Event Cancellation and
Non-Appearance Proposal Form

sportvers
Horst Graef
Pfarrer-Bunz-Str. 37
72770 Reutlingen
T: +49 (0)7121 1594110
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Insured:	
Name of Insured:	
Address:	
Town/City:	
State/Country:	

Event Details:	
Name of Event:	
Address:	
Town/City:	
State/Country:	

Type of Event to be Insured:

☐ Music Festival / Performance

☐ Convention / Conference open to the public

☐ Convention / Conference not open to the public

☐ Sporting Events (please describe) _____

☐ Other type of Event (please describe) _____

Has the Event been held before? ☐ Yes ☐ No

Is the Event open to the public? ☐ Yes ☐ No

Event Dates:

Event from Date: _____ Event to Date: _____

Adverse Weather:

Will the Event be held wholly or partly in the open air, in a tent, marquee or a temporary structure? ☐ Yes ☐ No

Is cover required for the effects of Adverse Weather? ☐ Yes ☐ No

Does the Event Venue or any area critical to the Event have any history of flooding or exposure to strong winds? ☐ Yes ☐ No

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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 _____

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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) wheather 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:	

Please sign and date this proposal form: