



Proposal Form

Cancellation, Abandonment & Non-Appearence

Important Information

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence Insurer's acceptance and assessment of this proposal) will render the insurance void. If you are in any doubt about any facts which might be considered material you should disclose them. The Proposer is advised to keep a record (including copies of letters) of all information supplied for the purpose of entering into the contract.

The liability of Insurers does not commence until the proposal has been accepted by Insurers, a copy of which will be supplied to the Proposer on request.

Questions highlighted in grey should be completed if Non Appearance Coverage is required. All other questions MUST be answered.

Section A: General Information

Please complete clearly in BLOCK CAPITALS

a) Name of Proposer(s)

b) Address and telephone nos. of Proposer(s)

Telephone no

Fax no

Email address

c) What is the usual business of the Proposer(s) and how long engaged therein?

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

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

c) Has this/have these performance(s) or event(s) been held before

Yes

No

If yes, how often?

d) What is/are the involvement(s) of the Proposer(s) in performance(s) or event(s) and what is/are the experience of the Proposer(s) in this capacity?

e) Is/are the performance(s) or event(s) part of a larger production, promotion, series or tour?

Yes No

If yes, state which

3. 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)

Performance 1

Date _____ / _____ / _____ Venue _____
£ _____

Performance / Event

Performance 2

Date _____ / _____ / _____ Venue _____
£ _____

Performance / Event

Performance 3

Date _____ / _____ / _____ Venue _____
£ _____

Performance / Event

Performance 4

Date _____ / _____ / _____ Venue _____
£ _____

Performance / Event

Performance 5

Date _____ / _____ / _____ Venue _____
£ _____

Performance / Event

b) When would you like the insurance to commence?

_____ / _____ / _____

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

4. If the proposed event is a tour, what will be the method of transport used by:

a) Insured person(s)?

b) Equipment?

5. What allowance in the itinerary has been made for:

a) Travel delay?

b) Set up time?

c) 'Stand-by' dates?

6. a) Will any performance(s) or event(s) be held in the open air or a temporary structure? Yes No

b) Is the stage or area in which the performer(s) work(s) under cover? Yes No

If yes, give full details

c) Is cover required for cancellation or abandonment as a result of adverse weather? Yes No

d) Is/are the venue(s) exposed to wind, flood or water logging? Yes No

If yes, give full details

(N.B. Questions 7, 8, 9 and 10 need only be answered 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 CERTIFICATE.

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

Details 1

Name _____ Age _____

Participation _____

Details 2

Name _____ Age _____

Participation _____

Details 3

Name _____ Age _____

Participation _____

Details 4

Name _____ Age _____

Participation _____

Details 5

Name _____ Age _____

Participation _____

8. Has any person to be insured any history of non-appearance Yes No

If yes, give full details

9. Has any provision been made for Understudies or Substitutes? Yes No

If yes, give full details

10. a) Is/are the person(s) to be insured suffering from any physical, psychological or other Yes No

If yes, give full details

b) Is/are the person(s) to be insured undergoing any form of medical or other treatment? Yes No

If yes, give full details

c) Is/are the person(s) to be insured following any prescribed medical regime? Yes No

If yes, give full details

(N.B. Answers to Question 10 should only be made after consultation with person(s) to be insured.

BEFORE ANSWERING THE FOLLOWING QUESTION YOUR ATTENTION IS DRAWN TO THE FACT THAT THE INSURANCE WILL CONTAIN WARRANTIES REGARDING NECESSARY ARRANGEMENTS AND CONTRACTUAL REQUIREMENTS

11. a) Have all necessary arrangements for the successful fulfilment of the performance(s) Yes No

If yes, give full details

b) Have all necessary licences, visas, permits been obtained and have all contractual Yes No

If no, give full details

12. a) What Limit of Indemnity is required?

b) Give Details of Budget:

1. Costs	2. Commitments	3. Guarantees
£ _____	£ _____	£ _____
4. Expenses	5. Fees	6. Commission
£ _____	£ _____	£ _____

7. Sponsorship £ _____	8. Advertising £ _____	9. Promotion Costs £ _____
10. a) T.V. Rights £ _____	b) Other Rights (please detail) £ _____	11. Other Expenses £ _____
12 Net Profit £ _____	Total £ _____	

Do these sums represent the full extent of your financial responsibilities? Yes No

If no, give full details

13. a) If the performance(s) or event(s) has/have been held before under the present Yes No

If yes, give full details

b) Has/have the Proposer(s) ever suffered a loss whether insured or otherwise in respect Yes No

If yes, give full details

14. Are there any other material facts or items of information with regard to the proposed performance(s) or event(s) which should be disclosed? (A material fact is one likely to influence acceptance or assessment of this Proposal by Insurers):

Section B: Declaration

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 Insurers to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this Proposal by Insurers: If you are 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 Insurers 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(s):

Date

 /

 /

Please note: If you are returning this form to Riva ib by electronic means (email or upload), please either enter your electronic signature in the space provided or type in your full name. In both cases this legally binds you to the information supplied.



Riva Insurance Brokers Ltd.

34 Lime Street, London, EC3M 7AT

T 02035444860 **E** info@rivaib.com **W** rivaib.com

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