYOND THE NEXT 12 MONTHS)

Full Name of Event SER of the WOCN@ Society 2021 Annual Conference

Facility Name & Address Sheraton / Birmingham Convention Comple City: Birmingham State: AL Zip: 35203

Open Dates of Event: From 09/23/21 To 09/25/21

\*If you have multiple future events, please complete the supplemental event application.

16. FINANCIAL INFORMATION (BEYOND THE NEXT 12 MONTHS):

Budgeted Gross Revenue: \$ 160,000 Budgeted Expenses: \$ 88,000 Budgeted Net Income/Loss: \$ 72,000

17. 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 Yes No

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.

18. 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? Yes No

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 Bernhard Haberer Signature [Signature]

Title Manager Date 04/20/2020

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



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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.