

**YOUR DETAILS**

1. Name

2. Address  3. Postal / Zip code

4. Email address  5. Telephone no.  ( )  6. Policy currency

7. Are You a private individual (a person acting outside Your business, trade or profession)? Yes  No

8. Are You a business with an annual turnover below £1 million? Yes  No

**EVENT**

9. Event name

10. Type of Event

11. Venue  12. City  13. Country

14. Event start date  /  /  15. Event end date  /  /

16. Has this Event been held before? Yes  No  17. Is the Event open to the public? Yes  No

**If Event cancellation cover is required, please complete the following questions**

	Yes	No
18. Will the Event be held wholly or partly in the open air, tent, marquee or temporary structure?	<input type="checkbox"/>	<input type="checkbox"/>
19. If so, is cover required for adverse weather? (if Yes, please complete Appendix A)	<input type="checkbox"/>	<input type="checkbox"/>
20. If so, does the Event Venue or any area critical to the Event have any history of flooding or exposure to strong winds? is cover required for adverse weather?	<input type="checkbox"/>	<input type="checkbox"/>

**BUDGET**

21. 100% Event Gross Revenue   22. 100% Event Costs & Expenses   23. 100% Event net profit

24. Please confirm the basis on which You would like to insure

100% Expenses	<input type="checkbox"/>
100% Gross Revenue	<input type="checkbox"/>
100% Costs & Expenses Plus Net Profit From Pre Contracted Gross Revenue*	<input type="checkbox"/>

\* Pre Contracted Gross Revenue is revenue which is received in advance of the Event (e.g. from pre sold tickets, sponsorship, advertising) and does not include revenue generated on the day of the Event such as ticket sales at the door, merchandising, refreshments etc

**NON-APPEARANCE COVER**

25. Is non appearance cover required? Yes  No

**Please Note: The policy will contain a 30 day health warranty and a full pre existing medical conditions exclusion**

26. Please confirm the type of non appearance cover required

Key Speaker Non Appearance	<input type="checkbox"/>	If so, please complete Question 26
Individual or Group of Individuals Non Appearance	<input type="checkbox"/>	If so, please complete Question 27
Simultaneous / Catastrophic Non Appearance	<input type="checkbox"/>	If so, please complete Question 28

27. Key speaker name  Key speaker date of birth

28. Individuals name  Individuals date of birth

29. Note: simultaneous non appearance cover is for 25% or more of the Participants not being able to attend due to a common accident or common illness

Please confirm there are 20 or more participants in total

**Please note, if there is more than one key speaker or individual for whom non appearance cover is required, please provide their details separately**

**Please complete the following questions in all instances**

GENERAL QUESTIONS	45. If any claims for personal injury or damage to property by third parties or employees have been made against You in the past 5 years, please provide details		
	46. Will all contractual arrangements necessary for the successful fulfilment of the Event be made and confirmed in writing in a prudent and timely manner prior to the start of the Event?	<input type="checkbox"/>	<input type="checkbox"/>
	47. Has any Event to be insured had any incidents that could have resulted or did result in a loss which would have been covered under this Insurance during the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
	49. Are You aware of any matter, fact, circumstance or incident, existing or threatened, that could possibly affect any Event and might result in a claim under the proposed Insurance?	<input type="checkbox"/>	<input type="checkbox"/>

**CONDITIONS OF QUOTATION**

Any terms provided by Us as a result of non binding indication and any supporting information will be subject to:

- 1 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- 2 You undertaking to advise Us of any change in the supporting information or additional information that should be supplied to make this non binding indication current, occurring prior to the inception date of any insurance subsequently issued.
- 3 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- 4 You 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 You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them
  - a) any intermediary(ies) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act
  - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below
- 6 You undertaking that no other insurance has been purchased on this specific risk and none shall be without Our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non binding indication may be amended by Us.
- 7 You paying the premium with acceptance of the non binding indication. If (in accordance with 1 and 3 above) We do not accept the risk, the premium will be returned.

**DECLARATION**

To the best of Your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that non-disclosure or misrepresentation of a \*material fact will entitle Us to void the Insurance.

NOTE: \* A material fact is one likely to influence acceptance or assessment of this Proposal by Us: 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 You to complete or Us to accept this Insurance, but You 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.

**SIGNATURE**

**I/We declare that the information provided above and in all appending sections is true to the best of My/Our knowledge.**

Signature	Date
Full name	Position held

**If adverse weather cover is required, please complete the following questions.**

**Please Note: If the Event is indoors, the policy automatically covers cancellation due to adverse weather conditions. Therefore please do not complete this section. Please only complete this section if part of the Event takes place outdoors or under temporary structures and if cover is required for adverse weather.**

1) What proportion of the Event (in monetary terms) takes place outside or under temporary structures?

of the Event budget

		Yes	No
2)	Can the Event proceed in continuous moderate rain fall and wind speeds of up to 40mph?	<input type="checkbox"/>	<input type="checkbox"/>
3)	Does the Event venue have any history of flooding or exposure to strong winds?	<input type="checkbox"/>	<input type="checkbox"/>
4)	Can the outdoor elements of the Event be relocated indoors, at no additional expense, in the event of bad weather?	<input type="checkbox"/>	<input type="checkbox"/>
5)	If the outdoor elements of the Event have to be cancelled due to weather, will the indoor elements still proceed?	<input type="checkbox"/>	<input type="checkbox"/>
6)	Has the Event been held at the same time of year and location in the past?	<input type="checkbox"/>	<input type="checkbox"/>
7)	Is the Event location within 100 metres of a lake, river or watercourse?	<input type="checkbox"/>	<input type="checkbox"/>
8)	Can the Event be delayed or postponed if bad weather renders it dangerous or impossible to proceed?	<input type="checkbox"/>	<input type="checkbox"/>
9)	Are the event car parks located on hard standing (concrete/tarmac etc), or soft standing (grass/fields etc)?	<input type="checkbox"/>	<input type="checkbox"/>
10)	Describe any weather and / or ground conditions which could cause the event to be cancelled, abandoned, postponed, curtailed or interrupted or cause additional costs to be incurred:		

11) Notes:

If you have any additional comments regarding the outdoor elements of the Event, and it's susceptibility to bad weather, please add them here.