

Entertainment

INSURANCE BROKERS (HK) LIMITED

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MEMBERS OF THE PROFESSIONAL INSURANCE BROKERS ASSOCIATION

MEMBERSHIP NUMBER : PIBA-170-000020

Non-Appearance & Cancellation of Events Insurance Proposal Form

1 General information

1.1 Policyholder's name, company

1.2 Policyholder's postal address (town/city, street, house number, postcode), e-mail address, telephone and fax number(s)

1.3 Policyholder's or organiser's occupation and experience (how long active in the current company/business?)

1.4 Have you ever experienced losses in connection with insured events?

No

Yes If yes, please give details of the nature and amount of such losses.

1.5 Have you ever been refused insurance for an event?

No

Yes If yes, please give exact reasons

2 General risk information

2.1 Type and name of the event(s)

2.2 (a) Date(s) and venue(s) of performance(s) or event(s).
(If more than one performance or event a full itinerary is required showing times, dates and exact venues of all performances).

(b) When would you like the insurance to commence? (N.B. Any insurance as a result of this proposal cannot commence before the date of Underwriters' final acceptance.)

2.3 In the case of a tour: What means of transport are to be used for

insured persons:

- car
- train
- aircraft
- other

important equipment:

- car
- train
- aircraft
- other

2.4 How much extra time has been allowed for

travel delays:
set up time:

2.5 Where is/are the event(s) to take place?

- Indoors**
- Outdoors**

If outdoors: In the open air – Stage roofed over? No Yes
 Under canvas – Please specify type of structure:

2.6 How often and since when has the event taken place in the past? Any past claims? If so, please give details of number, amount, cause and name of insurer (if other):

2.7 Will the event be televised?

- No**
- Yes** If yes, give full details.

3. **Special questions for non-appearance of insured persons**

For the purposes of any insurance granted as a result of this proposal cover shall be limited to the individual(s) or group(s) named in the schedule attached to the policy.

3.1 Details of (all) person(s) to be insured. Name(s), age(s) and participation.

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

- No**
- Yes** If yes, give full details.

3.3 Has any provision been made for Understudies or Substitutes?

- No**
- Yes** If yes, give full details.

3.4 Are any medical certificates available?

- Yes** (please attach)
- No**

(N.B. Answers to questions 3.5 and 3.6 should only be made after consultation with person(s) to be insured. Underwriters may require this/these person(s) to undertake a medical examination.)

3.5 Is/are the person(s) to be insured currently suffering from any physical, mental or other problem?

- No**
- Yes** If yes, give full details.

3.6 Is/are the person(s) to be insured currently undergoing medical or other treatment?

- No**
- Yes** If yes, give full details.

- 3.7 Has/have the person(s) to be insured any other professional obligations during the period of the insured event or during the eight weeks preceding it?
- No
 - Yes If yes, give full details.

4. Special questions for Adverse Weather

- 4.1 Is cover required for cancellation or abandonment as a result of adverse weather?
- No**
 - Yes

Adverse Weather as insured by this Policy is defined as extreme weather conditions which

- a) occur on the day(s) of the event and which are deemed by the event organiser on the date of the Event to pose a serious threat to the safety of those attending the Event and/or
- b) occur during the Policy Period and which result in conditions which the Local Authority consider to pose a serious threat to the safety of those attending the Event and/or
- c) occur during the Policy Period and which prevent the Assured or event organiser from undertaking the necessary set up to enable the event to proceed due to
 - (i) concern for the safety of those responsible for the necessary set up, or
 - (ii) reasons of physical impossibility.

In any claim and/or action, suit or proceeding to enforce a claim for a loss hereunder the burden of proving that the loss results from Adverse Weather shall fall upon the Assured.

- 4.2 Is/are the venue(s) exposed to wind, flood or waterlogging?
If yes, give full details.

- 4.3 On what kind of site is/are the event(s) to take place? What does the ground consist of and is it properly drained? Any vegetation and, if so, of what kind?

5 Questions in respect of preparations for the event

Before answering the following questions your attention is drawn to the fact that the insurance will contain warranties regarding necessary arrangements and contractual requirements.

- 5.1 Have all necessary arrangements for the successful fulfilment of the performance(s) or event(s) to be insured been made?
- Yes
 - No If no, give full details.

- 5.2 Have all necessary licences, visas, permits been obtained and have all contractual arrangements been confirmed in writing?
- Yes

No If no, give full details.

6. Information relating to the sum insured

6.1 Details of financing (revenue)

- advance ticket sales _\$
- box-office or gate sales _\$ _____
- participant contributions _\$ _____
- sponsoring \$ _____
- TV broadcasting rights \$ _____
- merchandising _\$ _____
- adverts, programmes _\$ _____
- catering ___\$ _____
- miscellaneous _\$ _____

Total revenue ___\$

of total expenditure

- organisation costs _\$
- printing ___\$ _____
- advertising _\$ _____
- rents, leases _\$ _____
- prizes, artists' fees _\$
- personnel costs _\$
- travel, hotel costs _\$
- postage, telephone _\$
- miscellaneous _\$ _____

Total expenditures ___\$

6.2 Have all budgeted revenue and expenditures been shown here?

- Yes**
- No If no, give full details.

6.3 Do you wish coverage to include lost profits resulting from the return of advance-booking tickets?

- No
- Yes If yes, give full details.

6.4 Do you wish coverage to include lost profits resulting from the reimbursement of sponsors' contributions?

- No
- Yes If yes, give full details.

6.5 Are sponsors' contributions reimbursable if the event fails to take place?

No

Yes

If yes, give full details.

DECLARATION
To be completed by the Proposer

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or mis-representation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: if you in any doubt as to what constitutes a material fact you should consult your Broker)

I understand that the signing of this proposal does not bind me to complete or Underwriters to accept this Insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Proposer's Name:

Position:

Signature:

Date: