HDFC ERGO General Insurance Company Limited



1

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																																		
																															\Box					_
																	1												F	Pin C	ode					_
		State]						 		F	ах	No.	L					_			 _
	1.3	Tel.(Res.)	STD	Code	e								Off	f.)	STD	Code		L								[#] Мс	bile									
	[#] Ple	ease provide correct mobile number of the				ed, to	recei	ive info	orma	ation r	elatir	ig to p	olicys	servio			emiur	m a	ckno	wle	dger	men														
	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																																		_
		Type of performance(s) or event(s) to be insured.																																		_
		Has this performance(s) or event(s) been held before? If yes, give full details.	Ye	es		No																														
	2.4	What is the involvement of the Proposer	(s) in th	ne pe	erform	nance(s) or	event	(s)?		Orga	niser			Pro	mote	er 🗌			Ν	lana	ager]		Artis	t [5	Spon	sor			0	ther]
		If other, give full details.																_																		
		What is the extent of the Proposer(s) experience in this capacity?																																		
		Is the performance(s) or event(s) part of a larger production, promotion, series or tour? If yes, give full details.	Ye	es		No																														
3.	Date	(s) and name of venue(s) of prmance(s) or event(s).																					 													
4.	NOT	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 Acc	iden	t & Illn	ess										2	2.3 l	Jna	voida	able	Trave	el De	elay			
		2.4 Venue Dama	ige									2.	5 Nat	ional	Mour	ning											2.6	Oth	ner P	erils	/Exte	nsio	ns			-
																										1	·									
																							2													
																										3	J									
																										4	l									
5	Trav	TE: You only have to answer questions 5 rel Delay or failure to appear due to one of he purposes of any insurance granted as	of these	e per	rils co	uld ca	use t	the ca	ncell	ation	or ab	andor	nment	of th	ne perf	orma	nce o	or e	vent.																	
		ollowing individuals to undergo an indepe	endent r																			1	 													
	_	Persons to be insi	urea				_						Dat	e or	Birth													Pa	rticip		on/Ro					
							_																													
6.		any provision been made for understudie s, give full details.	es, subs	stitut	tes or	stand-	bys?	?	Y	'es	1	No																								
7.	The	proposer shall consult the person(s) deta	ailed in (ques	stion 5	5 befor	e an	swerir	ig th	e follo	wing																									
		Is any person to be insured suffering from If yes, give full details.	m any p	ohysi	ical, r	nental	or m	nedical	con	dition	?	Ye	s	N	0																					
	7.2	Is any person to be insured undergoing a If yes, give full details.	any form	n of	treatr	ment, r	nedi	cal or	othe	rwise	?	Ye	s	N	0																					
		Is any person to be insured following any If yes, give full details.	y prescr	ribec	d regii	me, m	edica	al or ot	herv	vise?		Ye	es	N	0																					
																																				_

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at 022 6158 2020/ 022 6234 6234 or Visit Help Section on www.hdfcergo. com for policy copy/tax certificate/make changes/register & track claim or simply text Hi on whats'app number 8169 500 500 for instant policy servicing. UIN: Event Cancellation - IRDAN125RP0003V01201011.

	7.4	Is any person to be insured aware of any matter, proposed insurance? Yes No If yes, give full details.	ract, circumstance of incluent existing of threat								
	7.5	Have any of the persons to be insured stated in q If yes, give full details.	uestion 5 any history of non appearance?	Yes No							
8.	8.1	What method of transportation									
		will be used:									
	8.1.1 8.1.2										
		the performance(s) or event(s)?		_							
	8.2	Is the means of transportation to be used custom If yes, give full details.	ised or adapted for the purpose? Yes	No							
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 If yes, give full details.	under cover? Yes	No							
	9.3	Is any venue listed in question 3 exposed to stron If yes, give full details.	ng wind, flood or waterlogging Yes	No							
	9.4	Would you like Underwriters to consider offering the like underwrite	terms to include the effect of weather on outdoo	r performances or events not in a permanent structure?	Yes No						
10.	Have wr	itten contracts been signed									
	10.1.1	for the hire of the venue(s) shown in question 3? If yes, give full details.	Yes	No							
	10.1.2	for the appearance of all the persons shown in qualifyes, give full details.	vestion 5? Yes	No							
	10.2	Have all other contractual arrangements necessa If yes, give full details.	ary for the successful fulfilment of the performan	ce(s) or event(s) been made and confirmed in writing?	Yes No						
	10.3	If the answer to question 10.2 is "no" do you under performance or event? Yes No If yes, give full details.	ertake to make all such remaining contractual a	rrangements in a prudent and timely manner and ensure the	ey are confirmed in writing prior to the relevant						
	10.4	Have all necessary licences, visas and permits an If yes, give full details.	nd authorisations been obtained? Yes	No							
	44.4	Give details of budget and currency									
11.	· · · · ·	Cive details of budget and currency									
11.		Expenses	Amount	Gross Revenue	Amount						
11.			Amount	Gross Revenue 1. Gate/ticket sales	Amount						
11.	1.	Expenses	Amount		Amount						
11.	1.	Expenses Costs	Amount	1. Gate/ticket sales	Amount						
11.	1. 2. 3.	Expenses Costs Commitments	Amount	Gate/ticket sales Programme sales	Amount						
11.	1. 2. 3. 4.	Expenses Costs Commitments Guarantees	Amount	Gate/ticket sales Programme sales Merchandising	Amount						
11.	1. 2. 3. 4. 5.	Expenses Costs Commitments Guarantees Fees	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees	Amount						
11.	1. 2. 3. 4. 5. 6. 7.	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising	Amount						
11.	1. 2. 3. 4. 5. 6. 7. 8.	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Concessions	Amount						
11.	1. 2. 3. 4. 5. 6. 7. 8. 9.	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional Broadcasting	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising	Amount						
11.	1. 2. 3. 4. 5. 6. 7. 8. 9.	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Concessions	Amount						
11.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional Broadcasting	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Concessions 9. Broadcasting	Amount						
	1. 2. 3. 4. 5. 6. 7. 8. 9. 10	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional Broadcasting O. Other items not included above (Give details)		1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Concessions 9. Broadcasting 10. Other items not included above (Give details)	Amount						
	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 10	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional Broadcasting O. Other items not included above (Give details) DTAL Do these sums represent the full extent of your fit	nancial responsibilities?	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Concessions 9. Broadcasting 10. Other items not included above (Give details) TOTAL No	Amount						
	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11.2	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional Broadcasting Other items not included above (Give details) DTAL Do these sums represent the full extent of your fill If yes, give full details. Does any other party have an interest in the expension	nancial responsibilities?		Amount						
	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11.2 11.2	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional Broadcasting 0. Other items not included above (Give details) DTAL Do these sums represent the full extent of your fill f yes, give full details. Does any other party have an interest in the expectif yes, give full details. Is profit to be insured?	nancial responsibilities?		Amount						
	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11.2 11.3 11.4	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional Broadcasting O. Other items not included above (Give details) DOTAL Do these sums represent the full extent of your fill If yes, give full details. Does any other party have an interest in the expect If yes, give full details. Is profit to be insured? Yes No NOTE: Profit (when insured) means the amount What Limit of Indemnity is required? Has the performance(s) or event(s) (under the proproposed insurance? Yes No	nancial responsibilities? Yes enses and gross revenue for the performance of by which Gross Revenue exceeds Expenses.								
112.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11.2 11.3 11.4 11.5	Expenses Costs Commitments Guarantees Fees Commissions Sponsorship Advertising Promotional Broadcasting D. Other items not included above (Give details) DTAL Do these sums represent the full extent of your fill fyes, give full details. Does any other party have an interest in the expectifyes, give full details. Is profit to be insured? Yes No NOTE: Profit (when insured) means the amount What Limit of Indemnity is required? Has the performance(s) or event(s) (under the proproposed insurance? Yes No If yes, give full details.	nancial responsibilities? Yes enses and gross revenue for the performance of by which Gross Revenue exceeds Expenses. esent or any other management) had any incide		t would be covered under the						

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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	N
If yes, give full details.		

4.	Loss p	avee	(if other	than p	roposer	stated in	question 1)
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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
 - 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.
 the Proposer(s) accepting the guotation 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 DE IAILS							
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 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.

 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 form will be considered only after HDFC ERGO General Insurance Company Limited solute discretion and your proposal form surance 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:

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