



EVENTCOVER EVENT CANCELLATION PROPOSAL

1. Your Company Name (the Insured)
2. Address
3. Postal / Zip Code
4. E-mail Address
5. Telephone No.
6. Policy Currency
7. Are you (the insured) registered for GST in New Zealand? YES NO
8. If yes, please provide your GST registration number

EVENT

9. Event Name
 10. Type of Event
 11. Venue name & address
 12. City/Town
 13. Postal Code
 14. Country
 15. Event Start Date
/ /
 16. Event Start Time*
 17. Event End Date
/ /
 18. Event End Time*
- * Event start/end time means time the actual event begins & ends, not including bump-in & bump-out
19. Tenancy From Date
 20. Tenancy End Date
 21. Event Location
Indoors Outdoors Under Temporary Structures Indoors with some Outdoor Elements
 22. Has this Event been held before? YES NO
If no, please provide details of Proposer's experience in organising events:

BUDGET

23. 100% Event Gross Revenue
24. 100% Event Costs & Expenses

25. Please confirm the basis on which you would like to insure?

*Please note that if the event has not been held before, revenue cover is limited to pre-contracted gross revenue only (money secured in advance of the event such as pre sold tickets, sponsorship, etc)

100% Gross Revenue (Total Income)

100% Costs & Expenses only

ADVERSE WEATHER COVER

If any part of the Event takes place outdoors or under temporary structures and adverse weather cover is required, please complete Appendix A

NON APPEARANCE COVER

If the non-appearance of a specific key individual or group of individuals would cause the cancellation of this event and non-appearance cover is required, please complete Appendix B

EVENT LIABILITY COVER

If liability insurance is required for this event, please complete Appendix C

EARTHQUAKE COVER

- Is earthquake cover required? YES NO



GENERAL QUESTIONS

YES NO

- a) Have all contractual arrangements necessary for the successful fulfilment of the Event been made and confirmed in writing?
- b) Has any Event(s) in which You were involved (in managing) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance?
- c) Are You aware of any matter, fact, circumstance or incident, existing or threatened, that could possibly affect the performance(s) or Event(s), and might result in a loss under this insurance?
- d) Have You, or any other person to which this insurance would apply, ever been declined insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed?

CONDITIONS OF QUOTATION

Any terms provided by Us as a result of a non binding indication (and any supporting information) will be subject to:

1. Final acceptance by You and then Us prior to the quote expiry date shown in the non-binding indication, after which the resulting insurance cannot be cancelled.
2. You undertaking to advise Us of any change in the supporting information or additional information that should be supplied to make this non-binding indication current, occurring prior to the inception date.
3. You having declared all material facts likely to influence a reasonable Underwriter in determining:
 - a) whether or not to accept the risk,
 - b) the premium
 - c) the terms, conditions, exclusions and limitations.
4. You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them
 - a) any intermediary(ies) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act.
 - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 6 below.
5. You undertaking that no other insurance has been purchased on this specific risk and none shall be without Our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non-binding indication may be amended by Us.
6. You paying the premium with acceptance of the non-binding indication. If (in accordance with 1 and 3 above) We do not accept the risk, the premium will be returned.

DECLARATION

To the best of Your knowledge and belief and having diligently made all necessary inquiries, the information provided in connection with this proposal, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that non-disclosure or misrepresentation of a material fact* will entitle Us to void the Insurance.

* A material fact is one likely to influence acceptance or assessment of this Proposal by Us: If You are in any doubt as to what constitutes a material fact You should consult your Broker.

It is understood that the signing of this Proposal does not bind You to complete or Us to accept this Insurance, but You agree that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

SIGNATURE

I/We declare that the information provided above and in all appending sections is true to the best of My/Our knowledge

Signature

Date

Full name

Position held

EventCover is the specialist contingency brand of Sage Partners Ltd, Coverholder at Lloyd's, London

www.eventcover.co.nz +64 9 950 4902