

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 ABN: _____

1.3 Address: _____

1.4 Contact Phone Number: _____

1.5 Email Address: _____

1.6 What is the usual business of the proposer? _____

1.7 What year was the business established? _____

1.8 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 events(s) to be insured: _____

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2.3 Has this performance (s) or event(s) been held before? YES NO

If Yes, please give full details: _____

2.4 What is the involvement of the Proposer(s) in the performance(s) or event(s) please circle below:

ORGANISER **PROMOTER** **MANAGER** **ARTIST** **SPONSOR** **OTHER**

If **OTHER**, please give full details: _____

2.5 How many years experience does the Proposer(s) have in this capacity? _____

2.6 Has this performance (s) or event(s) been held before? YES NO

If Yes, please give full details: _____

3. Date(s) and name of venue(s) of performance (s) or event(s):

DATE	VENUE	CITY/COUNTRY	PERFORMANCE/EVENT	STANDBY 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

5. Has any provision been made for understudies, substitutes or stand-bys? **YES** **NO**

If Yes, please give full details: _____

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, please give full details: _____

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

YES **NO** If Yes, please give full details: _____

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

YES NO If Yes, please 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, please 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, please 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

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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, please give full details: _____

8.2 Is the stage or area in which the performers work under cover? **YES** **NO**
If Yes, please give full 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 <input type="checkbox"/>	No <input type="checkbox"/>
Liable to flooding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ever been flooded	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Near any water courses **Yes** **No**
e.g. rivers / lakes / etc.

Significantly exposed to wind **Yes** **No**
 or rain

If any answer to Question iv) is YES, please give full details and attach descriptive brochure if available:

- Has the Venue land any underground natural reservoir or aquifer? **Yes** **No**
 - Please state the water level therein (Full, half full etc) _____
 - Are there any hard standing access roads within the site? _____
 - Is / are the entrance(s) and exit(s) hard standing? _____
 - Is the Car Parking area situated on hard standing? _____
 - Are there separate entrances and exits for Event set up and visitor traffic? _____
-

BUSHFIRE/FOREST FIRE

8.4 Do you require cover for Bushfires? **Yes** **No**

If Yes, has the location at which the event is due to take place

8.4.1 Experienced an outbreak of bush/forest fire, OR

8.4.2 Been subject to a Code Red alert in the last 3 years?

Yes **No**

If Yes, please give full details: _____

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9. Have written contracted been signed:

9.1 For the hire of the venue(s) shown in question 3? Yes No

9.2 For the appearance of all the persons shown in question 5? Yes No

If either is no, please give full details: _____

10. Have all other contractual arrangements necessary for the successful fulfilment of the performance(s) or event(s) been made and confirmed in writing? Yes No

If no, please give full details: _____

And, have all necessary licences, visas and permits and authorisations been obtained? Yes No

If no, please give full details: _____

11.

11.1 Limit of Indemnity

Currency

EXPENSES	AMOUNT		GROSS REVENUE	AMOUNT
Costs			Gate/Ticket Sales	
Commitments			Programme Sales	
Guarantees			Merchandising	
Fees			Fees	
Commissions			Commission	
Sponsorship			Sponsorship	
Advertising			Advertising	
Promotional			Concessions	
Broadcasting			Broadcasting	
Other items			Other Items	

TOTAL: _____

TOTAL: _____

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11.2 Do these sums represent the full extent of your financial responsibilities? **Yes** **No**

If no, please 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 no, please 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, please 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, please give full details: _____

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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.

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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.

Declared and signed by:

Name: _____

Position: _____

Signature: _____

Date: ____/____/____