

**PROPOSAL FOR LLOYD'S CONTINGENCY
 CANCELLATION & ABANDONMENT AND
 NON-APPEARANCE INSURANCE**

**PLEASE
 ANSWER
 ALL
 QUESTIONS**

Proposed Insured

Address of Proposed Insured

Nature of usual business and length of time engaged

Type of performance(s) or event(s) to be insured.

Title of performance(s) or event(s) to be insured.

Has the performance or event been held before?	<input type="checkbox"/> no	<input type="checkbox"/> yes, please provide details
Is the performance(s) or event(s) part of a larger production, promotion, series or tour?	<input type="checkbox"/> no	<input type="checkbox"/> yes, please provide details
What is the involvement(s) of Proposer(s) in the performance(s) or event(s)?		
What is the experience of Proposer(s) in this capacity?		

Please list date(s) and venue(s) of all performance(s) and/or event(s).

When would you like the insurance to commence?*

If the proposed performance(s) or event(s) take place at more than one venue, what method of transit will be used:	by insured?	
	for equipment?	
What allowance in the itinerary has been made for:	travel delay?	
	set up time?	
	stand-by dates?	
Will any performance(s) or event(s) be held in the open air or a temporary structure?	<input type="checkbox"/> no	<input type="checkbox"/> yes, state full details
Is the stage or area in which the performer(s) work(s) under cover?	<input type="checkbox"/> yes	<input type="checkbox"/> no, state full details
Is cover required for cancellation or abandonment as a result of adverse weather?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Is the venue(s) exposed to wind, flood, or waterlogging?	<input type="checkbox"/> no	<input type="checkbox"/> yes, state full details

***(N.B. Any insurance offered as a result of this proposal cannot commence before the date of Underwriters' final acceptance.)**

PLEASE ANSWER THE FOLLOWING IF NON-APPEARANCE COVER IS BEING REQUESTED

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.

Please list name, age, and participation of (all) person(s) to be insured:	
Give full details of any previous non-appearance of person(s) to be insured.	

Has any provision been made for Understudies, Substitutes, or Stand-bys?	<input type="checkbox"/> no	<input type="checkbox"/> yes, please provide details
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BEFORE ANSWERING THE FOLLOWING THREE QUESTIONS, THE PROPOSER SHOULD CONSULT THE PERSON(S) TO BE INSURED WHO MAY BE REQUIRED TO UNDERGO AN INDEPENDENT MEDICAL EXAMINATION.

Is the person(s) to be insured suffering from any physical, psychological or other medical condition?	<input type="checkbox"/> no	<input type="checkbox"/> yes, please provide details
Is the person(s) to be insured undergoing any form of medical or other treatment?	<input type="checkbox"/> no	<input type="checkbox"/> yes, please provide details
Is the person(s) to be insured following any prescribed regime medical or otherwise?	<input type="checkbox"/> no	<input type="checkbox"/> yes, please provide details

BEFORE ANSWERING THE FOLLOWING TWO QUESTIONS, YOUR ATTENTION IS DRAWN TO THE FACT THAT THE INSURANCE WILL CONTAIN WARRANTIES NECESSARY ARRANGEMENTS AND CONTRACTUAL REQUIREMENTS.

Have all the necessary arrangements for the successful fulfillment of the performance(s) or event(s) to be insured been made?	<input type="checkbox"/> no	<input type="checkbox"/> yes, please provide details
Have all necessary licenses, visas, permits been obtained and have all contractual arrangements been confirmed in writing?	<input type="checkbox"/> no	<input type="checkbox"/> yes, please provide details

What limit of indemnity is required?

Do the sums below represent the full extent of your financial responsibilities?	<input type="checkbox"/> yes	<input type="checkbox"/> no, please provide details
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Please give details of budget:

<p>Expenses _____</p> <p>Commitments _____</p> <p>Guarantees _____</p> <p>Fees _____</p> <p>Commission(s) _____</p> <p>Sponsorship _____</p>	<p>Advertising _____</p> <p>Promotion Costs _____</p> <p>a) T.V. rights _____</p> <p>b) Other rights (give full details) _____</p> <p>Other items not included in above (give full details) _____</p>
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TOTAL PROFIT/(LOSS) _____

**BROKER
INFORMATION**

If the performance(s) or event(s) has been held before, under the present management or any other, has there even been a loss (whether insured or otherwise)? <input type="checkbox"/> no	<input type="checkbox"/> yes, state full details
Has the Proposer(s) ever suffered a loss (whether insured or otherwise) in respect of their involvement in any type of performance(s) or event(s)? <input type="checkbox"/> no	<input type="checkbox"/> yes, state full details
Are you aware of any matter, fact, or circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a loss under this Insurance? <input type="checkbox"/> no	<input type="checkbox"/> yes, state full details

Broker / Agent / Consultant

Contact name and telephone no.

CONDITIONS OF QUOTATION

Any quotation provided by Underwriters as a result of this proposal will be subject to:

- 1) final acceptance by the Proposer(s) and then Underwriters prior to the acceptance date shown in the quotation after which the resulting insurance subsequently issued.
- 2) the Proposer(s) undertaking to advise Underwriter's of any change in the information supplied occurring prior to the inception date of any insurance cannot be cancelled.
- 3) Underwriters having no obligation to accept the risk if there has been any happening or circumstance, whether advised by the Proposer(s) or otherwise, arising prior to acceptance by Underwriters which increases or could increase the possibility of a loss or in any way materially alters the risk as quoted. However, Underwriters at their sole discretion may decide to provide an alternative quotation.
- 4) the Proposer(s) having declared all material facts likely to influence a reasonable Underwriter in determining:
 - a) whether or not to accept the risk
 - b) the premium
 - c) the terms, conditions, exclusions and limitations.
- 5) (a) any Proposer, who acts on behalf of others being deemed to have obtained and declared all the information provided after making inquiry with each of them: this condition also applies to any intermediary.

(b) the Proposer(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7) below
- 6) the Proposer(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Underwriters' prior written approval: in the event of such approval being given, the terms, conditions, exclusions, limitations, and premium set out in any quotation may be amended by Underwriters.
- 7) the Proposer(s) paying the premium with acceptance of the quotation. If (in accordance with 1) and 3) above underwriters do not accept the risk the premium will be returned.

DECLARATION

I hereby warrant that the above statements are true and correct to the best of my knowledge and belief and, that I have not with held any information which is calculated to influence the decision of the Insurer. I understand that non-disclosure or misrepresentation of a material fact will render this insurance null and void.

NOTE: A material fact is one likely to influence acceptance or assessment of this application by the Insurer. If you are in doubt as to what constitutes a material fact you should consult your agent, or WILLIAM J. SUTTON & CO. LTD. Further, that WILLIAM. J. SUTTON & CO. LTD. is hereby authorized as the sole representative for placement of this insurance.

Signature

Date