

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant:
2. Address:

City: Province: Postal Code:
3. Phone: Fax:

SECTION 2: UNDERWRITING INFORMATION

1. Name of event:
2. Type of event:
3. Dates of the event: Start: End:
4. Name and location where the venue event will be held:
5. Web link or event website address?
6. Has this event been held before?
If yes, for how long? ☐ Yes ☐ No
7. How many years has this event been held under present management?
8. Have you had past experience holding events/promotions of this kind?
If yes, please explain. ☐ Yes ☐ No
9. Would you like a quote for Gross Revenue or Expenses? (check one) ☐ Gross Revenue
☐ Expenses
10. List budgeted Gross Revenue from the event: \$_____
11. List budgeted Expenses from the event: \$_____
12. Does the amount provided in question 7 and question 8 represent the full extent of your financial responsibilities?
☐ Yes ☐ No

If no, please explain.
13. What percentage of your Gross Revenue comes from: Attendees Fees _____% Gate receipts _____%
14. Please attach a detailed budget of expenses and gross revenues.
15. Has the event ever sustained an insured loss?
If yes, please explain. ☐ Yes ☐ No
16. Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance?
☐ Yes ☐ No

17. Has the client ever had similar insurance (as applied for) declined, cancelled or renewal refused? ☐ Yes ☐ No
If yes, please explain.
18. Are there any other material facts or items of information with regard to the proposed performance(s), event(s) or performers which should be disclosed? (A material fact is one likely to influence acceptance or assessment of this proposal by underwriters). ☐ Yes ☐ No
If yes, please provide full details:
19. Will the event be held outdoors? ☐ Yes ☐ No
If yes, please provide a detailed description of the venue and stages if applicable, including full detail of construction, and what precautions have been taken to ensure protection of equipment, personnel, and electricals from the elements.
20. Is the event open to the public? ☐ Yes ☐ No
21. Does the event include any teleconferencing? ☐ Yes ☐ No
22. Will adverse weather preclude the fulfillment of event? ☐ Yes ☐ No
23. Will the venue require construction work? ☐ Yes ☐ No
24. Have all necessary arrangements for the successful fulfillment of the event been made? ☐ Yes ☐ No
25. Have all necessary licenses, visa, and/or permits been obtained? ☐ Yes ☐ No
26. Have all necessary contractual arrangements been confirmed in writing? ☐ Yes ☐ No
27. Will the non-appearance of any persons, entertainers or band preclude the successful fulfillment of the event? ☐ Yes ☐ No
If yes, please completed Section 3.

SECTION 3: NON-APPEARANCE COVERAGE (IF COVERAGE IS REQUIRED)

1. Details of all of the entertainers, bands or speakers for which you require insurance. Include names and ages, and entertainer type. If a web link or entertainer website is available, please add.
2. Do and persons to be insured have a history of non-appearance? ☐ Yes ☐ No
If yes, please explain.
3. Are any persons to be insured suffering from a medical condition? ☐ Yes ☐ No
If yes, please explain.
4. Has any provisions been made for substitute entertainers? ☐ Yes ☐ No
If yes, please explain.

SECTION 4: DECLARATION

I/we hereby declare that the above statements are to my/our knowledge true and that I/we have not suppressed or misstated any material facts and I/we propose that these statements shall be the basis of the contract which I/we wish to take.

We confirm that the proposed promotion is legal and that any competition element conforms with the current legislation relevant to such competitions.

PLEASE NOTE: This insurance excludes any error or omission by you, your agents or contractors that would give rise to a prize not otherwise covered under the terms and conditions of the coverage.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	