



Application for Event Cancellation Insurance

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 underwriting@insuredcreativity.com.

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:

Broker Information:

Brokerage Name:			
Contact Name:			
Mailing Address:			
City:		Province/State:	
Country:		Postal Code/Zip:	
Telephone:		Email:	

Applicant / Insured Information:

Contact Name:			
Company:			
Mailing Address:			
City:		Province/State:	
Country:		Postal Code/Zip:	
Telephone:		Email:	

Event Details:

(if you require coverage for more than one event, please view the special note at the end of this application)

Do you want to insure:	☐ Gross Revenue	☐ Costs & Expenses
Is cover required for more than one event:	☐ Yes	☐ No
Event Type:	e.g.: Classical Music Event, Product Demonstration, Regatta (Rowing), Garden Show, Parade, etc.	
Event Name:		
Event Start Date:		
Event End Date:		
Total Sum to be Insured:		Currency:

Note: Your claim will be reduced if you do not insure the total amount of your exposure.



Venue Information:

Address:			
City:		Province/State:	
Country:		Postal Code/Zip:	
Will this event be:	☐ Indoors ☐ Partially Outdoors (any aspect of the event is held in a marquee, tent or similar temporary structure which encloses part or all of the vent) ☐ Entirely Outdoors where a fully covered stage exists or no stage area exists ☐ Entirely Outdoors with an uncovered stage (does not have a roof and 3 sides)		
What period has been allowed for venue preparation?			
Will Non-Appearance coverage be required? Note: if you select "No" you can skip to the Non-Appearance Information section.	☐ Yes ☐ No		

Non-Appearance Information:

IMPORTANT: Coverage provided for Non-Appearance is subject to a 30-day health warranty for each declared individual detailed in the Certificate. However, Non-Appearance coverage for declared individual(s) over 70 years old is limited solely to the occurrence of death within 14 days prior to the event.			
Is the Appearance of any professionally engaged artists, entertainers or the like essential to the proposed event going ahead?:	☐ Yes ☐ No		
Is the Appearance of any professional engaged sports persons, speakers, or the like essential to the proposed event going ahead?:	☐ Yes ☐ No		
Is the appearance of persons other than those referred in the two questions above essential to the proposed event going ahead?:	☐ Yes ☐ No		
Do the sum(s) to be insured declared on the first page of this application include fees for the Insured Person(s) which will not be payable in the event of their non-appearance? If so, for each declared Event, please detail these fees in the dialogue box at the end of this Proposal.	☐ Yes ☐ No		
Complete details of each individual to be included for Non-Appearance coverage as indicated in the Non-Appearance questions above:			
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
To your knowledge has the non-appearance of any named individual resulted in loss(es) during the past 5 years?:	☐ Yes ☐ No		



Total number of losses for all Insured Persons named above:	
Note: If more than 2 losses full details of all losses will be required. Please provide details below, if applicable:	

Additional Information:

Have all permits, contracts, visas, licenses or the like necessary for the Event to be completed successfully been obtained at the time of this Proposal, or will they be obtained before the coverage is bound?	☐ Yes ☐ No
Do you wish to purchase limited Terrorism coverage?	
☐ Limited Terrorism Coverage: Such cover is limited to actual acts of terrorism within a 25 mile radius of the Event Venue and within 30 days prior to commencement of the Event.	
☐ Limited Terrorism Coverage Extended to include Threat: Such cover is limited to actual acts of Terrorism within a 25 mile radius of the Event venue and within 30 days prior to commencement of the Event extended to include threat of Terrorism confirmed in writing by Local or National Governmental Authorities as posing a real risk to the Event.	
☐ No Coverage: No Terrorism coverage required for the Event.	
Number of claims for cancellation or partial cancellation of event(s) held in the last 5 years*: *Do not re-enter any claims information provided under the Non-Appearence section, if applicable.	
Note: If more than 2 losses full details of all losses will be required. Please provide details below, if applicable:	



Material Facts and Special Non-Standard Requests:

Does the Applicant have:		
a. any further Material Facts to disclose (Material Facts are those facts which might influence the acceptance or assessment of the Proposal), or	☐ Yes	☐ No
b. any Special Non-Standard request for Coverage which you wish Underwriters to consider	☐ Yes	☐ No
Please enter any Material Facts or special coverage requests below:		



DECLARATION:

This section to be completed by the Client (Insured).

I/we confirm that the information given in this Application Form including 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 any material matters or circumstances are not specifically covered by a question in this Application Form, 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 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 the Privacy Policy found on Insured Creativity Inc.'s website.

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

- The communication with 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 form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

Signature: _____

Date: _____

Name: _____

Position: _____