PROPOSAL FORM

Contingency Cancellation Insurance

Please answer ALL Questions Completely

Should any questions or part thereof not be applicable, please state "N/A"

Should insufficient space be provided, please continue on your company letterhead

Important Information

The Proposer(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Proposer knows or ought to know. **A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium).** For these purposes, the Proposer knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Proposer 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 should therefore conduct a reasonable search of such information. The Proposer 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. Company to be Insured _____

Address: _____

_____ Post code _____

Company Registration Number _____

VAT Number _____

What is the usual business of the insured?

_____

How long engaged therein?

_____

Does the annual turnover or balance sheet of the insured exceed R35 million? Yes ☐ No ☐

Does the insured employ fewer than 10 persons? Yes ☐ No ☐

2. What is the "insured(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?

_____

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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):

Date coverage requested - From _____ to _____

Name of Venue(s):

Address: Including Postcode(s):

For how long could the start of Insured Event(s) be delayed?

Please provide full details:

Has the Insured Event(s) been held before? Yes ☐ No ☐

If yes, please provide full details:

Is the Insured Event(s) part of a larger production, promotion, series or tour? Yes ☐ No ☐

If yes, please provide full details:

In order to mitigate a loss to this insurance is rescheduling / postponement/ relocation possible for each Insured Event? Yes ☐ No ☐

If no, please explain why:

4. 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: the open air _____

marquee/tent _____

other temporary structure _____

If event(s) are to be held wholly or partly in the open air, in a marquee or in a temporary structures, please complete Outdoor Event Appendix A

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Please refer to the policy wording to determine the extent of coverage offered. Additional cover that the insured would like to be included

Adverse Weather ☐ National Mourning ☐ Civil Unrest ☐ Terrorism ☐

5. **Will the non-appearance of any Person cause Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event?** Yes ☐ No ☐

If yes, would the Insured(s) like Underwriters to consider offering terms for the Non Appearance of those persons?

If yes, please complete Non Appearance Appendix B

6. **Will the Insured(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? Yes ☐ No ☐

If no, please provide full explanation

If no, does the Insured(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)? Yes ☐ No ☐

If no, please provide full explanation

Have all necessary licences, visas, permits and authorisations been obtained? Yes ☐ No ☐

If no, please provide full explanation

7. **Please attach a budget sheet for Expenses and Gross Revenue or alternatively**
please complete the Budget form opposite. Please show currency.

Expenses	Amount
a. General administration	
a. Printing, promotion and advertising	
c. Venue hire	
d. Facilities and equipment rental	
e. Communications costs	
f. Sponsorship	
g. Wages, salaries and benefits	
h. Broadcasting and T.V. rights	
i. Insurance other than insured hereon	
j. Other items not included above	
(Give details)	
Total	R 0.00

Gross Revenue	Amount
a. Gate/ticket sales	
b. Programme sales	
c. Merchandising	
d. Fees	
e. Commissions	
f. Sponsorship	
g. Advertising	
h. Concessions	
i. Broadcasting and T.V. rights	
j. Other items not included above	
(Give details)	
Total	R 0.00

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For information only, the amount by which Budgeted Gross Revenue exceeds Budgeted Expenses will represent the Proposer's Budgeted Net Profit (see below)

The Insured(s) may elect to insure either the Total Expenses or the Total Gross Revenue

Please indicate your preference by ticking the box opposite.

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.

8. **Does any other party have an interest in the Gross Revenue?** Yes ☐ No ☐

9. **What Proportion of Tickets are sold / Revenue generated in advance of the Insured Event?** _____ %

10. **Do you have in place a Ticket Refund Policy?** Yes ☐ No ☐

If yes, please provide full explanation

If no, then what system do you have in place?

11. **Has any event in which the Insured(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

12. **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

13. **Loss payee (if other than Insured(s) stated in question 1)**

14. **Who decides whether the event must be discontinued? (e.g. organiser, authorities, etc.)?**

15. **At what point during the event / performance does the insured deem the event to have been successfully concluded – if for example the event is cancelled an hour earlier than scheduled, what will the financial implication be?**

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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.

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

I/we the Insured(s) accept these conditions as the Proposed Insured or agent of the Proposed Insured.

I/we the Insured(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, 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 Insured(s).

The privacy of your personal information

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Name _____ Position _____

Signature _____ Date | Y | Y | Y | Y | M | M | D | D |

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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?** in all? Yes ☐ No ☐

   at this location? Yes ☐ No ☐

   at this time of year? Yes ☐ No ☐

   If yes, how many times: _____

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?** Please consult with name of owner. Yes ☐ No ☐

   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? Yes ☐ No ☐

   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 ☐

   _____

   _____

   _____

7. **Has any event held at this location ever been affected by adverse weather and / or ground conditions** Yes ☐ No ☐

8. **Are there any other events scheduled to take place at the event Venue in the 6 months directly before or after the event?** Please consult with owner. Yes ☐ No ☐

   Please provide details:

   _____

   _____

   _____

9. **Is there an Event Management Plan for this Event?** Yes ☐ No ☐

   If yes, please provide a copy to Underwriters

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10. 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?

11. 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?

12. Is there a communication and command structure for noise control? Yes ☐ No ☐

The privacy of your personal information

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Name _____ Position _____

Signature _____ Date Y Y Y Y M M D D

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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.

Death ☐ Accidental Bodily Injury & Illness ☐ Unavoidable Travel Delay ☐

Venue Damage ☐ National Mourning ☐ Other Perils ☐

What perils are required?

_____

_____

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 | Y | Y | Y | Y | M | M | D | D |

Participation/Role _____

3. Has any provision been made for understudies, substitutes or stand-bys? Yes ☐ No ☐

If yes, give full details:

_____

_____

_____

4. The Insured(s) shall consult the person(s) detailed in question 2 before answering the following

a. Is any person to be insured suffering from any physical, mental or medical condition? Yes ☐ No ☐

If yes, give full details:

_____

_____

_____

b. Is any person to be insured undergoing any form of treatment, medical or otherwise? Yes ☐ No ☐

If yes, give full details:

_____

_____

_____

c. Is any person to be insured following any prescribed regime,medical or otherwise? Yes ☐ No ☐

If yes, give full 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 ☐ No ☐

If yes, give full details:

_____

_____

_____

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e. 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? Yes ☐ No ☐

If yes, give full details:

f. Is any person to be insured traveling from abroad? If yes, what airline will they be using? Yes ☐ No ☐

If the person(s) to be insured is traveling locally?

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? Yes ☐ No ☐

If yes, is an alternative means of transportation available?

5. **Have written contracts been signed:** For the appearance of all the persons shown in question 2 Yes ☐ No ☐

6. **Have all necessary licences, visas and permits and authorisations for the Insured Person(s)** Yes ☐ No ☐

If no, does the insured(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)? Yes ☐ No ☐

If no, please provide full explanation

Privacy

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

The privacy of your personal information

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Name _____ Position _____

Signature _____ Date Y Y Y Y M M D D

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