

Proposal Form

Event Cancellation & Non-Appearance



IMPORTANT NOTICE

Please read the following before proceeding to complete this proposal form

When completing your proposal, you are obliged to report and provide full details of all circumstances which have become known to you and which would put a reasonable person in your position on notice that a Claim may be made against you. This is important to ensure that you make proper disclosure in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

Your Duty of Disclosure

Before you enter into a contract of Event Cancellation & Non-Appearance insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know about yourself and others to be insured, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of Event Cancellation & Non-Appearance insurance.

Your duty however, does not require disclosure of matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the Proposal Form has been completed up until the time the Policy is entered into.)

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract in its entirety. It is therefore vital that you make sufficient enquiries BEFORE you complete your Proposal Form and BEFORE you sign any declaration that there has been no change in the information provided.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by the Policy, but you have agreed with that person either before or after the inception of the Policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the Policy for any such loss or damage.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

Completing this Proposal Form

- Please answer all questions honestly, giving full and complete answers.
- It is the duty of the Applicant to provide all information that is requested in the Proposal Form as well as to add any additional relevant facts.

Note: A relevant fact is a fact and/or circumstance that may influence the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.

- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to the question.
- The Proposal Form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Event Cancellation & Non-Appearance insurance for the organisation who acts as the Applicant.

This proposal form DOES NOT BIND the Applicant or the Insurer to complete the insurance but will form part of any insurance.

Privacy Collection Statement

We are committed to protecting your privacy and complying with the Privacy Act 2020 (NZ) (Privacy Act).

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies). If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at privacy@dualnewzealand.co.nz or access it via our website using the following [link](#).

Fair Insurance Code

Our policies are Insurance Council of New Zealand's Fair Insurance Code of Practice compliant, apart from any claims adjusted outside New Zealand. Underwriters at Lloyd's and DUAL proudly support the Fair Insurance Code. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of this Code is available on the Insurance Council of New Zealand's website at www.icnz.org.nz

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Section 1 | General Information

1. Name of Proposer(s): _____
2. Address of Proposer(s): _____
3. Telephone Number(s): _____
4. What is the usual business of the Proposer(s) and how long engaged therein? _____

5. Type of performance(s) or event(s) to be insured: _____

6. Title of performance(s) or event(s) to be insured: _____ Yes [] No []

If YES, how often? _____

7. What is/are the involvement(s) of Proposer(s) in performance(s) or event(s) and what is the experience of the Proposer(s) in this capacity?

8. Is/are the performance(s) or event(s) part of a larger production, promotion, series or tour? _____ Yes [] No []

If YES, please state which: _____

9. Date(s) and venue(s) of performance(s) or event(s).
(If more than one performance or event, a full itinerary is required showing times, dates and exact venues of all performances):

Date(s)	Venue(s)	Performance/Event

10. When would you like the insurance to commence? _____

(Note: Any insurance offered as a result of this Proposal cannot commence before the date of Insurers' final acceptance).

11. If the proposed event is a tour, what will be the method of transport used by:

a. Insured person(s): _____

b. Equipment: _____

12. What allowance in the itinerary has been made for:

a. Travel delay: _____

b. Set up time: _____

c. 'Stand-by' date: _____

13. Will any performance(s) or event(s) be held in the open air or a temporary structure? Yes [] No []

If YES, please provide further details: _____

14. Is the stage or area in which the performer(s) work(s) under cover? Yes [] No []

If YES, please provide further details: _____

15. Is cover required for cancellation or abandonment as a result of adverse weather? Yes [] No []

16. Is/are the venue(s) exposed to wind, flood or water logging? Yes [] No []

If YES, please provide further details: _____

Section 2 | Non-Appearance Cover

(Note: Questions 17, 18, 19 and 20 need only be answered if non-appearance cover is being requested).

For the purposes of any insurance granted as a result of this proposal cover shall be limited to the individual(s) or group(s) named in the schedule attached to the certificate.

17. Details of (all) person(s) to be insured.

Name	Age	Participation

18. Has any person to be insured any history of non-appearance? Yes [] No []

If YES, please provide further details: _____

19. Has any provision been made for Understudies or Substitutes? Yes [] No []

If YES, please provide further details: _____

20. Is/are the person(s) to be insured suffering from any physical, psychological or other medical conditions? Yes [] No []

If YES, please provide further details: _____

21. Is/are the person(s) to be insured undergoing any form of medical or other treatment? Yes [] No []

If YES, please provide further details: _____

22. Is/are the person(s) to be insured following any prescribed medical regime? Yes [] No []

If YES, please provide further details: _____

(Note: Answers to Question 20-22 should only be made after consultation with person(s) to be insured. Insurers may require this/these person(s) to undertake a medical examination).

Before answering the following questions your attention is drawn to the fact that the insurance will contain warranties regarding necessary arrangements and contractual requirements.

23. Have all necessary arrangements for the successful fulfilment of the performance(s) or event(s) to be insured been made? Yes [] No []

If YES, please provide further details: _____

24. Have all necessary licences, visas, permits been obtained and have all contractual arrangements been confirmed in writing? Yes [] No []

If NO, please provide further details: _____

25. What Limit of Indemnity is required? \$ _____

26. Give Details of Budget and Currency:

Expenses	Amount	Gross Revenue	Amount
1. Costs		1. Gate/Ticket Sales	
2. Commitments		2. Programme Sales	
3. Guarantees		3. Merchandising	
4. Expenses		4. Fees	
Expenses	Amount	Gross Revenue	Amount
5. Fees		5. Commissions	
6. Commission		6. Sponsorship	
7. Sponsorship		7. Advertising	
8. Advertising		8. Concessions	
9. Promotion Costs		9. Broadcasting	
10. a. T.V Rights		10. Other Items not included in above	
b. Other Rights, please specify		Please provide details:	
11. Other Expenses:			
Please provide details:			
TOTAL		TOTAL	

27. Do these sums represent the full extent of your financial responsibilities? Yes [] No []

If YES, please provide further details: _____

28. If the performance(s) or event(s) has/have been held before under the present management or any other, has there ever been a loss? Yes [] No []

If YES, please provide further details: _____

29. Has/have the Proposer(s) ever suffered a loss whether insured or otherwise in respect of his/their involvement in any type of performance(s) or event(s)? Yes [] No []

If YES, please provide further details: _____

30. Are there any other material facts or items of information with regard to the proposed performance(s) or event(s) which should be disclosed? (A material fact is one likely to influence acceptance or assessment of this Proposal by Insurers):

Section 3

Declaration

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the 'Privacy Collection Statement' at the beginning of this Proposal. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

The undersigned acknowledges that they have read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

Full Name: _____

Position: _____

Signature: _____ Date: / /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY

We recommend that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this proposal form and correspondence).