



Proposal Form

Musicians and Entertainers

Important Information

Your insurance contract will be prepared based on the information supplied by you, which is shown on this Proposal. To the best of your knowledge and belief, you must be satisfied the information is correct. It is important that you let us know about anything that could influence the insurers attitude to your proposal.

Your Personal Details

Please complete clearly in BLOCK CAPITALS

Proposer's full name: (including any subsidiary companies to be covered)

Name of band or act (if any)

Address of premises

Postcode

Telephone no

Fax no

Address for correspondence (if different)

Telephone no

Fax no

Email address

Business (please describe fully and provide full product information)

Year business established

Directors/Partners full names (where not shown)

Date on which insurance is to commence

Renewal date (if not 12 months from commencement date)

____ / ____ / ____

____ / ____ / ____

Cover Required

Please complete all sections under which coverage is required

Section A: All Risks

Loss, damage or destruction to the Property insured anywhere within the selected Territorial Limits.

1. Please insert Sums Insured (remembering that these should represent the full value of the Property at risk)

PROPERTY INSURED

a) Unspecified Equipment the property of the Insured or for which the Insured is responsible situate

– Premises only

– United Kingdom/Europe

– Worldwide

£ _____

£ _____

£ _____

b) Hired in Equipment the property of the Insured or for which the Insured is responsible situate

– Premises only

– United Kingdom/Europe

– Worldwide

£ _____

£ _____

£ _____

c) Props, Sets and Wardrobe the property of the Insured or for which the Insured is responsible situate

– Premises only

– United Kingdom/Europe

– Worldwide

£ _____

£ _____

£ _____

d) Laptop Computers the property of the Insured or for which the Insured is responsible situate

– Premises only

– United Kingdom/Europe

– Worldwide

£ _____

£ _____

£ _____

e) Other items (please specify)

£ _____

f) Estimated annual hiring charges over the next twelve months

£ _____

2. Where is the Property Insured usually kept?

3. Please state the type of premises (e.g. house, industrial unit)

4. Are such premises of brick, slate, stone or concrete construction with roofs of slate, tile, concrete, metal or asbestos?

Yes

No

If NO please provide details

5. Are access doors to the premises all secured with 5 lever mortice deadlocks and all accessible windows fitted with secondary fastenings?

Yes

No

If NO please provide details

6. Are such premises protected by an intruder alarm installation?

Yes

No

If YES please provide details of:

a) Make and when installed

b) Type of protection afforded

c) Signalling - bells only, Redcare

7. If the Property Insured ever left in an unattended vehicle overnight?

Yes No

If YES please provide details

8. Is the vehicle kept in a lock-up garage or other secure area overnight?

Yes No

If YES please provide details

9. Is the vehicle fitted with an immobiliser alarm or other security devices?

Yes No

If YES please provide details

10. Is cover to include loss, destruction or damage attributable to acts of Terrorism?

Yes No

Section B: Public and Products Liability

Legal liability for damages, costs and expenses in respect of accidental bodily injury to any person or for accidental loss of or damage to property, including such liability caused by any products supplied or worked upon.

11. Limit of Indemnity required any one occurrence and in the aggregate in respect of Products Liability? Please tick

£1,000,000 £2,000,000

Other amount, please specify

£ _____

12. Estimated gross income in the next 12 months, split, if applicable

a) United Kingdom

b) Europe

c) Worldwide (ex USA/Canada)

£ _____

£ _____

£ _____

d) USA/Canada

TOTAL

£ _____

£ _____

Section C: Employers Liability

Legal liability for damages, costs and expenses in respect of accidental bodily injury to any employee (including helpers, volunteers and 'roadies') in the course of your Business activities. Limit of indemnity £10,000,000 any one claim.

13. Estimated annual wages, salaries and all other payments for the next twelve months

Description of Employees, including any persons supplied to or borrowed

a) Clerical and managerial employees not engaged in manual labour

£ _____

b) All other employees (please describe activities)

14. Do your Business activities necessitate work at heights exceeding 3 metres?

Yes No

If YES, please provide details

15. Do you use, in connection with your Business activities, special effects, pyrotechnics

Yes No

If YES, please provide details

16. Please provide your Employers Reference Number

Section D: General Questions

INSURANCE HISTORY

17. Have you, or any other person to be Insured, held Insurance in the past 5 years for any of the risks against which you wish to Insure?

Yes No

If YES, please provide details

18. Has any previous Insurer declined a proposal, refused to renew a policy or imposed special terms or conditions for any of the risks against which you wish to insure?

Yes No

If YES, please provide details

19. Have you, or any other person to be Insured, ever been convicted of arson or any offence involving dishonesty of any kind, e.g. fraud, robbery, theft or handling stolen goods?

Yes No

If YES, please provide details

LOSS/CLAIMS HISTORY

20. Have you or any other person to be Insured

a) Incurred any loss, destruction or damage or made a claim

Yes No

b) Had any claim made against you by employees or other parties

Yes No

If YES, please provide details

If YES, please provide details

Claim 1

Date _____ / _____ / _____	Amount paid £ _____	Amount Outstanding £ _____
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Brief description of claim(s)

Claim 2

Date _____ / _____ / _____	Amount paid £ _____	Amount Outstanding £ _____
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Brief description of claim(s)

Claim 3

Date _____ / _____ / _____	Amount paid £ _____	Amount Outstanding £ _____
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Brief description of claim(s)

Security Requirements

Our minimum requirements for the premises at which equipment is regularly kept are 5 lever mortice deadlocks fitted to access doors and all accessible windows secured with secondary fastenings. Where equipment is regularly kept in unattended motor vehicles overnight, both alarms and immobilisers will be sought. Proposals with high sums insured or previous claims experience will attract additional security requirements.

Section E: Payments

Do you wish to pay the premium by monthly instalments Yes No

If YES an application form will be sent to you

NO INSURANCE IS IN FORCE UNTIL YOUR APPLICATION HAS BEEN ACCEPTED AND FULL PREMIUM HAS BEEN RECEIVED

Personal Data

You have the right to access any records about you, which we hold on computer files under the Data Protection Act 1984. Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer the insurance including the terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form, together with other information relating to the claim will be put on the register and made available to participants

To set up and administer your policy Riva Insurance Brokers Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area. Riva Insurance Brokers Limited may also send you details of their other products and services.

Please tick this box if you do not wish to receive such details

Insurance Premium Tax
The Finance Act 1994 required us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

Section F: Declaration

To the best of my knowledge and belief the information and statements provided in connection with this proposal, whether in my own hand or not, are true and complete and no material facts or information have been withheld or suppressed. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of the risk by insurers. If you are in any doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or insurers to accept, this insurance. I understand and agree that insurers may seek information from credit and other agencies in connection with this proposal.

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.



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