

The Proposer(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Proposer(s) knows or ought to know. **A matter 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(s) knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Proposer(s) also knows material matters which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The Proposer(s) should therefore conduct a reasonable search of such information. The Proposer(s) must disclose all material matters and 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 and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Proposal Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

Where there is reference to a defined term in this Proposal Form these are outlined in full in the applicable Contract of Insurance wording.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Proposer(s) should contact their insurance broker.

1. Name of Proposer(s):

Address:

Telephone No:

E-Mail address:

What is the usual business of the Proposer(s)?

How long engaged therein?

	YES	NO
Does the annual turnover or balance sheet of the proposer exceed €2 million (Euro)?	<input type="checkbox"/>	<input type="checkbox"/>

Does the proposer employ fewer than 10 persons?	<input type="checkbox"/>	<input type="checkbox"/>
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You have the right to request that this Contract of 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 Contract of 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 / relocation possible for each Insured Event?

If no, please explain why:

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4. a) 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:

- 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, 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? YES NO

If yes, please complete Non Appearance Appendix B

5. Will the Proposer(s) have a signed written contract for the lease or hire of Venue(s) prior to inception of this Insurance? YES NO

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

Have all necessary licences, visas, permits and authorisations been obtained?

If no, please provide full explanation:

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.

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

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?

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:

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

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

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 this insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, I/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:

Position:

Appendix A Outdoor Event

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

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

If yes, please:

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

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

Please consult with name of owner.

If yes, please give details:

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

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?

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

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

7. 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? YES NO

Please consult with owner.

If yes, please give detail:

8. Has any event held at this location ever been affected by adverse weather and / or ground conditions? YES NO
Please consult with owner.
If yes, please give details:

9. Are there any other events scheduled to take place at the event Venue in the 6 months directly before or after the event? YES NO
Please consult with owner.
Please provide details:

10. Is there an Event Management Plan for this Event? YES NO
If yes, please provide a copy to Underwriters

11. 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?

12. 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? Please provide full information on the restricted and prescribed decibel levels.
If yes, what monitoring plans are in place to comply with these restrictions?

13. Is there a communication and command structure for noise control? YES NO

Signature:

Date:

Name:

Position:

Appendix B Non Appearance

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
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3. Has any provision been made for understudies, substitutes or stand-bys?	YES	NO
If yes, give full details:	<input type="checkbox"/>	<input type="checkbox"/>

4. The Proposer(s) 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:	<input type="checkbox"/>	<input type="checkbox"/>

Is any person to be insured undergoing any form of treatment, medical or otherwise?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, give full details:

Is any person to be insured following any prescribed regime, medical or otherwise?	<input type="checkbox"/>	<input type="checkbox"/>
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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?	<input type="checkbox"/>	<input type="checkbox"/>
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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?	<input type="checkbox"/>	<input type="checkbox"/>
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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)?

Is the means of transportation to be used customised or adapted for the purpose?
If yes, is an alternative means of transportation available?

YES NO

6. Have written contracts been signed:

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

YES NO

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:

Signature:

Date:

Name:

Position: