

## APPENDIX B - NON-APPEARANCE

How many participants?

## 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

due to a Common Accident or Common Illness only.

| 1.  | Name of Key Individual(s)  | 2. Date of birth     |              |                     |
|-----|--|----------------------|--------------|---------------------|
| 3.  | How will the Key Individual(s) travel to the event?  | 4. How long before t | he Event are | e they due to arriv |
| 5.  | Is the Key Individual(s) contracted to appear at this event?   |                      | YES          | NO                  |
| 6.  | Does the Key Individual(s) have any prior commitments which may affect their ability to attend the end of the Key Individual(s) have any prior commitments which may affect their ability to attend the end of the Key Individual(s) have any prior commitments which may affect their ability to attend the end of the Key Individual(s) have any prior commitments which may affect their ability to attend the end of the Key Individual(s) have any prior commitments which may affect their ability to attend the end of the Key Individual(s) have any prior commitments which may affect their ability to attend the end of the Key Individual(s) have any prior commitments which may affect their ability to attend the end of the Key Individual(s) have any prior commitments which may affect their ability to attend the end of the Key Individual(s) have any prior commitments which may affect their ability to attend the End of the Key Individual (s) have any prior commitments which may affect their ability to attend the End of the Key Individual (s) have any prior commitments which may affect their ability to attend the End of the Key Individual (s) have any prior commitment (s) have a simple commi | vent?                | YES          | NO                  |
| 7.  | Is a replacement available if the Key Individual(s) is/are unable to attend the event?  If Yes, please give details including likely additional cost (\$) to replace the Key Individual(s):  |                      | YES          | NO                  |
| 8.  | If the Key Individual(s) cannot be replaced, would the entire event be cancelled / abandoned?  If No, please advise what the likely maximum loss (\$) would be:  |                      | YES          | NO                  |
| 9.  | Does the Key Individual(s) suffer from any physical, mental or medical condition?  If Yes, please give details:  |                      | YES          | NO                  |
| 10. | Is the Key Individual(s) undergoing any form of treatment, medical or otherwise?  If Yes, please give details:   |                      | YES          | NO                  |
| 11. | Is the Key Individual(s) following any prescribed regime, medical or otherwise?  If Yes, please give details:  |                      | YES          | NO                  |
| 12. | Does the Key Individual(s) have any history of non appearance?  If Yes, please give details:   |                      | YES          | NO                  |
|     | Is the Key Individual(s) a member of the Royal Family or a serving/former Head of State?   |                      | YES          | NO                  |
| 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 Particip  | oants/Performers/Ath | ıletes/Team  | Members             |