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 the usual business of the Proposer(s)?

   How long engaged therein?

   You have the right to request that this Insurance be governed and construed in accordance with the law of the country most relevant to the subject matter and that the courts of that country will have jurisdiction in any dispute arising under, out of or in connection with this Insurance.

   If you have any preference, please state the law and court which you believe should apply together with your reasons, and the Underwriters will consider the possibility of applying that Law.

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

   If the "Proposer(s)" is not the organiser, who is organising the event(s)?

   What is the extent of the "organiser's" experience in this capacity?

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)/Zip code:

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

   Please provide full details:

	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:		

	YES	NO
4. a) Will the Insured Event(s) be held wholly or partly in the open air, in a marquee or in a temporary structure?	☐	☐
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?	☐	☐
If yes, would the Proposer(s) like Underwriters to consider offering terms for the Non Appearance of those persons?	☐	☐
If yes, please complete Non Appearance Appendix B		

	YES	NO
5. Will the Proposer(s) have a signed written contract for the lease or hire of Venue(s) prior to inception of this Insurance?	☐	☐
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?	☐	☐
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)?	☐	☐
If no, please provide full explanation		

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

If no, please provide full explanation:

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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 advertising		2. Programme sales	
3. Venue hire		3. Merchandising	
4. Facilities and equipment rental		4. Fees	
5. Communications costs		5. Commissions	
6. Sponsorship		6. Sponsorship	
7. Wages, salaries and benefits		7. Advertising	
8. Broadcasting and T.V. rights		8. Concessions	
9. Insurance other than insured Hereon		9. Broadcasting and T.V. rights	
10.Other items not included above (Give details)		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.

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

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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?

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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:

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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.

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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.

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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:

LLOYD'S **Appendix A Outdoor Event**

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. Describe any weather and / or ground conditions which could cause the Insured Event(s) to be cancelled, abandoned, postponed, curtailed or interrupted or resultant costs:

	YES	NO
2. Has the Insured Event(s) been held before?	☐	☐

If yes, how many times:

a) in all?

b) at this location?

c) at this time of year?

	YES	NO
3. Has the Insured Event(s) ever been affected by adverse weather and / or unsuitable ground conditions?	☐	☐

If yes, please:

a) give details

b) provide detail of any measures that have been taken to prevent the situation reoccurring?

	YES	NO
3. Have any drainage or ground improvements been made to the event Venue (including car parks or camping grounds) in the last 10 years?	☐	☐

Please consult with name of owner.

If yes, please give details:

	YES	NO
4. a) Does the Insured Event(s) take place on tarmac, hard standing or similar surface?	☐	☐

If no, what contingency plans are in place in the event of adverse weather and / or ground conditions?

b) Is the car parking on tarmac, hard standing or similar surface?	☐	☐

If No, what contingency plans are in place in the event of adverse weather and / or ground conditions?

	YES	NO
5. Are camping grounds required / provided for the Insured Event(s)?	☐	☐

If yes, what contingency plans are in place in the event of adverse weather and / or ground conditions?

	YES	NO
6. Has any part of the event Venue (including car parks or camping grounds) been flooded or waterlogged or affected by Adverse Weather conditions during the last five (5) years?	☐	☐

Please consult with owner.

If yes, please give detail:

7.	Has any event held at this location ever been affected by adverse weather and / or ground conditions? Please consult with owner. If yes, please give details:	YES ☐	NO ☐
8.	Are there any other events scheduled to take place at the event Venue in the 6 months directly before or after the event? Please consult with owner. Please provide details:	YES ☐	NO ☐
9.	Is there an Event Management Plan for this Event? If yes, please provide a copy to Underwriters	YES ☐	NO ☐

LLOYD'S **Appendix B Non Appearance**

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)?

	YES	NO
Is the means of transportation to be used customised or adapted for the purpose?		
If yes, is an alternative means of transportation available?	☐	☐

6. Have written contracts been signed:

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