



<b>Insured:</b>	
<b>Name of Insured:</b>	
<b>Address:</b>	
<b>Town/City:</b>	
<b>State/Country:</b>	
<b>Event Details:</b>	
<b>Name of Event:</b>	
<b>Address:</b>	
<b>Town/City:</b>	
<b>State/Country:</b>	
<b>Type of Event to be Insured:</b>	
<input type="checkbox"/> Music Festival / Performance <input type="checkbox"/> Convention / Conference open to the public <input type="checkbox"/> Convention / Conference not open to the public <input type="checkbox"/> Sporting Events (please describe) _____ <input type="checkbox"/> Other type of Event (please describe) _____	
Has the Event been held before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Event open to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Event Dates:</b>	
Event from Date: _____ Event to Date: _____	
<b>Adverse Weather:</b>	
Will the Event be held wholly or partly in the open air, in a tent, marquee or a temporary structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cover required for the effects of Adverse Weather?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Event Venue or any area critical to the Event have any history of flooding or exposure to strong winds?	<input type="checkbox"/> Yes <input type="checkbox"/> No



### Limits of Indemnity:

Please provide the following financial information for your Event:

100% Estimated Gross Revenue:

100% Budgeted Costs and Expenses:

\_\_\_\_\_

\_\_\_\_\_

Please select the basis of Indemnity you require:  Gross Revenue  Cost and Expenses

### Non Appearance:

Is coverage required for Non Appearance:  Yes  No

**Please note the policy contains a pre-existing medical condition exclusion**

### Type of Non Appearance coverage required:

#### Key Speaker

1. First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**If there are more than 3 persons to be insured please attach additional names and dates of birth in the space provided**

Is any Key Speaker a member of a royal family or serving/former head of state?  Yes  No

#### Individuals or Group of Individuals

1. First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**If there are more than 3 persons to be insured please attach additional names and dates of birth in the space provided**

Simultaneous Non-Appearance for 25% or more of Participants due to Common Accident or Common Illness

Yes  No

Please confirm the number of performers in total \_\_\_\_\_



**General Information:**

- Will all contractual arrangements necessary for the successful fulfillment of each Event be made and confirmed in writing in a prudent timely manner prior to the start of the Event?  Yes  No
- Has any Event to be insured had any incidents that could have resulted or did result in a loss which would have been covered under this Insurance during the past three years?  Yes  No
- Is the Insured aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect any Event and might result in a claim under the proposed Insurance?  Yes  No

**Specific Non Standard Coverage:**

- Does the Insured have any specific non-standard coverage requirements?  Yes  No
- If yes please describe on a separate document.

**Declaration:**

Following all due enquiries with and by the Insured I can confirm that to the best of the Insured(s) knowledge and belief the information provided in connection with this proposal is true and the Insured has disclosed any and all material facts. The Insured understands.

**a material fact is one likely to influence a reasonable underwriter in determining (a) whether or not to accept the risk; and/or (b) the level of the premium; and/or (c) the terms, conditions and limitations of the certificate.**

**If you are in any doubt as to what constitutes a material fact than please tick no.**  Yes  No

**Any Additional Information:**

Empty box for additional information.

Please sign and date this proposal form:

\_\_\_\_\_