



LLOYD'S

Additional Questionnaire for NON APPERANCE

PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED.

1. Please refer to the policy wording to determine the extent of coverage offered. The numbers in brackets relate to the optional perils specified in the policy wording.

What perils are required?

- 1.1 Death 1.2 Accidental Bodily Injury & Illness 1.3 Unavoidable Travel Delay
- 1.4 Venue Damage 1.5 National Mourning 1.6 Other Perils

2. 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
-----------------------	---------------	--------------------

3. Has any provision been made for understudies, substitutes or stand-bys?

YES NO

If yes, give full details:

4. The proposer shall consult the person(s) detailed in question 2 before answering the following.

Is any person to be insured suffering from any physical, mental or medical condition?

YES NO

If yes, give full details:

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

If yes, give full details:

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

If yes, give full details:



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?

If yes, give full details:

Have any of the persons to be insured stated in question 2 any history of non-appearance whether or not it resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of an Event?

If yes, give full details:

5. What method of transportation will be used?

By the person(s) to be insured?

For equipment or items essential to the Insured Performance(s) or Event(s)?

Is the means of transportation to be used customised or adapted for the purpose? If yes, is an alternative means of transportation available?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

6. Have written contracts been signed:

For the appearance of all the persons shown in question 2? If the answer is no, give full details.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Have all necessary licences, visas and permits and authorisations for the Insured Person(s)

If no, does the Proposer(s) undertake to make all such remaining contractual arrangements in a prudent and timely manner and ensure they are confirmed in writing prior to the relevant Insured Event(s)?

If no, please provide full explanation
