

Wedding Cancellation Application

Contact Information

Name of Insured: _____
Street Address: _____
City: _____
State & Zip: _____
Contact Person: _____
Phone: _____
Fax: _____
Email: _____

Bride & Groom Details

	Bride	Groom
First Name	_____	_____
Last Name	_____	_____
Occupation	_____	_____
Birth Date	_____	_____
Drivers License Number	_____	_____
U.S. Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wedding Details

Cost of Wedding _____
Number of Guests _____

	Ceremony	Reception
Venue Name	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Location Takes Place:	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> On A Cruise Ship	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> On A Cruise Ship

Signature: _____	Date: _____
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