

CANCELLATION & NON APPEARANCE INSURANCE PROPOSAL FORM			
PLEASE COMPLETE THE RELEVANT SECTIONS AND RETURN			
Contact Name			
Organisation (if applicable)			
Address		Email	
Telephone			
Are you the organiser? If No please supply full details of the Organiser			Yes/No
Please state the experience or you/organiser have for events of this type			
Have you ever been			
a. Bankrupt			Yes/No
b. Disqualified from being a Company director?			Yes/No
c. Involved as an owner, director or partner with any Company that went into receivership, administration or liquidation?			Yes/No
d. Convicted (or charged but not tried) of any criminal offence involving dishonesty of any kind?			Yes/No
Have you ever suffered a loss (whether insured or not) in respect of any similar events? If Yes please give details of the loss.			Yes/No

Event Name			
Event Description (e.g. seminar)			
Location/Venue			
Is the Venue			
a. Indoors			Yes/No
b. In a temporary structure (e.g. a marquee)			Yes/No
c. Outdoors			Yes/No
If your event is a combination of the above please state whether loss of all or one would cause a loss the cancellation of the Event.			

Is the Venue undergoing or due to undergo any construction or refurbishment work? If Yes please provide details.	Yes/No
Is Car Parking other than on tarmac provided for the Event? If Yes please provide details.	Yes/No

Period of event	From		To	
Period at venue (including set up a breakdown)	From		To	
Have all the licences, visas, permits been obtained and are all contractual arrangements in writing for the event? If No please provide details.				Yes/No
Has this event been held before?				Yes/No
If Yes on how many occasions?				
Has this event ever suffered a loss? If Yes please provide details.				Yes/No

<b>Cancellation Insurance</b>	
<b>Do you require Cancellation Insurance</b>	<b>Yes/No</b>
Is the Venue currently fully operational and planned to remain so until completion of the Event(s) to be insured? If No please provide details.	Yes/No
Have all the necessary arrangements for the successful fulfilment of the Event(s) to be insured been made?	Yes/No

On what basis do you want to insure? You may request a quotation for both options.	
1. Cost, Expenses & Commitments.	£
2. Loss of revenue (i.e. total income including profit).	£
a. Do the proposed Sums Insured represent the full value of the basis proposed?	Yes/No
b. Do the proposed Sums Insured include Artistes Fees / Guarantees?	Yes/No
c. If cover is required for Loss of Revenue, can your Revenue figure be substantiated by records from previous Events?	Yes/No
If No to a) or Yes to b) or c) above, please state: for a) full details, b) the amount of such Fees / Guarantees and for c) the last 3 years Revenue figures	
Is the Event held in conjunction with or dependant upon another event? If Yes please give full details.	Yes/No
Please state the critical factors upon which the successful holding of the Event relies?	
Will the non-appearance of any person(s) cause cancellation or abandonment or curtailment of the Event? If Yes please complete the Non Appearance section below.	Yes/No

<b>Non Appearance Insurance</b>		
<b>Do you require Non Appearance Insurance?</b>		<b>Yes/No</b>
Please provide details of the persons to be insured.		
Name	Date of Birth	Occupation
Please give details of any previous non-appearance of the above individuals.		

<b>Before answering the following questions, you must consult the person(s) to be insured who may be required to undergo an independent medical examination</b>	
Are any of the person(s) to be insured suffering from any physical, psychological or other medical condition? If Yes please provide details.	Yes/No
Are any of the person(s) to be insured undergoing any form of medical or other treatment? If yes please provide details.	Yes/No
Is the person(s) to be insured following any prescribed regime medical or otherwise? If Yes please provide details.	Yes/No
What allowance has been made for	
Travel delay?	
Set up time?	
Stand by dates?	

Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the Event(s) to be insured which might result in a loss under this insurance? If Yes please supply full details.	Yes/No

**IMPORTANT NOTICE**

Please note that failure to disclose all material facts (that is those facts an insurer would regard likely to influence the acceptance or assessment of this proposal) may invalidate the Insurance. If you are in any doubt whether a fact is material you should disclose it. You are advised to keep a record (including copies of letters) of all information supplied to the Insurer for the purpose of entering into the contract of Insurance. A copy of the completed proposal form is available on request for a period of 3 months after it's completion

**DECLARATION**

1/We declare that the particulars and statements given in this Proposal and the information provided are to the best of my/our knowledge and belief complete and true and I am / We are willing to accept the Certificate of Insurance issued by Worldwide Hole 'N One Ltd on behalf of certain Lloyd's Underwriters including its terms conditions and exclusions

Signature:

Date:

Name (in block capitals)

Position:

Leisure & Lifestyle Insurance Services Limited  
Basepoint Business Centre, Oakfield Close, Tewkesbury Business Park, Tewkesbury GL20 8SD  
Leisure & Lifestyle Insurance Services Limited is authorised and regulated by the Financial Services Authority. Our FSA register number is 477114. Registered in England No. 6445758