

Application for Event Cancellation and Non-Appearance

PROPOSER CONTACT INFORMATION

1. Contact Name:	
2. Assured Name:	
3. Full Address: Street Address City, State, Country Postal Code	
4. E-mail:	
5. Telephone:	
6. Facsimile:	

EVENT INFORMATION

NOTE: If you require coverage for more than one event, please view the special note at the end of this application.

7. Do you want to Insure:	<input type="checkbox"/> Gross Revenue	<input type="checkbox"/> Costs and Expenses
8. Is cover required for more than one Event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Name of Event:		
10. Type of Event: E.g.: Classical music event, Motor sport (Grass Track), Product Demonstration, Dance, Regatta (Rowing), Garden Show, Dinner, Parade, Cycling, etc.		
11. Event Dates:	(dd / mm / yyyy)	To: (dd / mm / yyyy)
12. Total sum to be insured:		Currency:
NOTE: Your claim will be reduced if you do not insure the total amount of your exposure		

VENUE INFORMATION

13. Full Address: Street Address City, State, Country Postal Code		
14. Will the Event be:	<input type="checkbox"/> Indoors <input type="checkbox"/> Partially Outdoors <input type="checkbox"/> Entirely Outdoors <input type="checkbox"/> Entirely Outdoors with No Covered Stage	
15. What period has been allowed for Venue Preparation / Stage set up (hours)		
16. Will Non-Appearance Coverage be Required? NOTE: If you select 'No' you can skip to Page 3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NON-APPEARANCE SECTION

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.

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|--|------------------------------|-----------------------------|
| 17. Is the Appearance of any professionally engaged artists, entertainers or the like essential to the proposed event going ahead? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Is the Appearance of any professionally engaged sports persons, speakers, or the like essential to the proposed event going ahead? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Is the appearance of persons other than those referred to in (17) or (18) essential to the proposed event going ahead? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

20. Complete details of each individual to be included for non-appearance cover indicated (17) or (18) above. *

NAME	DATE OF BIRTH
	dd/ mm/yyyy
	dd/ mm/yyyy
	dd/ mm/yyyy
	dd/ mm/yyyy

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

- | | | |
|---|------------------------------|-----------------------------|
| 21. If the Insured Person(s) fees are not payable due to their non-appearance, tick 'Yes'
Then for each declared Event please detail the fee amount in (28) below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. To your knowledge has the Non-appearance of any named individual resulted in loss(es) during the past 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

23. Total number of losses for all Insured Persons named above:

NOTE: If more than 2 losses full details of all losses will be required. Please provide details below, if applicable.

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ADDITIONAL INFORMATION

<p>24. Have all permits, contracts, visas, licences or the like necessary for the Event to be completed successfully been obtained at the time of this Proposal, or will they be obtained before the coverage is bound?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. Do you wish to purchase limited Terrorism coverage? Please make your selection below</p> <p><input type="checkbox"/> TRIA Coverage: The Event is entitled to coverage in accordance with the US Terrorism Insurance Act 2002 (TRIA).</p> <p><input type="checkbox"/> Limited Terrorism Coverage: Such cover is limited to actual acts of terrorism within a 25 mile radius of the Event Venue and within 30 days prior to commencement of the Event.</p> <p><input type="checkbox"/> Limited Terrorism Coverage Extended to include threat: Such cover is limited to actual acts of Terrorism within a 25 mile radius of the Event venue and within 30 days prior to commencement of the Event extended to include threat of Terrorism confirmed in writing by Local or National Governmental Authorities as posing a real risk to the Event.</p> <p><input type="checkbox"/> No Coverage: No Terrorism coverage required for the Event.</p>	
<p>26. Number of claims for cancellation or partial cancellation of event(s) held in the last 5 years*</p>	
<p>* Do not re-enter any claims information provided under the Non-Appearance section, if applicable.</p> <p>NOTE: If more than 2 losses full details of all losses will be required. Please provide details below, if applicable.</p> <p>▪</p>	

DECLARATION:

<p>27. At the date of this Proposal, does the Assured have any knowledge of any circumstances which could give rise to a claim under this proposed insurance?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28. Do you have:</p> <p>(a) Any further Material Facts to disclose (Material Facts are those facts which might influence the acceptance or assessment of the Proposal), or</p> <p>(b) Any Special Non-Standard request for Coverage which you wish Underwriters to consider.</p> <p>Please enter any Material Facts or special coverage requests below:</p> <p>▪</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

IN ACCEPTING ANY QUOTATION PROVIDED BY RESULT OF THIS PROPOSAL REQUEST, THE ASSURED WARRANTS THAT ALL INFORMATION AND ANSWERS PROVIDED IN THIS PROPOSAL ARE TRUE AND CORRECT.

THE ASSURED SO WARRANTS:

Yes

No

This proposal form must be signed by the Assured

Assured Name: _____

Signature Date: _____

Signature: _____

PLEASE NOTE WHEN INSURING MULTIPLE EVENTS:

- i. PLEASE COMPLETE THE EVENT INFORMATION AND VENUE INFORMATION SECTIONS FOR EACH EVENT TO BE INSURED (QUESTIONS 7 – 22). You may reprint additional copies of these pages and add them to the end of this application, or submit multiple requests via email.
- ii. IF AN OPTION FOR TERRORISM IS SELECTED IT WILL APPLY FOR ALL THE EVENTS YOU LIST. If you have certain Events which require cover for Terrorism and other Events which do not:
 - Select the 'No Coverage' tick box in the Terrorism options section;
 - Select 'Yes' to question 28, and please note in the special coverage area provided which of the listed Events require Terrorism and the type of terrorism coverage required.
- iii. WHETHER YOU HAVE SELECTED GROSS REVENUE OR COSTS AND EXPENSES, PLEASE NOTE THAT THE OPTION SELECTED WILL APPLY FOR ALL THE EVENTS LISTED. If you have certain Events which require cover for costs and expenses and other Events which require cover for gross revenue, you will need to create one Proposal for the Events requiring gross revenue cover and a separate proposal for those Events requiring costs and expenses cover.