



LLOYD'S

Proposal Form for Lloyd's Contingency Cancellation Insurance

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. WHERE THERE IS REFERENCE TO A DEFINED TERM IN THIS PROPOSAL FORM THESE ARE OUTLINED IN FULL IN THE APPLICABLE INSURANCE POLICY WORDING. FOR FURTHER DETAILS PLEASE CONTACT YOUR INSURANCE BROKER OR INSURER AS APPROPRIATE.

1. Name of Proposer(s):

Address:

Telephone No:

E-Mail address:

What is your usual business (s)?

How long have you been in this business?

2. What is your role in the Insured Event(s)?

If you are not the organiser, what is your role?

3. Title or name of Insured Event(s):

Type of event(s) to be insured:

Please provide a brief description of the Insured Event(s):

Time and Date of Insured Event(s):

Time and date when Set Up of Insured Event(s) begins:

Name of Venue(s):

Address:

Including Postcode(s) code:

For how long could the start of Insured Event(s) be delayed?

Please provide full details:



Event Web Site :

YES NO

Has the Insured Event(s) been held before?

If yes, please provide full details:

Is the Insured Event(s) part of a larger production, promotion, series or tour?

If yes, please give full details:

In order to mitigate a loss to this insurance is rescheduling / postponement possible for each Insured Event?

If no, please explain why:

4. a) Will the Insured Event(s) be held wholly or partly in the open air, in a marquee or in a temporary structure?

YES

NO

If yes, what proportion will be held in:

- i) the open air
- ii) marquee/tent
- iii) other temporary structure

If event(s) are to be held wholly or partly in the open air, in a marquee or in a temporary structure, would the Proposer(s) like Underwriters to consider offering terms to include the effect of adverse weather?

If yes, please complete Outdoor Event Appendix A





b) Will the non-appearance of any Person cause Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event? YES NO

If yes, would the Proposer(s) like Underwriters to consider offering terms for the Non Appearance of those persons? YES NO

If yes, please complete Non Appearance Appendix B

5. Will the Proposer(s) have a signed written contract for the lease or hire of Venue(s) prior to inception of this Insurance? YES NO

If no, please provide full explanation

Have all other contractual arrangements necessary for the fulfilment of the Insured Event(s) been made and confirmed in writing? YES NO

If no, please provide full explanation

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)? YES NO

If no, please provide full explanation

Have all necessary licences, visas, permits and authorisations been obtained? YES NO

If no, please provide full explanation:

6. Please attach a budget sheet for Expenses and Gross Revenue or alternatively please complete the Budget form below. Please show currency.

| Expenses | Amount | Gross Revenue | Amount |
|----------------------------|--------|----------------------|--------|
| 1. General Administration | | 1. Gate/ticket sales | |
| 2. Printing, promotion and | | 2. Programme sales | |





advertising

3. Venue hire

4. Facilities and equipment rental

5. Communications costs

6. Sponsorship

7. Wages, salaries and benefits

8. Broadcasting and T.V. rights

9. Insurance other than insured
Hereon

10. Other items not included above
(Give details)

3. Merchandising

4. Fees

5. Commissions

6. Sponsorship

7. Advertising

8. Concessions

9. Broadcasting and T.V.
rights

10. Other items not included
above

(Give details)

Total

Total

For information only, the amount by which Budgeted Gross Revenue exceeds Budgeted Expenses will represent the Proposer's Budgeted Net Profit (see below)

The Proposer(s) may elect to insure either the Total Expenses or the Total Gross Revenue

Please indicate your preference by ticking the box below.

Total Expenses Total Gross Revenue Other

If you wish Underwriters to consider insuring a different Limit of Indemnity, please tick other and provide an explanation of what this represents.

7. Does any other party have an interest in the Gross Revenue? YES NO
If yes, please provide details:





8. What Proportion of Tickets are sold / Revenue generated in advance of the Insured Event? %

Do you have in place a Ticket Refund Policy?

YES

NO

If yes, please provide details:

If no, then what system do you have in place?

9. Has any event in which the Proposer(s) was/were involved (in managing) had any incident that resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event?

YES

NO

If yes, please give full details:

10. Has the Insured Event(s) (under the present or any other management) had any incident that resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event?

YES

NO

If yes, please give full details.

11. Are you aware of any matter, fact, circumstance or incident existing or threatened that might reasonably result in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event(s)?

YES

NO

If yes, please give full details.





12. Loss payee (if other than Proposer(s) stated in question 1)

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 may become null and void if any of the foregoing conditions are breached.

Signature:

Date:

Name:

Position: