

Event Insurance Proposal



PLEASE COMPLETE THE PROPOSAL FORM SECTION OF THIS DOCUMENT FOR ALL CLASSES AND THE SEPARATE APPENDIX(ES) AS APPLICABLE FOR:

- APPENDIX 1 CANCELLATION AND ABANDONMENT;
- APPENDIX 2 OUTDOOR EVENTS QUESTIONNAIRE for Cancellation insurance for any outdoor Event;
- APPENDIX 3 NON-APPEARANCE;
- APPENDIX 4 LIABILITY;

The proposer(s) must give a fair presentation of the risk to be insured by disclosing every material circumstance which the proposer knows or ought to know. **A circumstance is material if it would influence the judgement of a prudent underwriter as to whether to accept the risk, or the terms of the insurance (including premium).** For these purposes, the proposer knows material circumstances which are known to its senior management, or anybody responsible for arranging its insurance. The proposer also knows material circumstances which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The proposer should therefore conduct a reasonable search of such information. The proposer must disclose all material circumstances known to it in a reasonably clear and accessible way, whether or not they are the subject of a specific question in this proposal form and any appendices ('proposal form').

Please answer all questions fully. 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 certificate wording which will be supplied upon request.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, please contact your insurance broker or Worldwide Special Risks as appropriate.

IMPORTANT NOTICE

This Proposal Form is not designed for the use of Consumers i.e. private individuals acting for purposes outside their trade, business, or profession. If you are a Consumer, please request the Proposal Form specifically designed for your needs.

(Please complete Questions 1 to 11 plus the Declaration on Proposal Form Page 4 for all classes of insurance being proposed, plus the applicable Appendix(es).

1. Name of Proposer: _____

Address: _____

Occupation: _____

Daytime Telephone: _____ Email: _____

Does the annual turnover or balance sheet of the Proposer exceed 2 million euros? Yes No

Does the Proposer employ fewer than 10 persons? Yes No

You have the right to request that the 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 the 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. If nothing is stated here, the Laws of England and Wales will apply.

Country(ies): _____

2. State interest of the Proposer (i.e. the person to be indemnified) in the Event(s) to be insured (e.g. organiser)

3. The Event(s) Organiser's details (if other than Proposer) _____
 Name: _____
 Address: _____

 Occupation: _____
 Daytime Telephone: _____ Email: _____
4. State the experience of the Organiser of this Event with events of the type and size proposed _____

5. Has the Proposer ever been
- a) declared bankrupt? Yes No
- b) disqualified from being a Company director? Yes No
- c) involved as an owner, director or partner with any Company that went into receivership, administration or liquidation? Yes No
- d) convicted (or charged but not tried) of any criminal offence involving dishonesty of any kind? Yes No

EVENT DETAILS

If more than one Performance or Event is to be insured please attach a full itinerary showing The Title of the Performances or Events, Period at each Venue, actual Dates of Events, exact Venues (including whether Indoor, in a Temporary Structure or Outdoor uncovered) and the value to be insured of all such Performances or Events that are to be insured

6. State:
- a) The title of the Event(s) _____
- b) The full description of Event(s) _____
- c) The Venue(s) of the Event(s) _____
- d) The full address & postcode(s) of the Event(s) _____
 _____ Post / Zip code(s) _____
7. a) Period at Venue(s) From: _____ to: _____ (both days inclusive) *(including the set up and get out time)*
 b) Date(s) of the Events From: _____ to: _____ (both days inclusive)
8. Has/have the Event(s) been held before, under present management or any other? Yes No
 If YES, give full details _____

9. Has/have the Event(s) ever suffered a loss that would be insured by the cover proposed? Yes No
 If YES, give full details including Date(s), Cause(s) (NB "Bad Weather" is insufficient) and the monetary amount of the Loss

10. Has the Proposer ever suffered a loss that would be insured by the cover proposed whether insured or otherwise in respect of their involvement in any type of Event? Yes No

If YES, give full details including Date(s), Cause(s) (NB "Bad Weather" is insufficient) and the monetary amount of the Loss

11. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the Event(s) to be insured which might result in a loss under the insurance? Yes No

If YES, please state full details _____

DECLARATION

I/we confirm that the information given in this Proposal Form, whether in my/our own hand or not, is correct.

I/we declare that I/we have made a fair presentation of the risk by disclosing all material circumstances which would influence a prudent Underwriter's assessment of the risk which we know or ought to know including my/our senior management or anybody responsible for arranging my/our insurance, having conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. Failing that, I/we have given Underwriters sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material matters or circumstances, whether or not those matters and circumstances were the subject of a specific question in this Proposal Form. If there are any material circumstances not specifically covered by a question in this Proposal Form, I/we have listed these on a separate sheet of paper which is signed and dated and attached.

It is understood that the signing of this Proposal Form does not bind the Proposer(s) to complete or Underwriters to accept the insurance.

I/we the Proposer(s) accept these conditions as the proposed Insured or agent of the proposed Insured.

I/we the Proposer(s) also agree that in the event any information contained in any completed Proposal Form and/or supplied to support this Proposal Form or other application for the insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, we will advise Underwriters in writing immediately on becoming aware of such changes. In such circumstances, Underwriters will be entitled to re-assess the proposal for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Proposal Form is duly authorised to do so on behalf of the Proposer(s).

Signature: _____ Date: _____

Name (in block capitals): _____ Position: _____

APPENDIX 1 - EVENT CANCELLATION

If you require insurance for Cancellation and Abandonment of the Event(s), please complete this Appendix in addition to the Proposal Form and sign and date this Appendix

1. 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:

- a) the open air _____ %
 b) marquee/tent _____ %
 c) 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, please also complete Appendix 2 - Outdoor Event Questionnaire.

2. Have you signed a written tenancy agreement with the Venue(s) Yes No

If NO, please give full details of arrangements: _____

3. a) Is/are the Venue(s) currently fully operational and planned to remain so until completion of the Event(s) to be insured? Yes No

- b) If the Event(s) is / are not to be held indoors is / are the Venue(s) currently in suitable condition to hold the Event(s)? Yes No

If NO to a) and / or b), please give full details _____

4. Has this/have these Event(s) been held (or planned to be held) before? Yes No

If YES, please supply the following details for the previous 3 occasions

| Date of Event(s) | Venue(s) Full Address(es) | Actually Held |
|------------------|---------------------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Have all the necessary arrangements for the successful fulfilment of the Event(s) to be insured been made? Yes No

If NO, please give full details of the arrangements _____

6. Have all the necessary licences, visas, permits been obtained and have all contractual arrangements been confirmed in writing? Yes No

If NO, please give full details _____

7. What basis do you wish to insure (please complete as appropriate)?

Cost, Expenses & Commitments
or
Loss of Revenue

Sum Insured _____

Sum Insured _____

Please attach a copy of your Budget for the Event

a) Does the proposed Sum Insured represent the full value of the basis proposed? Yes No

b) If cover is required for Loss of Revenue, can your Revenue figure be substantiated by records from previous Events? Yes No

If your answer is NO to a) please state full details
or if your answer is YES to b) please provide the last 3 years revenue figures _____

8. Is/are the Event(s) held in conjunction with or dependent upon another event? Yes No

If YES, please give full details _____

9. Will the non-appearance of any person(s) cause cancellation or abandonment or curtailment of the Event? Yes No

If YES, please complete the Non-Appearance Appendix to this Proposal form

10. What are the critical factors upon which the successful holding of the Event(s) rely?
(Please note that lack of attendance or other financial failure will not be covered by the insurance proposed)

11. Proportion of Tickets expected to be sold / Revenue generated in advance of the Event: _____%

12. In order to mitigate a loss to the insurance is rescheduling or postponement or relocation possible for each Insured Event? Yes No

If NO, please explain why this will not be possible: _____

13. 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: _____

Signature: _____ Date: _____

Name (in block capitals): _____ Position: _____

APPENDIX 1 - OUTDOOR EVENT QUESTIONNAIRE

If you require insurance for Cancellation and Abandonment of any Event(s) which is to take place wholly or partly in the open air, in a marquee or in a temporary structure, please complete this Appendix in addition to the Proposal Form and the Cancellation and Abandonment Appendix and sign and date this Appendix.

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: _____

2. Has the event been held before? Yes No
If YES, how many times
a) In all? _____
b) At this location? _____
c) At this time of year? _____

3. Has the Event ever been affected by adverse weather and / or ground conditions? Yes No
If YES,
a) Please give details including date(s) and the conditions that caused the problem:
b) Provide detail of any measures that have been taken to prevent the situation reoccurring?
If NO to a) and / or b), please give full details _____

4. Have any drainage or ground improvements been made to the Event site (including car parks or camping grounds) in the last 10 years? Please consult with land owner. Yes No
If Yes, please give details _____

5. a) Does the Event take place on tarmac, hard standing or similar surface? Yes No
b) Are there any hard standing access roads within the Event site? Yes No
c) Do the entrance(s) and exit(s) have hard standing? Yes No
d) Are there are separate entrances and exits for Event set up traffic and visitor Traffic? Yes No
If NO to any of the above, what contingency plans are in place in the event of adverse weather and / or ground conditions?

6. Is any car parking provided? Yes No
If YES, will this be on tarmac, hard standing or similar surface? Yes No
a) If NO, what contingency plans are in place in the event of adverse weather and /or ground conditions?

b) if car park were unusable due to adverse weather / condition of the ground, would this cause the Event to be cancelled? Yes No

If YES, are alternative car parking arrangements possible? Please give details. _____

7. a) Are camping grounds required / provided for the Event? Yes No

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

b) if camping grounds were unusable due to adverse weather / condition of the ground, would this cause the Event to be cancelled? Yes No

8. Has any part of the Event site (including car parks or camping grounds) been flooded or waterlogged during the last five (5) years? Please consult with land owner Yes No

If Yes, please give details _____

9. Has any Event held at this location ever been affected by adverse weather and /or ground conditions? Please consult with land owner Yes No

If Yes, please give details _____

10. 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 land owner. Yes No

If Yes, please give details _____

11. Is there an Event Management Plan for this Event? Yes No

If yes, please provide a copy to Underwriters.

12. Will the Insured Event(s) take place at a location near residential or business premises? Yes No

If yes, what monitoring plans are in place to prevent a noise nuisance or disturbance to residents in the area?

13. Is a Licence from a Local Authority or Council required for the Insured Event(s)? Yes No

If yes, does this include noise restrictions either as to sound levels emitted on-site and/or noise levels off-site and/or hours when certain noise levels are prohibited/restricted?

If YES,

a) Please provide full information on the restricted and prescribed decibel levels _____

b) What monitoring plans are in place to comply with these restrictions? _____

14. Is there a communication and command structure for noise control? Yes No

Please enclose with this questionnaire a full site plan for the event

Signature: _____ Date: _____

Name (in block capitals): _____ Position: _____

APPENDIX 3 - NON-APPEARANCE

If you require insurance for Non-Appearance, please complete this Appendix in addition to the Proposal Form and the Cancellation and Abandonment Appendix (and Outdoor Event(s) Questionnaire if applicable) and sign and date this Appendix.

For the purposes of any insurance granted as a result of this Proposal cover shall be limited to the Individual(s) or Group member(s) named in the Schedule attached to the Certificate of Insurance.

1. a) Details of (all) person(s) to be insured:-

| Name(s) | Date of Birth | Participation / Role |
|---------|---------------|----------------------|
| | | |
| | | |
| | | |
| | | |

b) Will the Event be cancelled if any one of the above are unable to attend? Yes No
If NO, how many of these could be absent before the Event is cancelled? _____

2. Has any provision been made for Understudies, Substitutes or Stand-bys? Yes No
If YES, please give full details _____

3. BEFORE ANSWERING THE FOLLOWING QUESTIONS, THE PROPOSER SHOULD CONSULT THE PERSON(S) TO BE INSURED WHO MAY BE REQUIRED TO UNDERGO AN INDEPENDENT MEDICAL EXAMINATION

a) Is the person(s) to be insured suffering from any physical, psychological or other medical condition? Yes No
If YES, give full details _____

b) Is the person(s) to be insured undergoing any form of medical or other treatment? Yes No
If YES, give full details _____

c) Is the person(s) to be insured following any prescribed regime medical or otherwise? YES NO
If YES, give full details _____

d) 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? Yes No
If YES, give full details _____

e) Have any of the persons to be insured stated in question 1 any history of non-appearance whether or not it resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of an Event? Yes No
If YES, give full details _____

4. What method of transportation will be used:

a) by the person(s) to be insured? _____

b) for equipment or items essential to the Insured Performance(s) or Event(s)? _____

- c) Is the means of transportation to be used customised or adapted for the purpose? Yes No
 If YES, is an alternative means of transportation available? Yes No
5. a) Is the Insured Person(s) travelling from another Country to perform at this Event? Yes No
 If YES, how many hours before the Event are they scheduled to arrive? _____ Hours
- b) Is the equipment being transported from another Country for this Event Yes No
 If YES, how many hours before the Event is it scheduled to arrive? _____ Hours
6. What allowance in the itinerary has been made for:
- a) travel delay? _____
- b) set up time? _____
- c) stand-by dates? _____
7. Have written contracts been signed:
- a) For the appearance of all the persons shown in question 1? Yes No
 If the answer is NO, please provide full details _____

- b) Are the contracts for the appearance of all the persons shown in question 1 on a standard "No Play, No Pay" basis? Yes No
 If the answer is NO, please provide full details _____

- c) Have all necessary licences, visas and permits and authorisations for the Insured Person(s) been obtained? Yes No
 If the answer is 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 the answer is NO, please provide full explanation _____

- 8) a) Does the Limit of Indemnity Requested for Costs and Expenses or for Revenue include an amount in respect of Artist Fees? Yes No
- b) What amount is included for Artist Fees \$ _____

Signature: _____ Date: _____

Name (in block capitals): _____ Position: _____

APPENDIX 4 - EVENT LIABILITY

Please complete this Appendix in addition to the Proposal Form if you require insurance for Public Liability and Employers Liability for your Event(s) and sign and date this Appendix

1. What Limit of Indemnity do you require for Public Liability insurance?

\$1,000,000, \$2,000,000 \$5,000,000 \$10,000,000

2. Do you require Employers Liability insurance in addition? (EL is not available without PL) Yes No
(EL is not available if the address of the Proposer is outside of the United Kingdom or Ireland)

3. a) What is the Estimated Attendance PER DAY of the Event? _____

b) What is the Estimated Attendance overall for the Event? _____

4. How many stewards will be used to ensure the safe running of the event? _____

5. Will the police or a security company be in attendance? Yes No

If NO, please provide details _____

6. Is the Venue a secure site? Yes No

If NO, please provide details _____

7. a) Will there be any of the following at the Event(s)?

i) Celebrities _____ Yes No

If YES, please give names of Celebrities _____

ii) Fairground / Amusement Rides _____ Yes No

iii) Bouncy Castle(s) _____ Yes No

iv) Motorised / Mobile / Water bound or Aerial Displays or Processions _____ Yes No

v) Fireworks or Explosives or Pyrotechnics of any kind _____ Yes No

vi) Stunts / Racing or any kind of Hazardous Activity _____ Yes No

If any answer is YES, give full details _____

b) If the answer to Question 7 a) ii) - vi) is YES, will there be any Public Participation Yes No

c) If the answer to Question 7 b) is YES, will this be provided and operated SOLELY by an independent party(ies) Yes No

d) If the answer to Question 7 c) is:

YES, will you check to ensure that such independent party(ies) have Public Liability insurance with a limit of indemnity at least equal to that requested above and will you check to ensure that such insurance is current for the entirety of the Event(s) Yes No

NO, (that is you will at least partly provide such activities) will you ensure that all participants sign written disclaimers Yes No

If the answer to either part of Question 7 d) is NO, please state what precautions will be taken _____

8. Will alcohol be allowed on the venue site? Yes No
9. Will alcohol be sold during the event? Yes No
10. Will any grandstand, tiered seating or similar structure be provided for spectators Yes No

If YES,

- a) What is the capacity? _____
- b) Who will erect the structure? _____
- c) Will you ensure that the erectors are made responsible for Public Liability insurance and that such insurance has a limit of indemnity at least equal to that requested above and will you check to ensure that such insurance is current for the entirety of the Event(s)? Yes No
- d) Will the structure be inspected by a local authority or other qualified surveyor? Yes No
11. Will suitably qualified staff be in attendance to provide First Aid at the Event(s)? Yes No
12. If you have answered YES, to Question 2 (that you do require Employers Liability for the Event(s) Please state:
- a) the activities to be undertaken by employees (and casual staff) at the Event(s)
- b) the waggeroll split between: Clerical Staff: _____ All Others: _____
- c) the number of Casual Staff and /or volunteers employed at each of the Event(s) _____
- d) your HMRC Employer Reference Number (ERN) _____ / _____
If your business does not have an ERN, please select one of the following reasons:
- i) all employees earn less than the PAYE threshold
- ii) the business is registered in Jersey or Guernsey
- iii) the business does not have any employees

Signature: _____ Date: _____

Name (in block capitals): _____ Position: _____