



CONTINGENCY CANCELLATION & ABANDONMENT AND NON-APPEARANCE INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

1. (a) Name of Proposer(s)

(b) Mailing Address and Telephone nos. of Proposer(s)

(c) What is the usual business of the Proposer(s) and how long engaged therein?

2. (a) Type of performance(s) or event(s) to be insured.

(b) Title of performance(s) or event(s) to be insured.

(c) Has this/ have these performance(s) or event(s) been held before?
If so, how often?

(d) What is/ are the involvement(s) of Proposer(s) in performance(s) or event(s) and what is/are the experience of the Proposer(s) in the capacity?

(e) Is/ Are the performance(s) or event(s) part of a larger production, promotion, series or tour? If yes, state which?

3. (a) Date(s) and venues of performance(s) or event(s).

If more than one performance or event, a full itinerary is required showing times, dates and exact venues of all performance(s).

(b) When would you like the insurance to commence?

Any insurance offered as a result of this proposal cannot commence before the date of Underwriters' final acceptance.

4. If the proposed event is a tour, what will be the method of transport used by?

(a) Insured person(s)?

(b) Equipment?

5. What allowance in the itinerary has been made for

(a) Travel delay?

(b) Set up time?

(c) 'Stand-by' dates?

6. (a) Will any performance(s) or event(s) be held in the open air or a temporary Structure?

(b) Is the stage or area in which the performer(s) work(s) under cover?
If yes, give full details.

(c) Is cover required for cancellation or abandonment as a result of adverse weather?

(d) Is/ are the venue(s) exposed to wind, flood or water logging?
If yes, give full details.

Questions 7, 8, 9 and 10 need only be answered if Non-Appearance Cover is being requested

FOR THE PURPOSE OF ANY INSURANCE GRANTED AS A RESULT OF THIS PROPOSAL, COVER SHALL BE LIMITED TO THE INDIVIDUAL(S) OR GROUP(S) NAMED IN THE SCHEDULE ATTACHED TO THE POLICY

7. Details of (all) person(s) to be insured. Name(s), age(s) and participation. (Attach sheet if required)

8. Has any person to be insured has any history of non-appearance? If yes, give full details on an attached sheet

9. Has any provision been made for Understudies or Substitutes? If Yes, give full details.

Answers to question 10 should only be made after consultation with person(s) to be insured. Underwriters may require this / these person(s) to undertake a medical Examination.

10. (a) Is/ are the person(s) to be insured suffering from any physical, psychological or other medical conditions? If yes, give full details.

(b) Is / are the person(s) to be insured undergoing any form of medical or other treatment? If yes, give full details.

(c) Is/ are the person(s) to be insured following any prescribed medical regime? If yes, give full details.

11. (a) Have all necessary arrangements for the successful fulfillment of the performance(s) or event(s) to be insured been made? If not, give details.

(b) Have all necessary licenses, visas, permits been obtained and have all contractual arrangements been confirmed in writing? If not, give details.

12. (a) What limit of indemnity is required?

(b) Give details of budget

1. Costs	:	_____	7. Sponsorship	:	_____
2. Commitments	:	_____	8. Advertising	:	_____
3. Guarantees	:	_____	9. Promotion Costs	:	_____
4. Expenses	:	_____	10. a) T.V. rights	:	_____
5. Fees	:	_____	b) Other rights	:	_____
6. Commission(s)	:	_____	11. Other expenses	:	_____

Net Profit:

TOTAL:

(c) Do these sums represent the full extent of your financial responsibilities? If not, give details.

13. (a) If the performance(s) or event(s) has / have been held before under the present management or any other, has there ever been a loss? If yes, give full details.

(b) Has/ have the Proposer(s) ever suffered a loss whether insured or otherwise in respect of his / their involvement in any type of performance(s) or event(s)? If yes, give full details.

14. Are there any other material facts or items or information with regard to the proposed performance(s) or event(s) which should be disclosed? (A material fact is only likely to influence acceptance or assessment of this proposal by Underwriters.)

DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts*. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void this insurance.

*A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters

I understand that the signing of this proposal does not bind me to complete or underwriters to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Proposer's Name: _____

Position: _____

Signature: _____

Date: _____