

# Wedding Cancellation Application

Please fax to (626) 844-6403

## 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: \_\_\_\_\_