



Tel: 0861-00-0090
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UNDERWRITING MANAGERS

CANCELLATION OF EVENTS PROPOSAL

SECTION 1 – GENERAL RISK INFORMATION, PLEASE COMPLETE ALL QUESTIONS IN THIS SECTION

COVER REQUIRED:	COVER A: CANCELLATION OF EVENT(S) NOT INCLUDING COVERS B AND C	YES – MINIMUM COVER			
	COVER B: NON-APPEARANCE OF INSURED PERSONS	YES	NO		
	COVER C: WEATHER PERILS <i>(MUST BE ACCEPTED 14 DAYS PRIOR TO EVENT)</i>	YES	NO		
NAME OF INSURED: <i>(No private individuals, unless Sole Proprietor) This entity must be South African</i>					
INSURED VAT NUMBER:					
INSURED REGISTRATION NUMBER:					
REGISTERED PHYSICAL ADDRESS:					
IS THE INSURED THE EVENT ORGANIZER?		YES	NO		
IF NOT WHAT IS THE INSURED'S RESPONSIBILITY AT THE EVENT?					
NAME OF THE EVENT:					
DETAILED DESCRIPTION OF THE EVENT:					
WEBSITE ADDRESS OR DETAILED BUSINESS DESCRIPTION					
WHO DECIDES WHETHER THE EVENT MUST BE DISCONTINUED? (E.G. ORGANISER, AUTHORITIES, ETC.)?					
AT WHAT POINT DURING THE EVENT / PERFORMANCE DOES THE INSURED DEEM THE EVENT TO HAVE BEEN SUCCESSFULLY CONCLUDED – IF FOR EXAMPLE THE EVENT IS CANCELLED AN HOUR EARLIER THAN SCHEDULED, WHAT WILL THE FINANCIAL IMPLICATION BE?					
HOW MANY YEARS HAS THE APPLICANT BEEN OPERATING AS AN EVENTS ORGANISER? (IF NOT AN ORGANISER, HOW MANY YEARS IN BUSINESS)					
DATES OF EVENT				VENUE	MAXIMUM LOSS (SHOULD ANY ONE DAY BE CANCELLED)
FROM:		TO:		1.	R
FROM:		TO:		2.	R
FROM:		TO:		3.	R
TIME OF EVENT		FROM:		AM	
				PM	
		TO:			AM
					PM



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HAVE YOU EVER BEEN REFUSED INSURANCE FOR AN EVENT, IF YES PLEASE PROVIDE DETAILS	YES	
	NO	
ARE BUFFER TIMES PLANNED , IF NO PLEASE PROVIDE DETAILS AS TO WHY NOT	YES	
	NO	
HAS THE EVENT BEEN HELD BEFORE, IF YES WHERE AND HOW OFTEN?	YES	
	NO	
WILL REPAIRS BE CARRIED OUT ON THE VENUE PRIOR TO THE EVENT?	YES	
	NO	
HAVE YOU OBTAINED ALL THE REQUIRED LICENSES, VISAS AND PERMITS? IF NO, PLEASE PROVIDE DETAILS	YES	
	NO	
NUMBER OF TICKETS PRINTED		NUMBER OF TICKETS SOLD
		PRICE PER TICKET
		R
ANY PAST CLAIMS, INCIDENCED OR FINANCIAL LOSSES?	YES	NO
YEAR	AMOUNT	DETAIL
	R	
	R	
IS THE EVENT:	INDOORS	OUTDOORS
WHERE WILL THE EVENT TAKE PLACE?	Open Air	Large Building
		Under Canvas
		Staged Roof & Covered on 3 sides
IN THE CASE OF A TOUR: WHAT MEANS OF TRANSPORT ARE TO BE USED	Aircraft	Bus
		Boat
		Car
HOW MUCH EXTRA TIME HAS BEEN ALLOWED FOR	Travel delays?	Erection and dismantling?
		Alternative relocation?
PLEASE PROVIDE DETAILS		
WILL THE EVENT BE TELEVISED?	YES	NO
DETAILS OF POSSIBLE MATERIAL DAMAGE (FIRE, WATER DAMAGE, ETC.) THAT COULD LEAD TO A DISRUPTION OF THE EVENT:		
WHAT LOSS PREVENTION MEASURES ARE IN PLACE AT THE LOCATION / VENUE (SPRINKLERS, FIRE EXTINGUISHERS ETC.)?		



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WHAT LIMITS MUST BE INSURED – MUST BE VAT INCLUSIVE

EXPENSES (Please provide DETAILED BUDGET)	R
SPONSORS (Please provide SPONSORSHIP AGREEMENT)	R
ADVANCE TICKET SALES (Please provide current sales if available)	R
GATE TICKET SALES (Only if the insured has a 5 year history of gate sales)	R

SECTION 2 – NON-APPEARANCE OF PERSON(S) OR SPECIFIED PROPS OR GOODS

COULD A SPECIFIC PERSON, PERFORMER OR PROP CAUSE A CANCELLATION IF THEY/ IT IS UNABLE TO PERFORM OR ATTEND?	YES	NO
NAME OF PERSON/ PERFORMER/ ITEM THAT CAN CAUSE A CLAIM	FUNCTION	AGE

PLEASE CONSULT WITH THE ARTIST(S) OR THEIR AGENT BEFORE COMPLETING THE FOLLOWING SECTION

HAS THE NOMINATED PERSON CAUSED A CANCELLATION IN THE PAST 5 YEARS? IF YES PLEASE PROVIDE DETAILS	YES	
	NO	
IS/ARE THE PERSON(S) TO BE INSURED CURRENTLY UNDERGOING MEDICAL OR PSYCHOLOGICAL TREATMENT? IF YES PLEASE PROVIDE DETAILS	YES	
	NO	
HAS/HAVE THE PERSON(S) TO BE INSURED ANY OTHER PROFESSIONAL OBLIGATIONS DURING THE PERIOD OF THE INSURED EVENT	YES	
	NO	
WILL THE PERSONS TO BE INSURED BE PERFORMING ANY DANGEROUS ACTIVITIES (PROFESSIONALLY OR PRIVATELY) DURING THE PERIOD OF THIS POLICY	YES	
	NO	
IS PERSON(S) TRAVELING FROM ABROAD? IF YES WHAT AIRLINE WILL THEY BE USING?	YES	
	NO	



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WILL THERE BE:	EXHIBITIONS	DEMONSTRATIONS	FOOD AND DRINK	TENTS	FIREWORKS / SPECIAL EFFECTS
	KIDDIES SECTION	ANIMALS	MOTORIZED SPORTS	USHERS	OPEN WATER, DAM, RIVER, SWIMMING POOL

SECTION 3: CANCELLATION AS A RESULT OF WEATHER CONDITIONS

COVER WILL ONLY BE PROVIDED IF THE POLICY IS FINALISED, ISSUED AND PAID FOR 14 DAYS PRIOR TO FIRST START DATE

DESCRIPTION OF WEATHER CONDITIONS THAT COULD LEAD TO A CANCELLATION, ABANDONMENT OR POSTPONEMENT OF THE EVENT:

RAIN: 	FIRST DROP OF RAIN (VERY EXPENSIVE)	YES	NO
	CONTINUOUS RAIN EXCEEDING 1 HOUR AND BEING MORE THAN 10MM/H	YES	NO
	HEAVY DOWNPOUR (>5MM/H)	YES	NO
WIND: 	WIND FROM BEAUFORT FORCE 4 UPWARD (= > 35 KM/H)	YES	NO
	WIND FROM BEAUFORT FORCE 6 UPWARD (= > 39 KM/H)	YES	NO
TEMPEST : 	CONTINUING THUNDERSTORM (WITH LIGHTNING)	YES	NO
	CANCELLATION ON ACCOUNT OF WEATHER THAT COULD ENDANGER THE LIFE OR LIMB OF PARTICIPANTS OR SPECTATORS		
	FLOODING OF THE VENUE		
	INACCESSIBILITY, BY ROAD OR ON FOOT, TO THE VENUE		
ARE THERE ANY OFFICIAL REGULATIONS, SAFETY REQUIREMENTS OR ORDINANCES RELATING TO THE EFFECTS OF ADVERSE WEATHER CONDITIONS? IF YES WHAT	YES		
	NO		



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IS THE GROUND PROPERLY DRAINED? PLEASE PROVIDE DETAIL	YES	
	NO	

WHAT DOES THE GROUND CONSIST OF?	
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INSURED MUST SPECIFY ANY OTHER WEATHER PERILS REQUIRED AND CRITICAL TO THE SUCESFULL HOSTING OF THE EVENT
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DECLARATION

<p>Signing this application does not bind the applicant or the company to complete insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way to conceal or misrepresent material fact or circumstances concerning, this insurance or the subject thereof the entire policy shall be void.</p> <p>I/we have read the above and agree that to the best of my / our knowledge and belief same fully represents the true statements of facts.</p>

INSURED	
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DATE	
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SIGNATURE	
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NAME OF BROKING COMPANY	
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FSP NUMBER	
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NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:	
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CONTACT DETAILS	
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