



FOR IMMEDIATE RELEASE

December 8, 2009

ShowDown[®] Offering Communicable Disease Coverage

The **ShowDown[®]** Event Cancellation Insurance program from John Buttine Inc. is currently offering Communicable Disease coverage to International Association of Exhibitions and Events (IAEE) members.

Since the outbreak of the H1N1 virus in April of 2009, coverage for Communicable Disease has been either entirely unavailable or prohibitively expensive. Currently, **ShowDown[®]** is the only major Event Cancellation Insurance program that is offering the coverage.

Buttine is offering Communicable Disease coverage as a "buyback," which means that the cost of the coverage is broken out separately from cost of the general Event Cancellation premium. This allows the event organizer to make an active decision as to whether or not to purchase coverage for his/her event.

The first phase of the H1N1 / Swine Flu pandemic has not proven to be catastrophic to the event industry as some originally predicted. There is a real possibility, however, that the virus may mutate into a strain that is more virulent and dangerous.

If that happens, event organizers would immediately find Communicable Disease coverage unavailable once again. The time to protect your event against that possibility is now.

To request a proposal for Communicable Disease coverage for your event, please contact Buttine at the number below with the size, date and location of your event.

About John Buttine, Inc.

In business since 1946, John Buttine Inc. is an independent brokerage firm specializing in insurance programs for associations and their members. The company has been a member of the member of the International Association of Exhibitions and Events for over twenty-five years and is a Preferred Service Partner of the organization.

Contact:

Jack Buttine
President
John Buttine Inc.
33 East 33rd Street
New York, NY 10016
800-964-4454
www.buttine.com



ShowDown[®] EVENT CANCELLATION INSURANCE APPLICATION

Tradeshows / Conventions / Meetings / Expositions / Consumer & Public Events

Applicant Information

1 Name & address of organization applying for insurance _____

2 Phone Number _____ Fax Number _____

3 Email Address _____

Event Information

4 Name of event _____

5 Type of event (check all that apply)
 Convention/Meeting _____ Tradeshow/Exposition _____ Consumer/ Public Show _____ Other _____

6 How many years has this event been held under present management? _____

7 Lease Dates: _____ Move In Dates: _____ Move out Dates: _____

8 Event Dates: _____ Start Date: _____ End Date _____

9 Name & Location of the venue where the event will be held
 Name: _____
 City: _____ State: _____

10 Does your event include a Golf Tournament? If so, please provide: Date _____ Location: _____

11 Does your event include any off site events? If so, please provide the details _____

12 Would you like a quote for Gross Revenue or Expenses? (check one) Gross Revenue _____ Expenses _____
 List budgeted Gross Revenue from the event: \$ _____
 List budgeted Expenses from the event: \$ _____
 If a Consumer or Public Show, what percentage of your Gross Revenue comes from Gate receipts? _____

PLEASE ATTACH A COPY OF VENUE CONTRACT AND BUDGET

FOR QUESTIONS 13-21 PLEASE CHECK YES OR NO:

13 Does the event include any teleconferencing? YES _____ NO _____

14 Will the event be held outdoors and/or under a temporary structure? YES _____ NO _____

15 Will the venue require construction work? YES _____ NO _____

16 Have all necessary arrangements for the successful fulfillment of the event been made? YES _____ NO _____

17 Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? YES _____ NO _____

18 Do the sums represented in question No. (12) represent the full extent of your financial responsibilities? YES _____ NO _____

19 Has the event to be insured ever sustained an insured loss? YES _____ NO _____

20 Would the non-appearance of any individual preclude the successful fulfillment of the event? YES _____ NO _____

21 Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance? YES _____ NO _____

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance.

PRINT NAME _____ TITLE _____

SIGN NAME _____ DATE _____

Please return the completed, signed application to:
 Mary Beth Ryan, Executive Vice President
 Email: mbr@buttine.com • Fax: 212-214-0613 • Toll free: 800-964-4454 • www.buttine.com