

Event Insurance Application

Your details

1. Name:
2. Address:
3. State
4. Zip code
5. Policy currency:

Event details

6. Type of event (eg conference, festival, American football etc:)
7. Event name:
8. Venue:
9. City / State
10. Country
11. Event start date: MM/DD/YYYY
/ /
12. Event end date: MM/DD/YYYY
/ /
13. Has this event been held before? Yes No
14. Is this event open to the public? Yes No

Event cancellation

15. Please enter the budget information for this event and tick to confirm the basis on which you wish to insure:
 - a) 100% Gross Revenue (Total Income):

** Please note that if the event has not been held before, revenue cover is limited to pre-contracted gross revenue only (money secured in advance of the event such as pre sold tickets)*
 - b) 100% Costs and Expenses:
16. Where does this event take place? (Please Tick One)

Predominantly* Indoors	Predominantly* outdoors	Predominantly* in temporary structures
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*Predominantly means more than 75% of the event
17. If outdoors or in temporary structures, is cover required for the effects of adverse weather? Yes No
18. If yes to 17, can the event go ahead in continuous moderate rainfall and wind speeds of up to 30mph/50kmh? Yes No
19. Does the event site have any history of flooding or water logging? Yes No
20. Has this event ever had any losses as a result of adverse weather, whether insured or not? Yes No
21. Will any stages, marquees or temporary structures be covered on three sides and above, with all electrical equipment protected from weather? Yes No

Non appearance (Only complete if non-appearance cover is required)

22. Is non-appearance cover required? Yes No

23. Type of non-appearance cover required?

- a) Key speaker (key speakers, presenters, hosts involved in a speaking only role)
If so, please complete Question 24
- b) Individual/Group (performers, groups or entertainers)
If so, please complete Question 24
- c) Simultaneous (Covers 25% of participants* due to Common Cause)
If so, please complete Question 25

**Participants are defined as players, athletes, performers or other groups of individuals who are contracted to perform at the event and whose performance is critical to its successful fulfilment*

24. Key speaker/Performer details

Name	Date of birth MM / DD / YYYY	Is this person a serving/former Head of State/President or member of the Royal Family?
		Yes
	/ /	
	/ /	
	/ /	
	/ /	

25. Are there 20 or more participants* in total? Yes No

Event cancellation

26. 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

27. 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 5 years? Yes No

28. Are you 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

Additional information

Please provide any additional information to support your application:

Declaration

To the best of Your knowledge and belief and having diligently made all necessary inquiries, the information provided in connection with this proposal, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that non-disclosure or misrepresentation of a material fact will entitle Us to void the Insurance.

NOTE: * A material fact is one likely to influence acceptance or assessment of this Proposal by Us. If You are in any doubt as to what constitutes a material fact You should consult Your Broker.

It is understood that the acceptance of this non binding indication does not bind You to complete or Us to accept this Insurance, but You agree that, should a contract of insurance be concluded, this non binding indication 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.

Yes No

Signature

I/We declare that the information provided above and in all appending sections is true to the best of My/Our knowledge.

Signature:

MM / DD / YYYY

Position:

Date: / /