

## Event Cancellation- Non Appearance Proposal Form

## 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 insurer 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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السعودي المركزي البنك قبل من والرقابة للإشراف تخضع ، التأمين نشاط في تعمل مساهمة سعودية شركة

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

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

21الدور ، الثاني العنود برج العليا فهد الملك طريق 9033 :العامة الإدارة :الوطني العنوان / السعودية العربية المملكة 12214 الرياض  
National Address: Head Office: 9033, Al Anoud Building, Tower 2, 21st floor, King Fahd Rd. Al Olava, Rivadh 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"/>
2. Insured Event (For multiple events attach itinerary with applicable Limit of Indemnity as appropriate)				
3. Total Budgeted Expenses				
4. Total Budgeted Gross Revenue:				
5. Budget breakdown attached: SAR				
6. Aggregate Limit of Indemnity Expenses: being the cumulative value of expenses for each and every Insured Event declared to this Contract of Insurance.				
Aggregate Limit of Indemnity Gross Revenue: being the cumulative value of Gross Revenue for each and every Insured Event declared to this Contract of Insurance.				
7. Claims Notification	person(s) to be notified:			
	Telephone No:			
Does the proposer employ fewer than 10 persons?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
8. Please refer to the policy wording to determine the extent of coverage offered.	Death	Accidental Bodily Injury & Illness		
What perils are required?	Travel Delay	Other Perils		
9. Coverage will be limited to the individuals noted here and stated in the Schedule				
Underwriters may require any of the following individuals to undergo an independent medical	Date of Birth			

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examination.

Participation/Role

10. Has any provision been made for understudies, substitutes or stand-bys? If yes, give full details:

YES ☐ NO ☐

11. The Proposer(s) shall consult the person(s) detailed in question 2 before answering the following.

a) Is any person to be insured suffering from any physical, mental or medical condition?

YES ☐ NO ☐

If yes, give full details:

b) Is any person to be insured undergoing any form of treatment, medical or otherwise?

YES ☐ NO ☐

If yes, give full details:

c) Is any person to be insured following any prescribed regime, medical or otherwise?

YES ☐ NO ☐

If yes, give full details:

d) 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 ☐ NO ☐

If yes, give full details:

e) Have any of the persons stated in question 2 any history of non-appearance?

YES ☐ NO ☐

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If yes, give full details:

F) Loss Payee:

12. What method of transportation will be used to get to the Event:

By the person(s) to be insured?

For equipment or items essential to the Insured Performance(s) or Event(s)?

Is the means of transportation to be used customised or adapted for the purpose?

YES ☐

NO ☐

If yes, is an alternative means of transportation available?

13. Have written contracts been signed:

YES ☐

NO ☐

For the appearance of all the persons shown in question 2

14. Required period of insurance: From:

To:

15. Has any company rejected your insurance application before?

Signature:

Date:

Name:

Position:

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