



## EVENT CANCELLATION - PROPOSAL FORM

The liability of the Company does not commence until the acceptance of the proposal form has been formally intimated by the Company and full premium has been realized by the Company.

PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED.

1. 1.1 Proposer's names

1.2 Address

State  Pin Code

1.3 Tel.(Res.)  (Off.)  \*Mobile

STD Code  STD Code

\*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

1.4 What is the usual business of the Proposer(s)?

1.5 How long engaged therein?

2. 2.1 Title or name of performance(s) or event(s) to be insured

2.2 Type of performance(s) or event(s) to be insured.

2.3 Has this performance(s) or event(s) been held before?  Yes  No  
If yes, give full details.

2.4 What is the involvement of the Proposer(s) in the performance(s) or event(s)?  Organiser  Promoter  Manager  Artist  Sponsor  Other   
If other, give full details.

2.5 What is the extent of the Proposer(s) experience in this capacity?

2.6 Is the performance(s) or event(s) part of a larger production, promotion, series or tour?  Yes  No  
If yes, give full details.

3. Date(s) and name of venue(s) of performance(s) or event(s).

4. NOTE: Please refer to the policy wording to determine the extent of coverage offered. The numbers in brackets relate to the optional perils specified in the policy wording. What perils are required?

2.1 Death	2.2 Accident & Illness	2.3 Unavoidable Travel Delay
2.4 Venue Damage	2.5 National Mourning	2.6 Other Perils/Extensions
		1. _____
		2. _____
		3. _____
		4. _____

NOTE: You only have to answer questions 5, 6, 7 and 8 if you have selected perils 2.1 and/or 2.2 and/or 2.3 for which losses will be restricted to persons to be insured whose Death, Accident, Illness, Unavoidable Travel Delay or failure to appear due to one of these perils could cause the cancellation or abandonment of the performance or event.

5. For the purposes of any insurance granted as a result of this Proposal coverage shall be limited to those individuals detailed below and stated in the Schedule attached to the Policy. Underwriters may require any of the following individuals to undergo an independent medical examination.

Persons to be insured	Date of Birth	Participation/Role
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Has any provision been made for understudies, substitutes or stand-bys?  Yes  No  
If yes, give full details.

7. The proposer shall consult the person(s) detailed in question 5 before answering the following.

7.1 Is any person to be insured suffering from any physical, mental or medical condition?  Yes  No  
If yes, give full details.

7.2 Is any person to be insured undergoing any form of treatment, medical or otherwise?  Yes  No  
If yes, give full details.

7.3 Is any person to be insured following any prescribed regime, medical or otherwise?  Yes  No  
If yes, give full details.

- 7.4 Is any person to be insured aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a loss under the proposed insurance?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 7.5 Have any of the persons to be insured stated in question 5 any history of non appearance?  Yes  No  
If yes, give full details. \_\_\_\_\_
8. 8.1 What method of transportation \_\_\_\_\_  
will be used: \_\_\_\_\_
- 8.1.1 by the person(s) to be insured? \_\_\_\_\_
- 8.1.2 for equipment or items essential to \_\_\_\_\_  
the performance(s) or event(s)? \_\_\_\_\_
- 8.2 Is the means of transportation to be used customised or adapted for the purpose?  Yes  No  
If yes, give full details. \_\_\_\_\_
9. 9.1 Is the means of transportation to be used customised or adapted for the purpose?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 9.2 Is the stage or area in which the performers work under cover?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 9.3 Is any venue listed in question 3 exposed to strong wind, flood or waterlogging  Yes  No  
If yes, give full details. \_\_\_\_\_
- 9.4 Would you like Underwriters to consider offering terms to include the effect of weather on outdoor performances or events not in a permanent structure?  Yes  No  
If yes, give full details. \_\_\_\_\_
10. Have written contracts been signed
- 10.1.1 for the hire of the venue(s) shown in question 3?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 10.1.2 for the appearance of all the persons shown in question 5?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 10.2 Have all other contractual arrangements necessary for the successful fulfilment of the performance(s) or event(s) been made and confirmed in writing?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 10.3 If the answer to question 10.2 is "no" do you undertake to make all such remaining contractual arrangements in a prudent and timely manner and ensure they are confirmed in writing prior to the relevant performance or event?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 10.4 Have all necessary licences, visas and permits and authorisations been obtained?  Yes  No  
If yes, give full details. \_\_\_\_\_
11. 11.1 Give details of budget and currency

Expenses	Amount	Gross Revenue	Amount
1. Costs		1. Gate/ticket sales	
2. Commitments		2. Programme sales	
3. Guarantees		3. Merchandising	
4. Fees		4. Fees	
5. Commissions		5. Commissions	
6. Sponsorship		6. Sponsorship	
7. Advertising		7. Advertising	
8. Promotional		8. Concessions	
9. Broadcasting		9. Broadcasting	
10. Other items not included above (Give details)		10. Other items not included above (Give details)	
TOTAL		TOTAL	

- 11.2 Do these sums represent the full extent of your financial responsibilities?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 11.3 Does any other party have an interest in the expenses and gross revenue for the performance or event?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 11.4 Is profit to be insured?  Yes  No  
NOTE: Profit (when insured) means the amount by which Gross Revenue exceeds Expenses.
- 11.5 What Limit of Indemnity is required? \_\_\_\_\_
12. 12.1 Has the performance(s) or event(s) (under the present or any other management) had any incident that could have resulted or did result in financial loss that would be covered under the proposed insurance?  Yes  No  
If yes, give full details. \_\_\_\_\_
- 12.2 Has any performance or event in which the Proposer(s) were involved (in managing) had any incident that could have resulted or did result in financial loss that would be covered under the proposed insurance?  Yes  No  
If yes, give full details. \_\_\_\_\_

13. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s) & might result in a claim under the proposed insurance?  Yes  No  
If yes, give full details. \_\_\_\_\_

14. Loss payee (if other than proposer stated in question 1) \_\_\_\_\_

15. Conditions of Quotation

Any quotation provided by Underwriters as a result of this Proposal and any supporting information will be subject to:

- 15.1 final acceptance by the Proposer(s) and then Underwriters prior to the acceptance date shown in the quotation, after which the resulting insurance cannot be cancelled.
- 15.2 the Proposer(s) undertaking to advise Underwriters of any change in the supporting information or additional information that should be supplied to make this proposal current, occurring prior to the inception date of any insurance subsequently issued.
- 15.3 Underwriters having no obligation to accept the risk if there has been any happening or circumstance, whether advised by the Proposer(s) or otherwise, arising prior to acceptance by Underwriters which increases or could increase the possibility of a loss or in any way materially alters the risk as quoted. However Underwriters at their sole discretion may decide to provide an alternative quotation.
- 15.4 the Proposer(s) having declared all material facts likely to influence a reasonable Underwriter in determining:  
a. whether or not to accept the risk,  
b. the premium,  
c. the terms, conditions, exclusions and limitations.
- 15.5 a. the Proposer(s), if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them  
b. any intermediary(s) acting on behalf of any parties referred to in 15.5(a), being deemed to have obtained & declared all the information provided after making inquiry of the party(ies) for whom they act.  
a. the Proposer(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 15.7 below.
- 15.6 the Proposer(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Underwriter's prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Underwriters.
- 15.7 the Proposer(s) paying the premium with acceptance of the quotation. If (in accordance with 15.1 and 15.3 above) Underwriters do not accept the risk, the premium will be returned.

**PREMIUM DETAILS**

Amount Rs.            Rupees \_\_\_\_\_

**SOURCES OF FUND**

Salary  Business  Other  (Please Specify) \_\_\_\_\_

**BANK ACCOUNT DETAILS**

Name of the Bank Account Holder \_\_\_\_\_

Bank Account No. \_\_\_\_\_ Account: Savings  Current

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) \_\_\_\_\_

IFSC Code (11 character code appearing on your cheque leaf) \_\_\_\_\_

I wish:  Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.\*

\*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

Note:

1. Please provide a cancelled copy of cheque of your bank account.  
2. The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

**DECLARATION**

To the best of my/our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure, mis-description or misrepresentation of a \*material fact will entitle Underwriters to void the Insurance. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.

NOTE: \*A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters: if you are in any doubt as to what constitutes a material fact you should consult your Broker.

It is understood that the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but the Proposer(s) agree that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

I/we the Proposer(s) accept these conditions as the Proposed Assured or agent of the Proposed Assured and that any subsequent insurance will become null and void if any of the foregoing conditions are breached. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the Insurer immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/we have fully understood the significance of the proposed contract. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal

Insurance Act 1938, Section 41-Prohibition of Rebates: 1. No. person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer. 2. Any person making default in complying with the provisions of this section shall be punishable with a fine, which may extend to ₹10 Lakhs.

Note: We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and your proposal form will be considered only after HDFC ERGO General Insurance Company Limited receives premium payment and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_