



## Supplemental Application – Non-Appearance

IMPORTANT: Coverage provided for non-appearance is subject to a 30 day health warranty for each declared individual detailed in the Certificate. However, non-appearance coverage for declared individual(s) over 70 years old is limited solely to the occurrence of death within 14 days prior to the event. Please also note that pre-existing medical conditions are excluded unless specific details are provided to the underwriters for review and consideration.

### APPLICANT: Entity holding the Event

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

Full Name of Event \_\_\_\_\_

1. Please provide the names and ages of all key individuals whose non-appearance could cause the named insured to cancel or abandon the event.

**Persons to be insured**

**Date of Birth**

NAME \_\_\_\_\_ MM/DD/YY \_\_\_\_\_

NAME \_\_\_\_\_ MM/DD/YY \_\_\_\_\_

NAME \_\_\_\_\_ MM/DD/YY \_\_\_\_\_

NAME \_\_\_\_\_ MM/DD/YY \_\_\_\_\_

**If coverage for the non-appearance of more than four (4) individuals is requested, please attach a list as separate schedule.**

2. How will the Key Individual(s) travel to the event? \_\_\_\_\_

3. How long before the Event are they due to arrive? \_\_\_\_\_

4. Does the Key Individual(s) have any prior commitments which may affect their ability to attend the event? . . . . .  Yes  No

If yes, provide details \_\_\_\_\_

5. Is a replacement available if the Key Individual(s) is unable to attend the event? . . . . .  Yes  No

If yes, provide details \_\_\_\_\_

6. Will the non-appearance of any Key Individual result in a request for refunds by certain attendees to the event? . . . . .  Yes  No

**The proposer shall consult the person(s) detailed in Question #1 before answering questions #7 and #8.**

7. Is any Key Individual to be insured suffering from or undergoing any form of treatment, medical or otherwise for any physical, mental or medical condition? . . . . .  Yes  No

If yes, provide details \_\_\_\_\_

8. Has the non-appearance of any Key Individual named above resulted in loss(es) during the past 5 years? . . . . .  Yes  No

If yes, provide details \_\_\_\_\_

9. Is the Key Individual(s) still paid if they do not appear at the event? . . . . .  Yes  No

If the answer is no (they will not be paid), is their fee included in the limit of insurance? . . . . .  Yes  No

If the answer is yes (the fee is included in the limit), please advise the amount of the fee: \_\_\_\_\_

**If simultaneous non appearance cover is required, please complete the following:**

PLEASE NOTE: Cover is an extension for simultaneous catastrophic non appearance of 25% or more individuals (players, athletes, actors, musicians, etc.) due to a common cause.

Is there any group of individuals that are critical to the event and whose non-appearance from a common cause could lead to the event being canceled or abandoned? . . . . .  Yes  No

If Yes, how many individuals are there participating in the event and what proportion are critical for the event to proceed?

\_\_\_\_\_

**PLEASE READ AND SIGN BELOW:**

**To be signed by the Insured**

*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. In accepting any quotation provided by result of this proposal request, the insured warrants that all information and answers provided in this proposal are true and correct. The Insured so warrants:*  Yes  No

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

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

**PLEASE SIGN AND RETURN COMPLETED SUPPLEMENTAL FORM TO:**

ATTN: Showstoppers, Seth Fleischer  
Aon Association Services, a division of Affinity Insurance Services, Inc.  
1120 20<sup>th</sup> Street, NW, Suite 600  
Washington, DC 20036  
Email: seth.fleischer@affinitynonprofits.com  
Phone: 202-429-8532 or 800-432-7465 ext. 8532  
Fax: 202-429-8584