

Application for Event Insurance

If cover is required for more than one event please complete a separate form for each event.

PROPOSER CONTACT INFORMATION

1. Insured Name:	
2. Contact Name:	
3. Insured Address: Street Address City, County Post Code	
4. E-mail:	
5. Telephone:	
6. Website Address for event (if applicable):	

EVENT INFORMATION

NOTE: If you require coverage for more than one event, please view the special note at the end of this application.

7. Name of Event:			
8. Event Category e.g. Non-Sport, Sport			
9. Type of Event: e.g.: Exhibition, Marathon, Product Demonstration, Graduation Ceremony etc.			
10. Event Dates:	(dd / mm / yyyy)	To:	(dd / mm / yyyy)
11. Total sum to be insured:		Currency:	
12. Please select the option to be covered:	<input type="checkbox"/> Gross Revenue <input type="checkbox"/> Costs and Expenses		

VENUE INFORMATION

13. Full Address: Street Address City, County Post Code		
14. Will the Event be:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Indoors Partially Outdoors Entirely Outdoors with either i) a Fully Covered Stage or ii) Where No Stage Area exists Entirely Outdoors with Uncovered Stage
15. What period has been allowed for Venue Preparation / Stage set up (hours)		
16. Will Non-Appearance Coverage be Required? If so who...	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NON-APPEARANCE

<p>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.</p>	
17. Is the Appearance of any professionally engaged artists, entertainers or the like essential to the proposed event going ahead?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the Appearance of any professionally engaged sports persons, speakers, or the like essential to the proposed event going ahead?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is the appearance of persons other than those referred to in (17) or (18) essential to the proposed event going ahead?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Complete details of each individual to be included for non-appearance coverage indicated in (17), (18) or (19) above.	
NAME	DATE OF BIRTH
	dd/mm/yyyy
	dd/mm/yyyy
	dd/mm/yyyy
21. Do the sum(s) to be insured declared on the preceding page include fees for the Insured Person(s) which will not be payable in the event of their non-appearance? If so, for each declared Event please detail these fees in the dialogue box below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. After due investigation, has the non-appearance of any named individual resulted in claim(s) under Event Cancellation Insurance during the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Total number of losses for all Insured Persons named above:	
<p>NOTE: Please provide details below, if applicable.</p> <ul style="list-style-type: none"> ▪ 	

ADDITIONAL INFORMATION

24. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is Terrorism Coverage Required for Event Cancellation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Number of claims arising from event(s) held in the last 5 years*	
* Do not re-enter any claims information provided under the Non-Appearence section, if applicable.	

DECLARATION

27. At the date of this Proposal, do you have any knowledge of any circumstances which could give rise to a claim under this proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do you have:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	

I/We declare that the statements and particulars contained in this questionnaire are correct to the best of my/our knowledge.

Signed (name):

Date:

Signature:

As part of this Proposal, if you need to attach any document for Underwriter's review, please attach or enclose these with your completed form.