

PROPOSAL FOR CONTINGENCY CANCELLATION & ABANDONMENT & NON-APPEARANCE INSURANCE

1.	1.1	Name of Proposer(s)	
	1.2	Full Address of Proposer(s)	
	1.3	What is the usual business of the Proposer(s)?	
	1.4	How long engaged therein?	
2.	2.1	Type of performance(s) or event(s) to be insured	
	2.2	Title of performance(s) or event(s) to be insured	
	2.3	Has this performance(s) or event(s) been held before?	
	2.4	What is the involvement(s) of Proposer(s) in the performance(s) or event(s)?	
	2.5	What is the experience of the Proposer(s) in this capacity?	
	2.6	Is/are the performance(s) or event(s) part of a larger production, promotion, series or tour? If yes, give full details	

- 3. 3.1 Date of the event / /
- 3.2 Name of Venue
- 3.3 Name of Performance or Event

If more than one performance or event a full itinerary is required showing times, dates, capacities and exact venues for all performance(s) or event(s)

- 3.4 When would you like the insurance to commence? / /

(N.B. Any insurance offered as a result of this proposal cannot commence before the date of Underwriters final acceptance)

- 4. If the proposed performance(s) or event(s) take place at more than one venue, what method of transit will be used:

- 4.1 by the Insured Person(s)?
- 4.2 for equipment or items essential to the performance(s) or event(s)?

- 5. 5.1 Has sufficient allowance been made for:

- 5.1.1 travel delay? Yes No
- 5.1.2 set up time? Yes No

- 5.2 What allowance in the itinerary has been made for:

- 5.2.1 Stand-by dates?
- 5.2.2 Stand-by/replacement staging?

- 6. 6.1 Will any performance(s) or event(s) be held in the open air or a temporary structure? If yes, give full details below Yes No

- 6.2 Is the stage or area in which the performer(s) work(s) under cover? If yes, give full details below Yes No

6.3 Is cover required for cancellation or abandonment as a result of adverse weather? Yes No

6.4 Is/are the venue(s) exposed to wind, flood or water logging? If yes, give full details below. Yes No

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7. FOR THE PURPOSES OF ANY INSURANCE GRANTED AS A RESULT OF THIS PROPOSAL COVER SHALL BE LIMITED TO THE INDIVIDUAL(S) OR GROUP(S) NAMED IN THE SCHEDULE ATTACHED TO THE POLICY.

Supply (all) person(s) to be insured:-

Name	Date of Birth
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

8. Give details of any previous non-appearance of person(s) to be insured, or any other losses whether insured or not

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9. Has any provision been made for Understudies, Substitutes or Stand-by? If yes, give full details below Yes No

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10. BEFORE ANSWERING THE FOLLOWING QUESTIONS THE PROPOSER SHOULD CONSULT THE PERSON(S) TO BE INSURED WHO MAY BE REQUIRED TO UNDERGO AN INDEPENDENT MEDICAL EXAMINATION

10.1 Is/are the person(s) to be insured suffering from any physical, psychological or other medical condition? If yes, give full details below. Yes No

10.2 Is/are the person(s) to be insured undergoing any form of medical or other treatment? If yes, give full details below Yes No

10.3 Is/are the person(s) to be insured following any prescribed medical regime or otherwise? If yes, give full details below. Yes No

11. BEFORE ANSWERING THE FOLLOWING QUESTIONS YOUR ATTENTION IS DRAWN TO THE FACT THAT THE INSURANCE WILL CONTAIN WARRANTIES REGARDING NECESSARY ARRANGEMENTS AND CONTRACTUAL REQUIREMENTS

11.1 Have all necessary arrangements for the successful fulfilment of the performance(s) or event(s) to be insured been made? If no, give full details below. Yes No

11.2 Have all necessary licences, visas, permits been obtained and have all contractual arrangements been confirmed in writing? If no, give full details below. Yes No

12. 12.1 What limit of indemnity is required?

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12.2 Give details of budget:-

Items	Amount
Costs	
Expenses	
Commitments	
Guarantees	
Fees	
Commission(s)	
Sponsorship	
Advertising	
Promotion Costs	
a) T.V. rights b) Other rights	a) b)
Other items not included above <small>(give full details)</small>	
Profit	

12.3 Do these sums represent the full extent of your financial responsibilities? If no, give full details below. Yes No

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13. 13.1 If the performance(s) or event(s) has been held before, under the present management or any other, has there ever been a loss (whether insured or otherwise)? If yes, give full details below Yes No

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13.2 Has the Proposer(s) ever suffered a loss (whether insured or otherwise) in respect of their involvement in any type of performance(s) or event(s)? If yes, give full details Yes No

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14. 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 loss under this insurance? If yes, give full details below? Yes No

15. **Conditions of Quotation**

Any quotation provided by Insurers as a result of this proposal will be subject to:-

15.1 final acceptance by the Proposer(s) and then Insurers 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 Insurers of any change in the information supplied occurring prior to the inception date of any insurance cannot be cancelled

15.3 Insurers having no obligation to accept the risks if there has been any happening or circumstance, whether advised by the Proposer(s) or otherwise, arising prior to acceptance by Insurers which increases or could increase the possibility of a loss or in any way materially alters the risk as quoted. However, Insurers 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 Insurer in determining:*

- a. whether or not to accept a risk
- b. the premium
- c. the terms, conditions, exclusions and limitations

15.5 a. any Proposer(s), who acts on behalf of others being deemed to have obtained and declared all the information provided after making inquiry of each of them; this condition only applies to any intermediary
b. the Proposer(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 18.7 below

15.6 the Proposer(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Insurers' 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 Insurers

15.7 *the Proposer(s) paying the premium with acceptance of the quotation, If (in accordance with 15.1 above) Insurers do not accept the risk the premium will be returned.*

DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact* will entitle Insurers to avoid the Insurance.

*** (N.B. A material fact is one likely to influence acceptance or assessment of the proposal by Insurers. 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 to complete or Insurers to accept this insurance but the Proposer agrees that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I, the Proposer, accept these conditions as the Proposed Assured or agent of the Proposed Assured and that all quotations and any subsequent Insurance will become null and void if any of the foregoing conditions are breached.

Signature:

Date:

Name:

Position:

IF THE ORGANISER OF THE EVENT(S) IS OTHER THAN THE PROPOSED ASSURED THEN THIS PROPOSAL MUST ALSO BE SIGNED BELOW BY THE ORGANISER.

Signed for and on behalf of the organiser by:

Signature:

Date:

Name:

Position: