

## 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

Fax No.

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. <input type="text"/>
		2. <input type="text"/>
		3. <input type="text"/>
		4. <input type="text"/>

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. \_\_\_\_\_

