

Event Cancellation-Contingency

Proposal Form
Contingency Cancellation

Important Information

The Proposer(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Proposer knows or ought to know. **A matter is material if it would influence the judgement of a prudent company as to whether to accept the risk, or the terms of the insurance (including premium).** For these purposes, the Proposer knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Proposer also knows material matters which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The Proposer should therefore conduct a reasonable search of such information. The Proposer must disclose all material matters and circumstances known to it in a reasonably clear and accessible way, whether or not they are the subject of a specific question in this Proposal Form and any appendices ('Proposal Form').

Please answer all questions fully and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Proposal Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

Where there is reference to a defined term in this Proposal Form these are outlined in full in the applicable Contract of Insurance wording.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Proposer(s) should contact their insurance broker.

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A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

تصريح البنك المركزي السعودي رقم ت م ن - 33/20129 / ر.م 7001727200: رأس المال 300 مليون ريال

Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

الإدارة العامة / الرياض :ص.ب 643 الرياض 11421 هـ-آ فاكس 920008424 +966.11.2129444

الرياض 12214 المملكة العربية السعودية / العنوان الوطني :الإدارة العامة 9033 :طريق الملك فهد العليا برج العنود الثاني ، الدور 21

National Address: Head Office: 9033, Al Anoud Building, Tower 2 , 21st floor, King Fahd Rd, Al Olaya, Riyadh 12214 , Saudi Arabia

1. Name of Proposer(s):				
National Address:				
Telephone No:				
E-Mail address:				
What is the usual business of the Proposer(s)?				
How long engaged therein?				
Does the annual turnover or balance sheet of the proposer exceed SAR 10 MN million?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does the proposer employ fewer than 10 persons?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2. What is the "Proposer(s)" role in the Insured Event(s)?				
If the "Proposer(s)" is not the organiser, who is organising the event(s)?				
What is the extent of the "organiser's" experience in this capacity?				
3. Title or name of Insured Event(s):				
Type of event(s) to be insured:				
Please provide a brief description of the Insured Event(s):				
Time and Date of Insured Event(s):				
Time and date when Set Up of Insured Event(s) begins:				
Name of Venue(s):				
Address: Including Postcode(s)/Zip code:				
For how long could the start of Insured Event(s) be delayed?				
Please provide full details:				
Has the Insured Event(s) been held before?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please provide full details:				

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Is the Insured Event(s) part of a larger production, promotion, series or tour?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give full details: 				
In order to mitigate a loss to this insurance is rescheduling / postponement/ relocation possible for each Insured Event?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please explain why: 				
4. Will the Insured Event(s) be held wholly or partly in the open air, in a marquee or in a temporary structure?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, what proportion will be held in: the open air 				
marquee/tent 				
other temporary structure 				
If event(s) are to be held wholly or partly in the open air, in a marquee or in a temporary structures, please complete Outdoor Event Appendix A				
Will the non-appearance of any Person cause Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, would the Proposer(s) like Company to consider offering terms for the Non Appearance of those persons? 				
If yes, please complete Non Appearance Appendix B				
5. Will the Proposer(s) have a signed written contract for the lease or hire of Venue(s) prior to inception of this Insurance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please provide full explanation 				
Have all other contractual arrangements necessary for the fulfilment of the Insured Event(s) been made and confirmed in writing?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please provide full explanation 				
If no, does the Proposer(s) undertake to make all such remaining contractual arrangements in a prudent and timely manner and ensure they are confirmed in writing prior to the relevant Insured Event(s)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please provide full explanation 				
Have all necessary licences, visas, permits and authorisations been obtained?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please provide full explanation 				

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6. Please attach a budget sheet Expenses for Expenses and Gross Revenue or alternatively	Amount	Gross Revenue	Amount
a. General administration	<input type="text"/>	a. Gate/ticket sales	<input type="text"/>
b. Printing, promotion and advertising	<input type="text"/>	b. Programme sales	<input type="text"/>
c. Venue hire	<input type="text"/>	c. Merchandising	<input type="text"/>
d. Facilities and equipment rental	<input type="text"/>	d. Fees	<input type="text"/>
e. Communications costs	<input type="text"/>	e. Commissions	<input type="text"/>
f. Sponsorship	<input type="text"/>	f. Sponsorship	<input type="text"/>
g. Wages, salaries and benefits	<input type="text"/>	g. Advertising	<input type="text"/>
h. Broadcasting and T.V. rights	<input type="text"/>	h. Concessions	<input type="text"/>
i. Insurance other than insured hereon	<input type="text"/>	i. Broadcasting and T.V. rights	<input type="text"/>
j. Other items not included above (Give details)	<input type="text"/>	j. Other items not included above	<input type="text"/>
		(Give details)	<input type="text"/>
Total	<input type="text"/>	Total	<input type="text"/>

For information only, the amount by which Budgeted Gross Revenue exceeds Budgeted Expenses will represent the Proposer's Budgeted Net Profit (see below)

The Proposer(s) may elect to insure either the Total Expenses or the Total Gross Revenue

Revenue ☐ Total Gross ☐ Net Profit ☐

Total Expenses ☐ Other ☐

Please indicate your preference by ticking the box opposite.

If you wish the Company to consider insuring a different Limit of Indemnity, please tick other and provide an explanation of what this represents.

7. Does any other party have an interest in the Gross Revenue? YES ☐ NO ☐
8. What Proportion of Tickets are sold / Revenue generated in advance of the Insured Event? %
9. Do you have in place a Ticket Refund Policy? YES ☐ NO ☐

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If yes, please provide details:

If no, then what system do you have in place?

10. Has any event in which the Proposer(s) was/were involved (in managing) had any incident that resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event? YES ☐ NO ☐

If yes, please give full details

11. Has the Insured Event(s) (under the present or any other management) had any incident that resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event? YES ☐ NO ☐

If yes, please give full details

12. Loss payee (if other than Proposer(s) stated in question 1)

13. Would you like to add any of the following additional covers?
- 1- Adverse weather ☐
 - 2-Communicable disease. ☐
 - 3-Covered Stage. ☐
 - 4-National Mourning. ☐
 - 5-Non Appearance. ☐
 - 6-Terrorism. ☐

14. Claims Notification person(s) to be notified:
- Telephone No: Email:
15. Required period of insurance: From: To:
16. Has any company rejected your insurance application before?

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Appendix A Outdoor Event

1. Describe any weather and / or ground conditions which could cause the Insured Event(s) to be cancelled, abandoned, postponed, curtailed or interrupted or result in additional costs:
2. Has the Insured Event(s) been held in all?
 before?
 at this location?
 If yes, how many times:
 at this time of year?
3. Has the Insured Event(s) ever been affected by adverse weather and / or unsuitable ground conditions? YES ☐ NO ☐
 If yes, please: a) give details

 b) provide detail of any measures that have been taken to prevent the situation reoccurring?
4. Have any drainage or ground improvements been made to the event Venue including car parks or camping grounds) in the last 10 years? YES ☐ NO ☐
 Please consult with name of owner.
 If yes, please give details
5. (a) Does the Insured Event(s) take place on tarmac, hard standing or similar surface? YES ☐ NO ☐
 If no, what contingency plans are in place in the event of adverse weather and / or ground conditions?
 b) Is the car parking on tarmac, hard standing or similar surface?
 If no, what contingency plans are in place in the event of adverse weather and / or ground conditions?
6. Are camping grounds required / provided for the Insured Event(s)? YES ☐ NO ☐

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7. Has any event held at this location ever been affected by adverse weather and / or ground conditions	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
8. Are there any other events scheduled to take place at the event Venue in the 6 months directly before or after the event?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please consult with owner.				
Please provide details: <input type="text"/>				
9. Is there an Event Management Plan for this Event?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please provide a copy to the Company				
10. Will the Insured Event(s) take place at a location near residential or business premises?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, what monitoring plans are in place to prevent a noise nuisance or disturbance to residents in the area? <input type="text"/>				
11. Is a Licence from a Local Authority or Council required for the Insured Event(s)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, does this include noise restrictions either as to sound levels emitted on-site and/or noise levels off-site and/or hours when certain noise levels are prohibited/restricted? Please provide full information on the restricted and prescribed decibel levels.				
If yes, what monitoring plans are in place to comply with these restrictions?				
<input type="text"/>				
12. Is there a communication and command structure for noise control?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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Appendix B Non Appearance

1. Please refer to the policy wording to determine the extent of coverage offered. The numbers in brackets relate to the optional perils specified in the policy wording. What perils are required?	Death	Accidental Bodily Injury & Illness		
	Unavoidable Travel Delay	Venue Damage		
	National Mourning	Other Perils		
2. For the purposes of any insurance granted as a result of this proposal coverage shall be limited to those individuals detailed below and stated in the Schedule attached to the Policy. Company may require any of the following individuals to undergo an independent medical examination.	Persons to be insured			
	Date of Birth			
	Participation/Role			
3. Has any provision been made for understudies, substitutes or stand-bys?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, give full details: <input type="text"/>				
4. The Proposer(s) shall consult the person(s) detailed in question 2 before answering the following.				
Is any person to be insured suffering from any physical, mental or medical condition?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, give full details: <input type="text"/>				
Is any person to be insured undergoing any form of treatment, medical or otherwise?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, give full details: <input type="text"/>				
Is any person to be insured following any prescribed regime, medical or otherwise?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, give full details: <input type="text"/>				
Is any person to be insured 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 the proposed insurance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, give full details: <input type="text"/>				
Have any of the persons to be insured stated in question 2 any history of non-appearance whether or not it resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of an Event?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, give full details: <input type="text"/>				

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5. What method of transportation will be used:	By the person(s) to be insured? <input type="text"/>			
	For equipment or items essential to the Insured Performance(s) or Event(s)? <input type="text"/>			
	Is the means of transportation to be used customised or adapted for the purpose?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, is an alternative means of transportation available? <input type="text"/>			
6. Have written contracts been signed:	For the appearance of all the persons shown in question 2	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Have all necessary licences, visas and permits and authorisations for the Insured Person(s)		YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If no, does the Proposer(s) undertake to make all such remaining contractual arrangements in a prudent and timely manner and ensure they are confirmed in writing prior to the relevant Insured Event(s)?				
If no, please provide full explanation <input type="text"/>				

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Appendix C Non Appearance

DECLARATION

I/we confirm that the information given in this Proposal Form, whether in my/our own hand or not, is correct.

I/we declare that I/we have made a fair presentation of the risk by disclosing all material matters and circumstances which would influence a prudent Company's assessment of the risk which we know or ought to know including my/our senior management or anybody responsible for arranging my/our insurance, having conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. Failing that, I/we have given Company sufficient information to put The company on notice that it needs to make further enquiries in order to reveal material matters or circumstances, whether or not those matters and circumstances were the subject of a specific question in this Proposal Form. If there are any material matters or circumstances not specifically covered by a question in this Proposal Form, I/we have listed these on a separate sheet of paper which is signed and dated and attached.

It is understood that the signing of this Proposal Form does not bind the Proposer(s) to complete or Company to accept this insurance.

I/we the Proposer(s) accept these conditions as the Proposed policy holder or agent of the Proposed policy holder.

I/we the Proposer(s) also agree that in the event any information contained in any completed Proposal Form and/or supplied to support this Proposal Form or other application for this insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, we will advise Company in writing immediately on becoming aware of such changes. In such circumstances, Company will be entitled to re-assess the proposal for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Proposal Form is duly authorised to do so on behalf of the Proposer(s).

Signature

Date

Name

Position

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SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

تصريح البنك المركزي السعودي رقم ت م ن - 33/20129 / ر.م 7001727200 : رأس المال 300 مليون ريال

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