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



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

The	liability of the Company does not commen	ice ui	ntil th	ne ac	ccept	tance	e of th	he pro	pos	al for	n ha	s be	en fo	rma	lly int	tima	ated b	y the	Cor	npa	ny a	ınd fı	ıll pr	emiu	ım h	as b	een	real	lize	d by	the	Con	npar	٦y.							
	EASE ANSWER ALL QUESTIONS FULL EET OF PAPER WHICH MUST BE SIGN						NT E	BOXE	S.	IF TH	IERE	E IS	INSI	JFF	ICIEI	NT	SPAC	E T	O Al	NSV	VER	R QU	IES1	ION	S F	ULL'	Y IN	I TH	łE \$	SPAG	E I	PRC	OVID	ED	PLE	ASE	US	EΑS	SEPA	RAT	Έ
1.1	Proposer's names								Т						T	Т				Г	Τ		T		Τ		Τ														-
1.2	Address	$\overline{}$	$\overline{\Box}$	$\overline{\Box}$	$\overline{\Box}$				Ť	$\overline{}$	Ť	Ť	Ť	Ť	Ť	Ť	Ť	T		T	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť									$\overline{}$		Ť	Ť	=
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1.3	Tel.(Res.)	S	STD C	Code										_ (	Off.)		STD (	Code												Mob	ile										=
1.4	What is the usual business of the Proposer(s)?																																								_
1.5	How long engaged therein?																																								_
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? If yes, give full details.		Yes	s	_ N	No																																			
2.4	What is the involvement of the Proposer	(s) ir	n the	per	rform	ance	e(s) c	or eve	nt(s	;)?	0	rgar	iser				Pro	mote	er [				Man	ageı				A	rtis	t [			S	Spon	sor			(	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?  If yes, give full details.		Yes	s	\	No																																			
	e(s) and name of venue(s) of ormance(s) or event(s).																																								
NO1 Wha	TE: Please refer to the policy wording to at perils are required?	detei	rmine	e the	e ext	tent o	of cov	verag	e of	fered.	Th	e nu	mbei	rs in	brac	cket	s rela	ite to	the	opt	iona	al pe	rils s	peci	fied	in th	ne p	olicy	y w	ordin	g.										
	2.1 Death												2	.2 A	ccid	ent	& IIIn	ess												2.	3 L	Jnav	oida	able	Trav	el D	elay				
	2.4 Venue Dama	age											2.	5 N	latior	nal I	Mour	ning												2	2.6	Oth	er P	erils	/Exte	ensi	ons				
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Tra	TE: You only have to answer questions ovel Delay or failure to appear due to one the purposes of any insurance granted as	of the	iese p	peril	ls cou	uld c	ause	the o	cano	cellation	on o	r aba	ando	nme	nt of	the	e perf	orma	nce	or e	even	nt.																			
	following individuals to undergo an indepe	ende	ent m												ate																		_		n/R						_
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L Has	any provision been made for understudie	es. si	ubsti	itute:	s or	stano	d-bvs	l s?		Yes		N	0																												_
If ye	s, give full details.						_		rina		_	_																													_
	proposer shall consult the person(s) details any person to be insured suffering fro								_			_	Ye	25		No																									
	If yes, give full details Is any person to be insured undergoing											_	_																												_
	If yes, give full details.	_										_	Y6	es [	_	No																									
1.3	Is any person to be insured following an If yes, give full details.	y pre	escrit	Ded I	regin	ne, n	nedio	cal or	oth	erwis	97	L	Ye	es		No																									

		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. 11 coan in a 1000 and 11 and
	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 If yes, give full details.	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 necessal 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 a lf yes, give full details.	nd authorisations been obtained? Yes	No	
11	11.1	Give details of budget and currency			
H.		· ,			
11.		Expenses	Amount	Gross Revenue	Amount
11.			Amount	Gross Revenue  1. Gate/ticket sales	Amount
11.		Expenses	Amount		Amount
11.		Expenses 1. Costs	Amount	Gate/ticket sales	Amount
17.		Expenses  1. Costs  2. Commitments	Amount	Gate/ticket sales     Programme sales	Amount
rī.		Expenses  1. Costs 2. Commitments 3. Guarantees	Amount	Gate/ticket sales     Programme sales     Merchandising	Amount
rī.		Expenses  1. Costs 2. Commitments 3. Guarantees 4. Fees	Amount	Gate/ticket sales     Programme sales     Merchandising     Fees	Amount
II.		Expenses  1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions	Amount	Gate/ticket sales     Programme sales     Merchandising     Fees     Commissions	Amount
II.		Expenses  1. Costs 2. Commitments 3. Guarantees 4. Fees 5. Commissions 6. Sponsorship	Amount	Gate/ticket sales     Programme sales     Merchandising     Fees     Commissions     Sponsorship	Amount
II.		Expenses  1. Costs  2. Commitments  3. Guarantees  4. Fees  5. Commissions  6. Sponsorship  7. Advertising	Amount	Gate/ticket sales     Programme sales     Merchandising     Fees     Commissions     Sponsorship     Advertising	Amount
17.		Expenses  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
17.		Expenses  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
п.		Expenses  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	Expenses  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
		Expenses  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 fire	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	Expenses  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	Expenses  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 expelling yes, give full details.  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	Expenses  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 expell fyes, 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	Expenses  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 expell 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? 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	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

If y	re you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s) yes, give full details.	
l. Lo:	oss payee (if other than proposer stated in question 1)	
	onditions of Quotation ny quotation provided by Underwriters as a result of this Proposal and any supporting information will be subject to:	
15.	5.1 final acceptance by the Proposer(s) and then Underwriters prior to the acceptance date shown in the quotation, after which the re	sulting insurance cannot be cancelled.
15.	5.2 the Proposer(s) undertaking to advise Underwriters of any change in the supporting information or additional information that sho date of any insurance subsequently issued.	uld be supplied to make this proposal current, occurring prior to the inception
15. 15.	<ul> <li>Underwriters having no obligation to accept the risk if there has been any happening or circumstance, whether advised by the Princreases or could increase the possibility of a loss or in any way materially alters the risk as quoted. However Underwriters at the Proposer(s) having declared all material facts likely to influence a reasonable Underwriter in determining:         <ul> <li>a. whether or not to accept the risk,</li> <li>b. the premium,</li> </ul> </li> </ul>	
15.	b. any intermediary(s) acting on behalf of any parties referred to in 15.5(a), being deemed to have obtained & declared all the in	formation provided after making inquiry of the party(ies) for whom they act.
15.	<ul> <li>a. the Proposer(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premi</li> <li>the Proposer(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Underwriterms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Underwriters.</li> </ul>	
15.	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	
A	Amount Rs. Rupees	
	SOURCES OF FUND	
S	Salary Business Other (Please Specify)	
	BANK ACCOUNT DETAILS	
	BARK ACCOUNT DE IAILO	
Ва	Name of the Bank Account Holder Bank Account No.	Account: Savings Current Branch
Ba Na	Name of the Bank Account Holder Bank Account No.	
Ba Na M	Name of the Bank Account Holder  Bank Account No.  Name of Bank	
Ba Na M IF	Name of the Bank Account Holder  Sank Account No.  Name of Bank  MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	
Ba Na M IF I v Na 1.	Name of the Bank Account Holder  Bank Account No.  Name of Bank  MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  FSC Code (11 character code appearing on your cheque leaf)  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:	Branch
Ba Na M IF I v Na 1.	Name of the Bank Account Holder  Bank Account No.  Name of Bank  MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  FSC Code (11 character code appearing on your cheque leaf)  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 pro	Branch
Ba Na M IF IN 1. 2.	Name of the Bank Account Holder  Bank Account No.  Name of Bank  MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  FSC Code (11 character code appearing on your cheque leaf)  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 procedure.  DECLARATION  To the best of my/our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this paymentrial facts. I/We understand that non-disclosure, mis-description or misrepresentation of a *material fact will entitle Underwriters to the insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleadi which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.	Branch Br
Ban Na M M IF I N N 1. 2. To an Insur wh	Name of the Bank Account Holder  Sank Account No.  Name of Bank  MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  FSC Code (11 character code appearing on your cheque leaf)  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 processing.  DECLARATION  To the best of my/our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this processing of payout the processing of a "material fact will entitle Underwriters to insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleadi	Branch Br
Ba Na M M IF I N 1. 2. To an Ins wh NC It i Pr I/w als	Name of the Bank Account Holder  Sank Account No.  Name of Bank  MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  FSC Code (11 character code appearing on your cheque leaf)  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 procedany.  DECLARATION  To the best of my/our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposary.  DECLARATION  To the best of my/our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposary or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleadicy which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.  MOTE: *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 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 signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but the signing of this Proposal does not bind	Branch  Branch
Ba Na M M IF I N 1. 2. To an Insum Wh NC It i Pr I /w als do	Name of the Bank Account No.  Name of Bank  MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  FSC Code (11 character code appearing on your cheque leaf)  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:  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 in connection with this proposal for insurance 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 facts. I/We understand that non-disclosure, mis-description or misrepresentation of a *material fact will entitle Underwriters to insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleadi 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 is understood that the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but the proposal and any supporting information shall be incorporated into and form the basis of the contract.  We the Proposer(s) accept these conditions as the Proposed Assured or agent of the Proposed Assured and that any subsequent insurance less declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to	Branch  Branch
Ba Na M M IF I N 1. 2. To an Insum What I N I I I I M I I I I I I I I I I I I I	Name of Bank Account No.  Name of Bank  MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  FSC Code (11 character code appearing on your cheque leaf)  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:  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 processing of the best of my/our knowledge and belief and having diligently made all necessary inquiries the information of a "material fact will entitle Underwriters in survance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleadivinch will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.  IOTE: "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 is understood that the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but it roposal and any supporting infor	Branch  Branch
Ba Na M M IF I N 1. 2. To annumber I N I N I n I n I n I n I n I n I n I n	Alame of the Bank Account Holder  Sank Account No.  Alame of Bank  MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  MICR Code (9 digit MICR code appearing on your cheque leaf)  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 procompany.  DECLARATION  On the best of my/our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this yny material facts. LiWe understand that non-disclosure, mis-description or misrepresentation of a "material fact will entitle Underwriters to source company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleadi which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.  IOTE: "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 its understood that the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but it proposal and any supporting information shall be incorporated into and form the basis of the contract.  We the Proposer(s) accept these conditions as the Proposed Assured or agent of the Proposed Assured and that any subsequent insurance is declare that, if any additions or alterations are carried out after the submission of this proposal for in, then the same would be conveyed to occurrents have been fully explained to me/us and that I/we have fully understood the significance of the proposed contract.  Insurance Act 19	Branch  Branch