



# IAEE Insurance Programs

## FOR SHOW ORGANIZERS

### Event Cancellation

Event Cancellation Insurance protects your organization for financial loss due to unexpected events such as:

- Hurricanes
- Earthquakes
- Fires/Wild Fires
- Rain/Flood/Snow
- Terrorism
- Enforced Reduced Attendance (ERA)
- Failure to Vacate Venue
- Loss of Equipment
- Damage to Venue
- And More

### General Liability

Organizer Liability Insurance protects you from loss due to injury or property damage at events and meets venues' insurance requirement.

### Cyber Liability

Cyber Asset Protection Insurance protects show organizers and their assets against a variety of cyber risk including, but not limited to:

- Ransomware attacks and associated extortion demands
- Loss of Business Income
- Loss due to phishing and social engineering tactics
- Loss of third-party data

In addition, the Cyber Asset Protection Insurance provides expenses for breach response, legal counsel, and cost related to public relations.

## FOR EXHIBITORS

### General Liability

Exhibitor General Liability Insurance protects Exhibitors in the event of a claim. This program meets exhibitor insurance requirements at no cost to the Organizer.

- \$80 per exhibiting company regardless of booth size
- Protects Overseas Exhibitors at US Event
- Protects US Exhibitors at US Event

## For More Information Contact

**Eddie Shaara**

**Vice President, Team Lead**

(973) 699-5809 | [eddie.shaara@bbrown.com](mailto:eddie.shaara@bbrown.com)

**Kendra Monahan**

**Account Manager**

(631) 742-3681 | [Kendra.Monahan@bbrown.com](mailto:Kendra.Monahan@bbrown.com)

# Event Cancellation Insurance Application

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

## Applicant Information

Organization Name:

Address:

Email:  Phone:

Are you a member of IAEE- International Association of Exhibitions & Events? ☐ Yes ☐ No

Are you a member of SISO- Society of Independent Show Organizers? ☐ Yes ☐ No

## Event Information

Event Name:

Type of event (check all that apply)

Convention/Meeting ☐ Tradeshow/Expo ☐ Consumer Public Show ☐ Other ☐

How many years has this event been held under present management?  Estimated Attendance:

Lease Dates:  Move In Dates:  Move Out Dates:

Event Dates:  Start Date:  End Date:

Name & Location of venue event will be held

Name:

City:  State:

Does your event include any off site events? ☐ Yes ☐ No

If **YES**, please provide details:

Budgeted Gross Revenue from the event:  Budgeted Expenses from the event:

If a Consumer or Public Show, what percentage of your Gross Revenue comes from: Gate Receipts:

PLEASE ATTACH DETAILED EVENT BUDGET & VENUE CONTRACT

Would you like to offer our Exhibitor Insurance to your Exhibitors? ☐ Yes ☐ No

Will the event be held outdoors and/or under canvas? ☐ Yes ☐ No

Will the venue require construction work? ☐ Yes ☐ No

Have all necessary arrangements for the successful fulfillment of the event been made? ☐ Yes ☐ No

Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? ☐ Yes ☐ No

Do the budget sums represented above represent the full extent of your financial responsibilities? ☐ Yes ☐ No

Has the event to be insured ever sustained an insured loss? ☐ Yes ☐ No

Would the non-appearance of any individual preclude the successful fulfillment of the event? ☐ Yes ☐ No

Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance? ☐ Yes ☐ No

# Event Cancellation Insurance Application

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

## 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.

Name:

Title:

Applicant Signature:

Date:

## Questions?

**Eddie Shaara**

**Vice President, Team Lead**

(973) 699-5809 | [eddie.shaara@bbrown.com](mailto:eddie.shaara@bbrown.com)

**Kendra Monahan**

Account Manager

(631) 742-3681 | [Kendra.Monahan@bbrown.com](mailto:Kendra.Monahan@bbrown.com)