



## EVENT CANCELLATION PROPOSAL FORM

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Company.

In summary, the Insured must:

- a) Disclose to the Company every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Company sufficient information to put a prudent Company on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent Company as to whether to accept the risk, or the terms of the insurance (including premium);
  - b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
  - c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
- a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
  - b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
  - c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Company expects that the Insured will have included them in its enquiries, and that the Insured will inform the Company if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

### General Information

Name of Proposer (s)

National Address

Website

What is the usual business of the Proposer(s) and how long engaged therein?

What is the Proposer(s) role in the Insured Event(s)?

If the Proposer is not the organiser, who is organising the event(s)?

What is the extent of the 'organisers' experience in this capacity?

Event Commencement Date

Event End Date

### Insurance Period

From:

To:



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### Event Information

Title or name of performance(s) or event(s) to be insured:

Type or name of performance(s) or event(s) to be insured:

Is the basis of cover required on a Costs and Expenses basis or a Gross Revenue basis?

What is the total limit of indemnity required?

Gross Revenue: SAR

Costs and Expenses: SAR

Profit: SAR

Do these sums represent the full extent of your financial responsibilities?

If NO give full details

PLEASE ATTACH A CURRENT BUDGET

### Date(s) and name of venue(s), performance(s) or event(s)

Date	City	Venue	Performance/Event	Stand by date
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Does any other party have any financial interest in this event?

If YES please give full details.

Has this performance (s) or event(s) been held before?

If YES give full details including dates and venues.

Are the performance(s) or event(s) part of a larger production, series or tour?

If YES give full details.

What method of transportation will be used for equipment or items essential to the performance(s) or event(s)?



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What allowance in the itinerary has been made for:

- Travel delay
- Set-up time

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In order to mitigate loss to this insurance is it possible to reschedule or relocate any of the event (s)?

If YES give details.

If NO explain why,

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Will any performance(s) or event (s) be held outside or in temporary structures?

If YES give full details including dates and venues.

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Is the venue exposed to wind, flood or water logging?

If YES give full details including dates and venues.

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Are any staging areas protected by a roof and three sides?

Give full details.

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Are all electrics weatherproofed to comply with professional standards?

Give full details.

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Would you like Company to consider offering terms to include the effect of weather on outdoor performance(s) or event(s)?

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Would you like Company to consider offering terms to include the effect of non appearance for performance(s) or event(s)?

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Would you like Company to consider offering terms to include the effect of Terrorism Extension for performance(s) or event(s)?



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### Loss History

If the performance(s)/event (s) have been held before under present management or any other, has there ever been a loss whether insured or otherwise?

If YES please give full details

Has the Proposer ever suffered a loss recoverable under this insurance, whether insured or otherwise, in respect of their involvement in any type of performance(s) / event(s)?

If YES please give full details

Is any previous applican has been rejected?

If YES please give full details

### Non Appearance Details

Names, ages, and role details of person to be insured:

Has any person to be insured had any history of non-appearance?

If YES please give full details

Are or have any of the person(s) to be insured following any prescribed medical regime?  
Or are they undergoing any form of medical or other treatment.

If YES please provide full details

Have you received permission in writing from any Insured Person(s) allowing access to medical information on that Insured Person(s) in the event of a claim?

What method of transportation will be used to get the performance(s) / event(s) by the Insured Person?

**Answers to questions under the non –appearance section should only be made after consultation with the person(s) to be insured. Company may require this person (s) to undertake a medical examination.**



## EVENT CANCELLATION PROPOSAL FORM

### Necessary Arrangements

Can you confirm that you will make all the necessary arrangements for the successful fulfilment the performance(s) / event(s) in a prudent and timely manner?

Can you confirm that all the necessary contractual arrangements will be put in place in a timely manner and these will be valid for the period of the Insured Event(s)?

**These should be confirmed in writing with you and for the avoidance of doubt shall include but not be limited to, obtaining of licenses, permits, visas, copyrights and patents.**

### Known Circumstances

Are you aware of any matter, fact, circumstance or incident existing or threatened that might reasonably result in Cancellation, Interruption or Postponement of the Insured Event(s)?

If YES please give full details

Signed

Date

Name (Please Print)

Position



الوثيقة المعتمدة لوساطة التأمين  
Authorized Policy Insurance Brokers  
The Pursued Safety | الأمان المنشود

## EVENT CANCELLATON PROPOSAL FORM