

Application for Event Cancellation, Physical Loss to Personal Property and Door Registration Receipts Cover.

### Proposer Contact Information

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| 1. Contact Name: |  | | |
| 2. Assured Name: |  | | |
| 3. Full Address:  Street Address  City, State, Country  Postal Code |  | | |
| 4. E-mail: |  | | |
| 5. Telephone: |  | | |
| 6. Facsimile: |  | | |
| Event Information **NOTE:** If you require coverage for more than one event, please view the special note at the end of this application. | | | |
| 7. Do you want to Insure: | Gross Revenue  Costs and Expenses | | |
| 8. Is cover required for more than one Event? | Yes  No | | |
| 9. Name of Event: |  | | |
| 10. Type of Event: |  | | |
| E.g.: Exhibition, Marathon, Product Demonstration, Dance, Regatta (Rowing), Garden Show, Dinner, Parade, Cycling, etc. | | | |
| 11. Event Dates: | (dd / mm / yyyy) | To: | (dd / mm / yyyy) |
| 12. Total sum to be insured: |  | Currency: |  |
| NOTE: Your claim will be reduced if you do not insure the total amount of your exposure | | | |

##### VENUE INFORMATION

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| --- | --- | --- | --- |
| 13. Full Address:  Street Address  City, State, Country  Postal Code |  | | |
| 14. Will the Event be: |  | Indoors  Partially Outdoors  Entirely Outdoors with No Stage or Static Performing Area  Entirely Outdoors on a Stage or Static Performing Area with a Roof and **3 Full Sides**  Entirely Outdoors with an Uncovered or only Partially Covered Stage or Static Performance Area | |
| 15. Is the Event site near any watercourse or river and/or has the Event site or Car Parking area been flooded or waterlogged during the last five (5) years at the time of year when the Event is scheduled to take place.  If Yes to either or both points please provide full details. | | | Yes  No |
| 16. What period has been allowed for Venue Preparation / Stage set up (hours) | | |  |
| 17. Will Non-Appearance Coverage be Required?  **NOTE**: If you select ‘No’ you can skip to Page 4. | | | Yes  No |

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| Non-Appearance Section | | |
| **Important**: Coverage provided for non-appearance is subject to a 30 day health warranty for each declared individual detailed in the Certificate. However, non-appearance coverage for declared individual(s) over 70 years old is limited solely to the occurrence of death within 14 days prior to the event. | | |
| 18. Is the Appearance of any professionally engaged artists, entertainers or the like essential to the proposed event going ahead? | Yes  No | |
| 19. Is the Appearance of any professionally engaged sports persons, speakers, or the like essential to the proposed event going ahead? | Yes  No | |
| 20. Is the appearance of persons other than those referred to in **(18)** or **(19)** essential to the proposed event going ahead? | Yes  No | |
| 21. Complete details of each individual to be included for non-appearance. | | |
| NAME | **DATE OF BIRTH** | |
|  | dd / mm / yyyy | |
|  | dd / mm / yyyy | |
|  | dd / mm / yyyy | |
| *\* If coverage for the non-appearance of more than four (4) individuals is requested, please attach a separate schedule.* | | |
| 22. i) Does the declared Sum Insured include the Insured Person(s) Fees?ii) If Yes, are these fees still to be paid if the Insured Person(s) do not appear?iii) If Yes, enter the Insured Person(s) fee amount | Yes  No | |
| Yes  No | |
|  | Currency |
| 23. To your knowledge has the Non-appearance of any named individual resulted in loss (es) during the past 5 years? | Yes  No | |
| 24. Total number of losses for all Insured Persons named above: |  | |
| NOTE: If more than 2 losses full details of all losses will be required. Please provide details below, if applicable. | | |

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| Additional Information | |
| 26. Have all permits, contracts, visas, licences or the like necessary for the Event to be completed successfully been obtained at the time of this Proposal, or will they be obtained before the coverage is bound? | Yes  No |
| 27. Do you wish to purchase Terrorism coverage extended for threat of Terrorism ?  Yes  No | |
| (Note: Terrorism excluding Threat is included in the standard coverage provided) | |
| 28. Number of claims arising from event(s) held in the last 5 years**\*** |  |
| \* Do not re-enter any claims information provided under the Non-Appearance section, if applicable. | |
| NOTE: If more than 2 losses full details of all losses will be required. Please provide details below, if applicable. | |

## *DECLARATION*

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| --- | --- |
| 29. At the date of this Proposal, does the Assured have any knowledge of any circumstances which could give rise to a claim under this proposed insurance?  Please enter full details : | Yes  No |
| 30. Do you have: | Yes  No |
| (a) Any further Material Facts to disclose (Material Facts are those facts which might influence the acceptance or assessment of the Proposal), or  (b) Any Special Non-Standard request for Coverage which you wish Underwriters to consider. | |
| Please enter any Material Facts or special coverage requests below: | |

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| IN ACCEPTING ANY QUOTATION PROVIDED BY RESULT OF THIS PROPOSAL REQUEST, THE ASSSURED WARRANTS THAT ALL INFORMATION AND ANSWERS PROVIDED IN THIS PROPOSAL ARE TRUE AND CORRECT. | |
| **The Assured so Warrants:** | Yes  No |

This proposal form must be signed by the Assured

Assured Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please note when insuring Multiple Events:   1. Please complete the Event Information and Venue Information sections for each event to be insured (Questions 7 – 23). You may reprint additional copies of these pages and add them to the end of this application, or submit multiple requests via email. 2. Whether you have selected gross revenue or costs and expenses, please note that the option selected will apply for all the Events listed. If you have certain Events which require cover for costs and expenses and other Events which require cover for gross revenue, you will need to create one Proposal for the Events requiring gross revenue cover and a separate proposal for those Events requiring costs and expenses cover. |