

the effect of weather on outdoor performances or events not in a permanent structure ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Have written contracts been signed for the hire of the venue (s) shown in question 12 ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Have all other contractual arrangements necessary for the successful fulfilment of the event (s) or performance (s) been made and confirmed in writing If No, please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. If the answer to question 19 is “no” do you 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 event or performance ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Have all necessary licences, visas and permits and authorisations been obtained ? If No, please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>

22. Please give details of the budget and currency for the event (s) or performance (s)			
Currency Used Please show Currency. Premiums and Sums Insured will be calculated in currency selected.			
(Give budget details below, or attach Budget <input type="checkbox"/>)			
Expenses		Gross Revenue	
(a) Costs	<input type="text"/>	(a) Gate/ticket sales	<input type="text"/>
(b) Commitments	<input type="text"/>	(b) Programme Sales	<input type="text"/>
(c) Guarantee	<input type="text"/>	(c) Merchandising	<input type="text"/>
(d) Fees	<input type="text"/>	(d) Fees	<input type="text"/>
(e) Commissions	<input type="text"/>	(e) Commissions	<input type="text"/>
(f) Sponsorship	<input type="text"/>	(f) Sponsorship	<input type="text"/>
(g) Advertising	<input type="text"/>	(g) Advertising	<input type="text"/>
(h) Promotional	<input type="text"/>	(h) Concessions	<input type="text"/>
(i) Broadcasting	<input type="text"/>	(i) Broadcasting	<input type="text"/>
(j) Other items	<input type="text"/>	(j) Other items	<input type="text"/>
Please give details	<input type="text"/>	Please give details	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Total Expenses	<input type="text"/>	Total Gross Revenue	<input type="text"/>

23. Do these sums represent the full extent of your financial responsibilities ?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please give details		

24. Does any other party have an interest in the expenses and gross revenue for the event (s) or performance (s)		Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please give details		

25. If Profit to be Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
NOTE: <i>Profit</i> (where Insured) means the amount by which <i>Gross Revenue</i> exceeds <i>Expenses</i>	

26. **Please state the limit of Indemnity required**

27. **Has the event (s) or performance (s) (under the present or any other management) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance?** Yes No
If Yes, please give details:-

28. **Has any event (s) or performance (s) in which the Proposer was involved (in managing) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance?** Yes No
If Yes, please give details:-

29. **Are you aware of any matter, fact, circumstance or incident existing or threatened that could possible affect the performance (s) or event(s), and might result in a loss under this insurance?** Yes No
If Yes, please give details:-

30. **Has the Proposer, or any other person to which this insurance would apply, ever been declined insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed?** Yes No
If Yes, please give details:-

Lloyd's Conditions of Quotations / Indication

Any quotation provided by Underwriters as a result of this Proposal and any supporting information will be subject to:

1. Final acceptance by the Proposer (s) and then Underwriters prior to the acceptance date shown in the quotation, after which the resulting insurance cannot be cancelled
2. the Proposer (s) undertaking to advise Underwriters of any change in the supporting information or additional information that should be supplied to make this proposal current, occurring prior to the inception date of any insurance subsequently issued.
3. Underwriters having no obligation to accept the risk if there has been any happening or circumstance, whether advised by the Proposer (s) or otherwise, arising prior to acceptance by Underwriters which increases or could increase the possibility of a loss or in any way materially alters the risk as quoted. However Underwriters at their sole discretion may decide to provide an alternative.
4. The Proposer(s) having declared all material facts likely to influence a reasonable Underwriter in determining :
 - (a) Whether or not to accept the risk,
 - (b) the premium,
 - (c) the terms, conditions, exclusions and limitations.
5.
 - (a) the Proposer (s), if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them.
 - (b) Any intermediary (s) acting on behalf of any parties referred to in 5(a), being deemed to have obtained and declared all the information provided after making inquiry of the party (ies) for whom they act.
 - (c) The Proposer (s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below.
6. the Proposer (s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Underwriter's prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Underwriters.
7. The Proposer(s) paying the premium with acceptance of the quotation. If (in accordance with 1 and 3 above) Underwriters do not accept the risk, the premium will be returned.

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 no 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 only 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 any supporting information shall be incorporated into an 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 will become null and void if any of the foregoing conditions are breached.

Signed :

Date:

Name:

Position:

If Insurance is required for Non-Appearance of a particular person or person (s) please also complete Part B of the application.

Part B – Cancellation due to Non-Appearance

Please complete Part B only if the **Non-Appearance of the Participant (s)** could give rise to a claim.

1. Name of Proposer

2. Address (Note if Correspondence address is different from Registered Office, Please give both)

Telephone:	Fax:	Email:
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3. What perils are required?
(a) Death <input type="checkbox"/> (b) Accident & Illness <input type="checkbox"/> (c) Unavoidable Travel Delay <input type="checkbox"/>
(d) Venue Damage <input type="checkbox"/> (e) National Mourning <input type="checkbox"/> (f) Other Perils <input type="checkbox"/>

4. Details of Persons (s) to be Insured (or attach Schedule <input type="checkbox"/>)
For the purposes of any insurance granted by this proposal coverage shall be limited to those individuals detailed below/attached and stated in the Schedule attach to the Policy. Underwriters may require any of the following individuals to undergo an independent medical examination.

Person to be Insured	Date of Birth (dd/mm/yy)	Participation / Role

5. Has any provision been made for understudies, substitutes or stand-bys?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:-	

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6. Would the Non-Appearance of one individual give rise to a loss ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:-		
7. Note: The Proposer should consult the Person (s) to be Insured before answering question 7.		
(a) Is any person to be insured suffering from any physical, mental or medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:-		
(b) Is any person to be insured undergoing any form of treatment, medical or otherwise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:-		
(c) Is any person to be insured following any prescribed regime, medical or otherwise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give 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 <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:-		
(e) Have any of the persons to be insured any history of non – appearance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:-		
8. What method of transportation will be used: -		
(a) by the person (s) to be insured?		
(b) for equipment or items essential to the performance (s) or event (s)?		
8. Is the means of transportation to be used, customised or adapted for the purpose?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:-		

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 - (d) Whether or not to accept the risk,
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Signed :

Date:

Name:

Position: