## **HDFC ERGO General Insurance Company Limited**



## **EVENT CANCELLATION POLICY - PROPOSAL FORM**

If yes, give full details.

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 11 Proposer's names 1.2 Address Pin Code Fax No. State (Off.) 13 Tel (Res.) Mobile STD Code STD Cod 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. 2.3 Has this performance(s) or event(s) been held before? 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 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? If yes, give full details Date(s) and name of venue(s) of performance(s) or event(s). 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? 2.2 Accident & Illness 2.1 Death 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. 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 Date of Birth Participation/Role Persons to be insured 6. Has any provision been made for understudies, substitutes or stand-bys? 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? If yes, give full details 7.2 Is any person to be insured undergoing any form of treatment, medical or otherwise? If yes, give full details, 7.3 Is any person to be insured following any prescribed regime, medical or otherwise? Yes

		Is any person to be insured aware of any matter, proposed insurance? Yes No  If yes, give full details.	tact, circumstance of modern existing of uncate	(7,	, and mg m room in a room and are
	7.5	Have any of the persons to be insured stated in o	question 5 any history of non appearance?	Yes No	
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 tothe 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 custom If yes, give full details.	ised or adapted for the purpose? Yes	No	
	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 stror If yes, give full details.	ng wind, flood or waterlogging Yes	No	
	9.4	Would you like Underwriters to consider offering to the state of the s	terms to include the effect of weather on outdoo	r performances or events not in a permanent structure?	Yes No
10.	Have	written 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.	yes Yes	No	
	10.2	Have all other contractual arrangements necessar 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?  If yes, give full details.	ertake to make all such remaining contractual ar	rrangements in a prudent and timely manner and ensure the	y are confirmed in writing prior to the relevant
	10.4	Have all necessary licences, visas and permits all fyes, give full details.	nd authorisations been obtained? Yes	No	
11	11.1	Give details of budget and currency			
11.					
11.		Expenses	Amount	Gross Revenue	Amount
11.		Expenses  1. Costs	Amount	Gross Revenue  1. Gate/ticket sales	Amount
11.		•	Amount		Amount
11.		1. Costs	Amount	Gate/ticket sales	Amount
11.		Costs     Commitments	Amount	Gate/ticket sales     Programme sales	Amount
11.		Costs     Commitments     Guarantees	Amount	Gate/ticket sales     Programme sales     Merchandising	Amount
11.		Costs     Guarantees     Fees	Amount	Gate/ticket sales     Programme sales     Merchandising     Fees	Amount
11.		Costs     Commitments     Guarantees     Fees     Commissions	Amount	Gate/ticket sales     Programme sales     Merchandising     Fees     Commissions	Amount
11.		Costs     Commitments     Guarantees     Fees     Commissions     Sponsorship	Amount	Gate/ticket sales     Programme sales     Merchandising     Fees     Commissions     Sponsorship	Amount
11.		1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising	Amount
11.		1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Promotional	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Concessions	Amount
11.		1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Promotional 9. Broadcasting	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Concessions 9. Broadcasting	Amount
11.		1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Promotional 9. Broadcasting	Amount	1. Gate/ticket sales 2. Programme sales 3. Merchandising 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Concessions 9. Broadcasting	Amount
	11.2	1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Promotional 9. Broadcasting 10. 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. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Promotional 9. Broadcasting 10. Other items not included above (Give details)  TOTAL  Do these sums represent the full extent of your file.	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
	11.2	1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Promotional 9. Broadcasting 10. Other items not included above (Give details)  TOTAL  Do these sums represent the full extent of your fill fyes, give full details.  Does any other party have an interest in the expe	nancial responsibilities? Yes	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
	11.2	1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Promotional 9. Broadcasting 10. Other items not included above (Give details)  TOTAL  Do these sums represent the full extent of your fill fyes, give full details.  Does any other party have an interest in the expelling spont of the profit to be insured?  Is profit to be insured?  Yes No	nancial responsibilities? Yes	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
	11.2	1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Promotional 9. Broadcasting 10. Other items not included above (Give details)  TOTAL  Do these sums represent the full extent of your filf yes, give full details.  Does any other party have an interest in the expelif yes, give full details.  Is profit to be insured?  NOTE: Profit (when insured) means the amount What Limit of Indemnity is required?	nancial responsibilities?  Yes enses and gross revenue for the performance of	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	
12.	11.2 11.3 11.4 11.5	1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship 7. Advertising 8. Promotional 9. Broadcasting 10. Other items not included above (Give details)  TOTAL  Do these sums represent the full extent of your fill fyes, give full details.  Does any other party have an interest in the expellif 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 proposed insurance?  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	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 event? Yes No	would be covered under the

,	es, give full details.
l. Los	s payee (if other than proposer stated in question 1)
	ditions of Quotation quotation provided by Underwriters as a result of this Proposal and any supporting information will be subject to:
15.	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.	
15.4 15.4	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.
	c. the terms, conditions, exclusions and limitations.
15.	<ul> <li>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</li> <li>b. any intermediary(s) acting on behalf of any parties referred to in 15.5(a), being deemed to have obtained &amp; declared all the information provided after making inquiry of the party(ies) for whom they act.</li> <li>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.</li> </ul>
15.0	terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Underwriters.
15.	
	PREMIUM DETAILS
Ar	nount Rs. Rupees
0.0	SOURCES OF FUND  lary Business Other (Please Specify)
36	
No	BANK ACCOUNT DETAILS  me of the Bank Account Holder
	nk Account No. Account: Savings Current
М	me of Bank Branch Branch Branch
	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
IF	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) C Code (11 character code appearing on your cheque leaf)
IFS I v	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  CC Code (11 character code appearing on your cheque leaf)  ish:  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.
IFS I v	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  CC Code (11 character code appearing on your cheque leaf)  Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*
IFS I w No 1.	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  CC Code (11 character code appearing on your cheque leaf)  ish:  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.  te:  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
No. 1. 2. To any lns	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  CC Code (11 character code appearing on your cheque leaf)  ish:  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.  te:  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.
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IF: I v  No 1. 2.  To any Ins wh  NC It is Pro I/w als	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  CC Code (11 character code appearing on your cheque leaf)  ish: 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.  te:  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  In 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 withhele trance 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 acch will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.  TE: "Amaterial 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. 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
No. 1. 2. To any Insawh	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  CR Code (11 character code appearing on your cheque leaf)  ish: 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.  te:  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**  DECLARATION**  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 withhele translerial 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 urance 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 ach will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.  TE: "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. 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 posal and any supporti
IFS I w No 1. 2. To any Ins wh NCIt is do Ins kin acc fine No do ins reas	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  CC Code (11 character code appearing on your cheque leaf)  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.  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  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  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 withhele 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 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 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 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. understood that the signing of this Proposal does not bind the Proposal of some the value of the commission of this person to the cont
IFS I w No 1. 2. To any Insight who NC It is Pro I/w alsiador No door insight C Ge pri Ge pri	Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  Code (11 character code appearing on your cheque leaf)  Any refund due on the premium payment / any payment/daims 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.  Berear 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 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 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  The Longmany 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 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 will not be responsible in a denail affects. Whe understand that non-instance of insurance company or other persons, please a propose of insurance company in a detail the proposed in the proposed in the proposed descretance in surance or other persons, files a propose of insurance will be company in the proposed descretance in surance in company in the proposed Assured and form the basis of the contract.  The Company is a proposed for insurance in the Proposed Assured or agent of the Proposed for the proposed contra