



## Afro Asian Access Event Cancellation Proposal Form

### Insured Details:

Name of Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town / City: \_\_\_\_\_  
State/ County: \_\_\_\_\_  
Country: \_\_\_\_\_

### Regulatory:

Is the Insured a private individual (a person acting outside their business, trade or profession)?  Yes  No

### Event Details:

Name of Event: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town / City: \_\_\_\_\_  
State/ County: \_\_\_\_\_  
Country: \_\_\_\_\_

### Type of Event to be Insured:

Trade Show/ Consumer Show/ Meeting/ Seminars

Convention/ Conference open to the public

Convention/ Conference not open to the public

Sporting Events (please describe)

Other type of Event (please describe)

Has the Event been held before?  Yes  No

Is the Event open to the public?  Yes  No

### Event Dates:

Event From Date: \_\_\_\_\_ Event To Date: \_\_\_\_\_

### Adverse Weather:

Will the Event be held wholly or partly in the open air, in a tent, marquee or a temporary structure?  Yes  No

Is cover required for the effects of Adverse Weather?  Yes  No

Does the Event Venue or any area critical to the Event have any history of flooding or exposure strong winds?  Yes  No



**Limits Of Indemnity:**

Please provide the following financial information for your Event:

100% Gross Revenue: \_\_\_\_\_ 100% Costs and Expenses: \_\_\_\_\_

Please select the basis of Indemnity you require:  Gross Revenue  Cost and Expenses

**Non Appearance:**

Is coverage required for Non Appearance:  Yes  No

**Please note the policy contains a 30 day health warranty and a pre-existing medical condition exclusion**

Type of Non Appearance coverage required:

Key Speaker

1. First name _____	Last name _____	Date of Birth _____
2. First name _____	Last name _____	Date of Birth _____
3. First name _____	Last name _____	Date of Birth _____

**If there are more than 3 persons to be insured please attach additional names and dates of birth in the space provided**

Is any Key Speaker a member of a royal family or serving/former head of state?  Yes  No

Individuals or Group of Individuals

1. First name _____	Last name _____	Date of Birth _____
2. First name _____	Last name _____	Date of Birth _____
3. First name _____	Last name _____	Date of Birth _____

**If there are more than 3 persons to be insured please attach additional names and dates of birth in the space provided**

Simultaneous Non-Appearance for 25% or more of Participants due to Accident or Common Illness Common  Yes  No

Please confirm there are 20 or more performers in total  Yes  No



**General Information:**

Will all contractual arrangements necessary for the successful fulfilment of each Event be made and confirmed in writing in a prudent timely manner prior to the start of the Event? Yes No

Has any Event to be insured had any incidents that could have resulted or did result in a loss which would have been covered under this Insurance during the past three years? Yes No

Is the Insured aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect any Event and might result in a claim under the proposed Insurance? Yes No

**Specific Non Standard Coverage:**

Does the Insured have any specific non-standard coverage requirements Yes No

**Declaration:**

Following all due enquiries with and by the Insured I can confirm that to the best of the Insured(s) knowledge and belief the information provided in connection with this proposal is true and the Insured has disclosed any and all material facts. The Insured understands.

**a material fact is one likely to influence a reasonable underwriter in determining (a) whether or not to accept the risk; and/or (b) the level of the premium; and /or (c) the terms, conditions and limitations of the certificate. If you are in any doubt as to what constitutes a material fact then please tick no.** Yes No

**Any Additional Information**