



CANCELLATION & ABANDONMENT INSURANCE

Underwritten by Lloyd's of London

APPLICATION FOR EVENT CANCELLATION AND NON-APPEARANCE INSURANCE

Please complete and return to us by fax, email or post, so that we may provide our quotation.

PROPOSER CONTACT INFORMATION

1. Contact Name:	
2. Insured Name:	
3. Full Address: Street Address City, State, Country, Post Code	
4. E-mail:	
5. Telephone:	
6. Facsimile:	

EVENT INFORMATION

Note: If you require coverage for more than one event please view the special note at the end of the application

7. Do you want to Insure:	1. Cost and Expenses or 2. Gross Revenue
8. Is cover required for more than one event?	Yes No
9. Name of Event:	
10. Type of Event: e.g classical music event, motor sport (grass/track), product demonstration, dance, regatta (rowing), garden show, dinner, parade, cycling, etc.	
11. Event Dates	(dd/mm/yyyy) to: (dd/mm/yyyy)
12. Total sum to be Insured: Note: Your claim will be reduced if you do not insure the total amount of your expenses.	1. Expenses only \$ _____ or 2. Gross Revenue \$ _____

VENUE INFORMATION

13. Full Address: Street Address City, State, Country, Post Code	
14. Will the Event be:	Indoors Partially Indoors Entirely Outdoors
15. Will Non-Appearance Coverage be Required? Note: If you select "No" you can skip to Page 3.	Yes No

NON-APPEARANCE SECTION

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 of age is limited solely to the occurrence of death within 14 days prior to the event.

16. Is the Appearance of any professionally engaged artists, entertainers or the like essential to the proposed event going ahead?	Yes	No
17. Is the Appearance of any professionally engaged sports persons , speakers or the like essential to the proposed event going ahead?	Yes	No
18. Is the Appearance of persons other than those referred to in (16) or (17) essential to the proposed event going ahead?	Yes	No
19. Complete details of each individual to be included for non-appearance cover indicated (16) or (17) above. NAME	DATE OF BIRTH (dd/mm/yyyy)	
If coverage for the non-appearance of more than four (4) individuals is requested, please attach a list as a separate schedule.		
20. To your knowledge has the Non-Appearance of any named Individual resulted in loss(es) in the Past 5 years.	Yes	No
21. 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.		

