

# Event Cancellation Insurance Proposal

Proposer's name		
Mailing Address		
Phone	Cell	Email Address

## Event Description

1. What is the usual business of the Proposer(s) and how long engaged therein?
  
2. (a) Briefly outline the type of performance(s) or event(s) to be insured.
  
- (b) What is the 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 this 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) What is/are the date(s) and venue(s) 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 performances).
  
- (b) When would you like the insurance to commence?  
 (N.B. 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?

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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? If yes, please advise what degree of adverse weather will cause cancellation.
- (d) Is/are the venue(s) exposed to wind, flood or waterlogging? If yes, give full details.

**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.**

*(N.B. Questions 7,8,9 and 10 need only be answered if non-appearance cover is being requested)*

7. Details of (all) person(s) to be insured. Name(s), age(s) and participation.
8. Has any person to be insured any history of non-appearance? If yes, give full details.
9. Has any provision been made for Understudies or Substitutes? If yes, give full details.

*(N.B. 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.)*

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**BEFORE ANSWERING THE FOLLOWING QUESTION YOUR ATTENTION IS DRAWN TO THE FACT THAT THE INSURANCE WILL CONTAIN WARRANTIES REGARDING NECESSARY ARRANGEMENTS AND CONTRACTUAL REQUIREMENTS.**

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10. (a) Have all necessary arrangements for the successful fulfilment of the performance(s) or event(s) to be insured been made? If no, give details.

(b) Have all necessary licences, visas, permits been obtained and have all contractual arrangements been confirmed in writing? If no, give details.

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

(b) Give details of budget:

Costs  
Commitments  
Guarantees  
Expenses  
Fees  
Commission(s)  
Sponsorship  
Advertising  
Promotion Costs  
T.V. Rights  
Other Rights (please detail)

Other Expenses  
Net Profit  
Total

(c) Do these sums represent the full extent of your financial responsibilities? If no, give details.

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12. (a) If the performer(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.

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

## Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here. **Please give details below.**

**THE COMPANY RESERVES THE RIGHT TO DECLINE ANY PROPOSAL OR TO IMPOSE SPECIAL TERMS.**

I DECLARE that, to the best of my knowledge and belief, the information provided in this application, which I have read over and checked, is true and complete.

I AGREE and ACKNOWLEDGE that this application forms the basis of the contract between me and the Company. I have withheld no information material to the Application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.

I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Proposer

Signature of Underwriter

Date (DD/MM/YYYY)