

Application for Cancellation Insurance

Please note coverage must be finalized a minimum of 14 days prior to start of the event. Be sure to allow enough time to submit the application, address any questions and review a quote.

Instructions on Completing This Form:

The Applicant(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Applicant(s) knows or ought to know. A matter is material if it would influence the judgement of a prudent underwriter as to whether to accept the risk, or the terms of the insurance (including premium). For these purposes, the Applicant(s) knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Applicant(s) 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 Applicant(s) should therefore conduct a reasonable search of such information. The Applicant(s) 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 Application Form and any appendices ('Application 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 Application 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 Application 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 Applicant(s) should contact their insurance broker.

Upon completion, please sign and return this form to your Insured Creativity representative or to info@insuredcreativity.com and include the following where applicable:

- Tour Schedules
- Budget of Revenue and Expenses
- Site Plan
- Stage Plan
- Emergency Action Plan
- Artists Contracts
- Medicals
- Ticket Refund Policy

We strongly urge that you retain a copy of this proposal.

Please approach us with any questions you may have. We look forward to working with you.

Please complete the following:

Insured Information:

Contact Name:			
Company:			
Does Annual Revenue Exceed CAD \$2 Million:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Nature of Business:			
What is the Applicants role in the Insured Event:			
Address:			
City:		State/Province:	
Country:		Postal Code/Zip:	
Telephone:		Email:	

Location of the Event:

Venue Name:			
Address:			
City:		State/Province:	
Country:		Postal Code/Zip:	

Event Information:

Name of Event:	
Brief Description of Event:	
Who is the Event	

Organizer:			
What experience does the Event Organizer have in this capacity:			
Start Date of Event:		End Date of Event:	
Has the Event been held before:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many times in the same location and at the same time of year?:		
Is the Event part of a larger production, series, or tour:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:		
To mitigate a loss to this insurance is rescheduling / postponement / relocation possible for each Insured Event:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain why:		
Will the Insured Event(s) be held:	Entirely Outside: <input type="checkbox"/> Yes <input type="checkbox"/> No Partly in Open Air: <input type="checkbox"/> Yes <input type="checkbox"/> No In Marquee or Temporary Structure: <input type="checkbox"/> Yes <input type="checkbox"/> No If event(s) are to be held wholly or partly in the open air, in a marquee or in a temporary structure, 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, would the Applicant(s) like Underwriters to consider offering terms for Non-Appearance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete Non-Appearance Appendix B.		
Would the Applicant(s) like underwriters to consider offering terms for:	Terrorism: <input type="checkbox"/> Yes <input type="checkbox"/> No Civil Commotion: <input type="checkbox"/> Yes <input type="checkbox"/> No Transmission Failure: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will all necessary licenses, visas, permits, contracts and authorizations required for the event, venue and its participants be obtained in writing prior to the start of the event:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain why:		

Event Budget:

Please attach a budget sheet for Expenses and Gross Revenue or alternatively please complete the Budget form below. Please show currency.

Expenses	Amount:	Gross Revenue	Amount:
1. General administration		1. Gate/ticket sales	
2. Printing, promotion and advertising		2. Programme sales	
3. Venue hire		3. Merchandising	
4. Facilities and equipment rental		4. Fees	
5. Communications costs		5. Commissions	
6. Sponsorship		6. Sponsorship	
7. Wages, salaries and benefits		7. Advertising	
8. Broadcasting and TV rights		8. Concessions	
9. Insurance other than insured hereon		9. Broadcasting and TV rights	
10. Other items not included above (Give details)		10. Other items not included above (Give details)	
TOTAL		TOTAL	

Other Information:

<p>Please indicate the Applicant(s) preference to insure either:</p>	<p><input type="checkbox"/> Total Expenses</p> <p><input type="checkbox"/> Total Revenue</p> <p><input type="checkbox"/> Other</p> <p>If Other, please provide details:</p>
<p>Does any other party have an interest in the Gross Revenue:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p>
<p>What portion of Revenue is generated in advance of the Insured Event through Ticket Sales:</p>	
<p>Do you have a Ticket Refund Policy in place:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide policy.</p> <p>If No, please explain what system you have in place:</p>
<p>Has the Insured Event or any other event in which the Applicant(s) was involved had any incident that resulted in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p>
<p>Are you aware of any matter, fact, circumstance or incident existing or threatening that might reasonably result in Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p>

DECLARATION:

I/we confirm that the information given in this Application Form including Appendix A, B and any attachment(s) provided to support this Application, 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 underwriter’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 Underwriters sufficient information to put a prudent Underwriter 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 Application Form. If there are any material matters or circumstances not specifically covered by a question in this Application Form, I/we have listed these on a separate sheet of paper which is signed and dated and attached. I/we the Applicant(s) accept these conditions as the proposed Insured or agent of the proposed Insured.

It is understood that the signing of this Application Form does not bind the Applicant(s) to complete or Underwriters to accept this insurance.

I/we the Applicant(s) also agree that in the event any information contained in any completed Application Form and/or supplied to support this Application 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, I/we will advise Underwriters in writing immediately on becoming aware of such changes. In such circumstances, Underwriters will be entitled to re-assess the Application for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Application Form is duly authorized to do so on behalf of the Applicant(s).

By submitting this application, I/we consent to the collection, use and disclosure of personal information as defined in our Privacy Policy found on Insured Creativity Inc.’s website.

Generally, information is collected and stored for the following purposes:

- the communication with Lloyd’s policyholders
- the underwriting of policies
- the evaluation of claims
- the analysis of business results
- purposes required or authorized by law

For the purposes identified, personal information may be disclosed to Lloyd’s related or affiliated organizations or companies, their agents, and to certain non-related or unaffiliated organizations or companies, including service providers. These entities may be located outside Canada therefore a customer’s information may be processed in a foreign jurisdiction and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

Signing this proposal form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

Signature:		Date:	
Name:		Position:	

APPENDIX A: OUTDOOR EVENT

<p>Describe any weather and / or ground conditions which could cause Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event or result in additional costs:</p>	
<p>Can the event proceed in light to moderate rain and winds up to 50km/hour for extended periods of time:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, for how long:</p> <p>If No, please explain why:</p>
<p>Is a Marquee or Temporary Structure utilized for the event:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details of structure:</p>
<p>Please confirm the stage used for Event is covered by 3 sides and a roof:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please confirm electronics are sheltered and protected from adverse weather:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the Insured Event(s) ever been affected by adverse weather and / or unsuitable ground conditions:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p> <p>Please provide detail of any measures that have been taken to prevent the situation reoccurring:</p>
<p>Please consult with owner to confirm if any drainage or ground improvements been made to the event Venue (including car parks or camping grounds) in the last 10 years:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p>
<p>Does the Insured Event(s) take place on tarmac, hard standing or similar surface:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, what contingency plans are in place in the event of adverse weather and / or ground conditions:</p>
<p>Is the car parking on tarmac, hard standing or similar surface:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, what contingency plans are in place in the event of adverse weather and / or ground conditions:</p>
<p>Are camping grounds required / provided for the Insured Event(s):</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what contingency plans are in place in the event of adverse weather and / or ground conditions:</p>

<p>Please consult with owner to confirm if any part of the event Venue (including car parks or camping grounds) been flooded or waterlogged or affected by adverse weather conditions during the last five (5) years:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p>
<p>Please consult with owner to confirm if any event held at this location ever been affected by adverse weather and/ or ground conditions:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p>
<p>Please consult with owner to confirm if there any other events scheduled to take place at the event Venue in the 6 months directly before or after the event:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details:</p>
<p>Is there an Event Management Plan for this Event:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please attach a copy of the plan.</p>
<p>Will the Insured Event(s) take place at a location near residential or business premises:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what monitoring plans are in place to prevent a noise nuisance or disturbance to residents in the area:</p>
<p>Is a License from a Local Authority or Council required for the Insured Event(s):</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, this does include noise restrictions, what monitoring plans are in place to comply with these restrictions:</p>
<p>Is there a communication and command structure for noise control:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Signature:</p>		<p>Date:</p>	
<p>Name:</p>		<p>Position:</p>	

APPENDIX B: NON-APPEARANCE

<p>Please indicate the Applicant(s) preference to insure the following perils:</p>	<input type="checkbox"/> Death <input type="checkbox"/> Accidental Bodily Injury & Illness <input type="checkbox"/> Unavoidable Travel Delay <input type="checkbox"/> Venue Damage <input type="checkbox"/> National Mourning <input type="checkbox"/> Other Perils
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For the purposes of any insurance granted because of this Application coverage shall be limited to those individuals detailed below and stated in the Schedule attached to the Policy. Underwriters may require any of the following individuals to undergo an independent medical examination

Persons to be insured	Date of Birth	Participation / Role

<p>Has any provision been made for understudies, substitutes or stand-bys:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide full details:
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<p>The Applicant(s) shall consult the person(s) detailed above before answering the following:</p>	<p>Is any person to be insured suffering from any physical, mental or medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full details:</p> <p>Is any person to be insured undergoing any form of treatment, medical or otherwise? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full details:</p> <p>Is any person to be insured following any prescribed regime, medical or otherwise? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full details:</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full details:</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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	If Yes, give full details:
What method of transportation will be used:	<p>By the person(s) to be insured:</p> <p>For equipment or items essential to the Insured Performance(s) or Event(s):</p> <p>Is the means of transportation to be used customized or adapted for the purpose?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, is an alternative means of transportation available:</p>
Have written contracts been signed:	<p>For the appearance of all the person(s) detailed above?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, give full details:</p> <p>Have all necessary licenses, visas and permits and authorizations for the Insured Person(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, does the Applicant(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)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide full explanation:</p>

Signature:		Date:	
Name:		Position:	