

## APPENDIX B - NON-APPEARANCE

**A) IF INDIVIDUAL NON APPEARANCE COVER IS REQUIRED, PLEASE COMPLETE THE FOLLOWING QUESTIONS**

Please Note: The policy will contain a 30 day health warranty and a full pre existing medical conditions exclusion

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| <p>1. Name of Key Individual(s)</p> <input style="width: 95%; height: 20px;" type="text"/>   | <p>2. Date of birth</p> <input style="width: 95%; height: 20px;" type="text"/>                                     |
| <p>3. How will the Key Individual(s) travel to the event?</p> <input style="width: 95%; height: 20px;" type="text"/>   | <p>4. How long before the Event are they due to arrive?</p> <input style="width: 95%; height: 20px;" type="text"/> |
| <p>5. Is the Key Individual(s) contracted to appear at this event?</p>   | <p>YES      NO</p>   |
| <p>6. Does the Key Individual(s) have any prior commitments which may affect their ability to attend the event?</p> <p>If Yes, please provide details:</p> <input style="width: 95%; height: 30px;" type="text"/>  | <p>YES      NO</p>   |
| <p>7. Is a replacement available if the Key Individual(s) is/are unable to attend the event?</p> <p>If Yes, please give details including likely additional cost (\$) to replace the Key Individual(s):</p> <input style="width: 95%; height: 30px;" type="text"/> | <p>YES      NO</p>   |
| <p>8. If the Key Individual(s) cannot be replaced, would the entire event be cancelled / abandoned?</p> <p>If No, please advise what the likely maximum loss (\$) would be:</p> <input style="width: 95%; height: 30px;" type="text"/>                             | <p>YES      NO</p>   |
| <p>9. Does the Key Individual(s) suffer from any physical, mental or medical condition?</p> <p>If Yes, please give details:</p> <input style="width: 95%; height: 30px;" type="text"/>   | <p>YES      NO</p>   |
| <p>10. Is the Key Individual(s) undergoing any form of treatment, medical or otherwise?</p> <p>If Yes, please give details:</p> <input style="width: 95%; height: 30px;" type="text"/>   | <p>YES      NO</p>   |
| <p>11. Is the Key Individual(s) following any prescribed regime, medical or otherwise?</p> <p>If Yes, please give details:</p> <input style="width: 95%; height: 30px;" type="text"/>  | <p>YES      NO</p>   |
| <p>12. Does the Key Individual(s) have any history of non appearance?</p> <p>If Yes, please give details:</p> <input style="width: 95%; height: 30px;" type="text"/>   | <p>YES      NO</p>   |
| <p>13. Is the Key Individual(s) a member of the Royal Family or a serving/former Head of State?</p>  | <p>YES      NO</p>   |

**B) IF SIMULTANEOUS NON APPEARANCE COVER IS REQUIRED, PLEASE COMPLETE THE FOLLOWING QUESTIONS**

Please Note: Cover is limited to simultaneous catastrophic non appearance of 25% or more of Participants/Performers/Athletes/Team Members due to a Common Accident or Common Illness only.

How many participants?