



## APPLICATION FOR EVENT CANCELLATION AND NON-APPEARANCE

### PROPOSER CONTACT INFORMATION

1. Contact Name:	
2. Assured Name:	
3. Full Address: Street Address City, State, Country Postal Code	
4. E-mail:	
5. Telephone:	
6. Facsimile:	

### EVENT INFORMATION NOTE: If you require coverage for more than one event, please view the special note at the end of this application.

7. Do you want to Insure:	<input type="checkbox"/> <i>Gross Revenue</i>	<input type="checkbox"/> <i>Costs and Expenses</i>
8. Is cover required for more than one Event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Name of Event:		
10. Type of Event:	E.g.: Classical music event, Motor sport (Grass Track), Product Demonstration, Dance, Regatta (Rowing), Garden Show, Dinner, Parade, Cycling, etc.	
11. Event Dates:	(dd / mm / yyyy)	To: (dd / mm / yyyy)
12. Total sum to be insured:		Currency:

**NOTE: Your claim will be reduced if you do not insure the total amount of your exposure**

### VENUE INFORMATION

13. Full Address: Street Address City, State, Country Postal Code	
14. Will the Event be:	<input type="checkbox"/> Indoors <input type="checkbox"/> Partially Outdoors <input type="checkbox"/> Entirely Outdoors with either i) A Fully Covered Stage or ii) Where No Stage Area exists <input type="checkbox"/> Entirely Outdoors with Uncovered Stage
15. What period has been allowed for Venue Preparation / Stage set up (hours)	
16. Will Non-Appearance Coverage be Required? <small>NOTE: If you select 'No' you can skip to Page 3.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## NON-APPEARANCE SECTION

**IMPORTANT:** Coverage provided for non-appearance is subject to a 30 day health warranty for each declared individual detailed in the Certificate. However, non-appearance coverage for declared individual(s) over 70 years old is limited solely to the occurrence of death within 14 days prior to the event.

17. Is the Appearance of any professionally engaged artists, entertainers or the like essential to the proposed event going ahead?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Is the Appearance of any professionally engaged sports persons, speakers, or the like essential to the proposed event going ahead?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Is the appearance of persons other than those referred to in (17) or (18) essential to the proposed event going ahead?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

20. Complete details of each individual to be included for non-appearance cover indicated (17) or (18) above. \*

NAME	DATE OF BIRTH
	dd/ mm/yyyy
	dd/ mm/yyyy
	dd/ mm/yyyy
	dd/ mm/yyyy

*\* If coverage for the non-appearance of more than four (4) individuals is requested, please attach list as a separate schedule.*

21. If the Insured Person(s) fees are not payable due to their non-appearance, tick 'Yes' Then for each declared Event please detail the fee amount in (28) below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. To your knowledge has the Non-appearance of any named individual resulted in loss(es) during the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Total number of losses for all Insured Persons named above:		

**NOTE: If more than 2 losses full details of all losses will be required. Please provide details below, if applicable.**

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## ADDITIONAL INFORMATION

24. Have all permits, contracts, visas, licences or the like necessary for the Event to be completed successfully been obtained at the time of this Proposal, or will they be obtained before the coverage is bound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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25. Terrorism Insurance is compulsory in Australia and will be included in this Insurance.

Please make your selection below

- Limited Terrorism Coverage: Such cover is limited to actual acts of terrorism within a 25 mile radius of the Event Venue and within 30 days prior to commencement of the Event.
- Limited Terrorism Coverage Extended to include threat: Such cover is limited to actual acts of Terrorism within a 25 mile radius of the Event venue and within 30 days prior to commencement of the Event extended to include threat of Terrorism confirmed in writing by Local or National Governmental Authorities as posing a real risk to the Event.

26. Number of claims for cancellation or partial cancellation of event(s) held in the last 5 years\*

\* Do not re-enter any claims information provided under the Non-Appearance section, if applicable.

**NOTE: If more than 2 losses full details of all losses will be required. Please provide details below, if applicable.**

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**DECLARATION:**

27. At the date of this Proposal, does the Assured have any knowledge of any circumstances which could give rise to a claim under this proposed insurance?

Yes  No

28. Do you have:

Yes  No

- (a) Any further Material Facts to disclose (Material Facts are those facts which might influence the acceptance or assessment of the Proposal), or
- (b) Any Special Non-Standard request for Coverage which you wish Underwriters to consider.

**Please enter any Material Facts or special coverage requests below:**

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**IN ACCEPTING ANY QUOTATION PROVIDED BY RESULT OF THIS PROPOSAL REQUEST, THE ASSURED WARRANTS THAT ALL INFORMATION AND ANSWERS PROVIDED IN THIS PROPOSAL ARE TRUE AND CORRECT.**

**THE ASSURED SO WARRANTS:**

Yes  No

This proposal form must be signed by the Assured

Assured Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

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