



PROPOSAL FOR EVENT CANCELLATION / NON APPEARANCE INSURANCE

Important Please note that failure to disclose all material information (i.e. any information that would influence acceptance of the risks or terms applied) could invalidate your insurance cover. If you are in any doubt whether information is material, you should disclose it. Please complete all information in BLOCK CAPITALS.

1. 1.1 Name of Proposer(s). (Any proposer acting for others is referred to "Conditions of Quotation 15.5" at the foot of this form and the need to enquire of all others before answering).

1.2 Address:

1.3 Telephone No.

Email Address:

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

1.5 When was the business established?

1.6 You have the right to request that this Insurance be governed and construed in accordance with the law of the country most relevant to the subject matter and that the courts of that country will have jurisdiction in any dispute arising under, out of or in connection with the Insurance.

Unless you choose otherwise the law of Australia will apply.
Do you accept the application of this law?

YES

NO

If no, please state the law and court you consider should apply together with your reasons and the Underwriters will consider the possibility of applying that law.

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 For how many years has 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).

Date	Venue	City/Country	Performance/Event	Stand-by dates (if any)
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4. 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
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5. Has any provision been made for understudies, substitutes or stand-bys?

YES	NO	If yes, give full details.
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6. The proposer shall consult the person(s) detailed in question 4 before answering the following.

6.1 Is any person to be insured suffering from any physical, mental or medical condition?

YES

NO

If yes, give full details.

6.2 Is any person to be insured undergoing any form of treatment, medical or otherwise?

YES

NO

If yes, give full details.

6.3 Is any person to be insured following any prescribed regime, medical or otherwise?

YES

NO

If yes, give full details.

6.4 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.

6.5 Have any of the persons to be insured stated in question 5 any history of non-appearance?

YES

NO

If yes, give full details.

7. 7.1 What method of transportation will be used:

7.1.1 by the person(s) to be insured?

7.1.2 for equipment or items essential to the performance(s) or event(s)?

7.2 Is the means of transportation to be used customised or adapted for the purpose?

YES NO

If yes, is an alternative means of transportation available?

ADVERSE WEATHER:

This insurance does not cover cancellation of outdoor events due to Adverse Weather, UNLESS you provide full details below and we have agreed to provide such cover. Do you require cover for Adverse Weather for outdoor performances or events which are not taking place in a permanent structure?

YES NO

Adverse Weather will mean extreme weather conditions which prevent the event from taking place because it is impossible or dangerous.

It does not provide cover for loss of revenue generated simply due to rainfall. If this is the cover you require, then please complete a Pluvius application form.

If the event would be disrupted by rainfall, please tell us the MAXIMUM rainfall which could occur before the event would be cancelled or abandoned. MAXIMUM = -----mm / inches

8. 8.1 Will any performance(s) or event(s) be held wholly or partly outdoors, in the open air, a marquee or temporary structure?

YES NO If yes, give details.

8.2 Is the stage or area in which the performers work under cover?

YES NO If yes, give details.

8.3 Please provide the following information in respect of any venue listed in question 3;

i) The nature of the Venue site e.g. Sand / Chalk /Clay etc.

ii) Whether there have been any substantial changes to the Venue e.g. Development(s), Drainage works etc. and if so the date and nature of such.

iii) Whether there have been any substantial nearby development works e.g. New Buildings, New Roads, Drainage works etc. and if so the date and nature of such;

iv) Whether the Venue(s) is/are

low-lying	Yes	No
liable to flooding	Yes	No
ever been flooded	Yes	No
near any water courses e.g. rivers / lakes / etc.	Yes	No
significantly exposed to wind or rain	Yes	No

And, have all necessary licences, visas and permits and authorisations been obtained?

YES

NO

If no, give full details.

11. 11.1	Limit of Indemnity		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 no, 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. Has the performance(s) or event(s) (under the present or any other management) or the proposer suffered 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) and 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 and declared all the information provided after making inquiry of the party(ies) for whom they act.
 - (c) 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.

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 or misrepresentation of a *material fact will entitle Underwriters to void the Insurance.

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.

Name:

Position:

Signed

Date