

# **Event Insurance Proposal Form**

If cover is required for more than 1 event, please complete this form and a copy of the Multiple Event Appendix (available by request).

The information in this proposal form is important. We will rely on this in deciding whether to accept the insurance and in settling the terms, including premium. The provision of incomplete or inaccurate information or the failure to provide information may result in the loss of cover or revised terms and/or premium or it may affect any claim you make under this insurance.

#### **About You**

1.	Insured name:			
2.	Address:			
3.	Policy Currency:			
4.	Are you a business with a turnover	below £6.5m?	☐ Yes	☐ No
5.	Are you a business with fewer than	50 employees?	Yes	☐ No
6.	Are you the organiser of this event?		Yes	☐ No
7.	If not, what is your role within it?			
Ab	out Your Event			
8.	Type of event to be insured (e.g. exhibition, music festival, charity dinner etc):			
9.	Event name:			
10.	Event venue:			
11.	City:			
12.	State:			
13.	Country:			
14.	Event start date:			
15.	Event end date:			



16	. Ve	nue occupancy start date:			
17.	. Ve	nue occupancy end date:			
18.	Has	s this event been held before?		☐ Yes ☐	] No
19		so, how many times has it en held?			
20		so, how many times at this cation?			
21.	ls t	he event open to the public?		☐ Yes [	] No
Εν	en	t Cancellation Cover			
22.	inc	0% Gross Revenue (total come) generated from the ent:			
23.	. 10 inc	0% Costs and Expenses curred to organise the event:			
24	. Ev	ent Profit/Loss:			
25.	Ple Pre spc	Contracted Revenue basis. Pre Co	been held before, we can only insure ontracted Revenue is money secured	your event on a Costs & Expenses basis or I ahead of the event (such as pre sold tickets, on the day of the event, so please adjust the	
		Gross Revenue	Costs & Expenses	☐ Pre Contracted Revenue	
26.	Wh	ere does the event take place?			
	a)	Indoors			
	b)	Outdoors (on tarmac/hard standin	g)		
	c)	Outdoors (on grass/soft standing)			
	d)	Under temporary structures (on ta	rmac/hard standing)		
	e)	Under temporary structures (on gr	ass/soft standing)		
	f)	A mixture of the above			
27	. If (f	), please provide full details:			



28. If any part of the event is outdoors or within temporary structures, is cover required in respect of adverse weather?  If yes, please complete "Appendix A – Adverse Weather"			Yes	□ No	
<ul> <li>29. Would the non-appearance of any person or group of persons cause a loss?</li> <li>If yes, please complete "Appendix B – Non Appearance"</li> </ul>			Yes	No	
30. Is cove	r required for cancellatio	n due to acts and/o	r threats of terrorism?	Yes	No
	Liability Cover	This section is no	ot applicable - Please do not complete		
_	ability limit required	2,000,000	5,000,000	10,000,000	
	s the highest attendance on any one day?				
throug event people	s the total attendance ghout the duration of the ? (Note that if the same 10 e attend the event for 3 day a total of 300 attendees)	0			
34. Does the event involve any dangerous activities?  Dangerous activities include, but are not limited to: Fireworks, bonfires, pyrotechnical devices, inflatable play equipment, fairground rides or mechanically propelled rides of any kind, ballooning, quad bikes, go-karts or motor sport of any kind, trampolines or gymnastic apparatus of any kind, circus acts or stunt acts, shooting ranges for guns or archery. Please note that bouncy castles, inflatable play equipment, slides or rides (mechanical or otherwise) which are set up, operated and taken down by a bona fide sub contractor who has provided you with evidence of their current public liability insurance shall not be classed as dangerous activities.					□ No
<b>35.</b> If yes,	do you supply or manag	e any of these your	selves?	Yes	☐ No
36. If so,	which?				
	has proof of insurance b e, operate or supply any		the bona fide sub contractor who	Yes	No
other the ev consic meas wheth the ac provid by bo	e provide full details any activities taking place at tent which need to be dered, including safety ures and confirmation of ter you provide or operativities, or if they are ded, operated and managina fide sub contractors heir own insurance.	e			



39.	Has there been/will there be a written and	documented risk assessment carried out?	Yes	☐ No
40.	Do you have a written health and safety po contractors/exhibitors/suppliers are made		Yes	☐ No
41.	Do you have any assets in the USA?		Yes	☐ No
Er	nployers Liability Cover	This section is not applicable - Please do not complete		
42	. How many employees/volunteers are to be covered at this event?			
43	Please provide your Employee Reference Number, if you have one: This is your Employer PAYE Reference. It can be found on payslips, tax documents etc. ERN's normally begin with 3 numbers, followed by a slash and alphanumeric combination (e.g. 123/AB12345)			
44.	Do you have steps in place to ensure that guidelines for the safety at work of employ diseases, including any current government (COVID-19)?		☐ Yes	☐ No
45.		sk assessment and health and safety plan with respect of communicable diseases, including?	Yes	☐ No
46.	Do employees/volunteers carry out work a	t height in excess of 5m or depth below 2m?	Yes	☐ No
47	. If yes, please provide details:			
Εν	vent Property and Money Co	This section is not applicable - Please do no	t complete	
48.	Is Event Property cover required for any h being used at the event e.g. marquees, sta		☐ Yes	☐ No
49	. If so, what is the total value of the equipment to be insured?			
50.	Where the equipment is on site for longer security in place?	than 24 hours, will there be 24 hour	☐ Yes	☐ No
51.	Is cover required for cash taken on site at	the event e.g. gate receipts, bar takings etc?	☐ Yes	☐ No
52	. If so, what is the total value of cash to be insured?			



### **Additional Information**

y help us better understand event, or provide any further ormation which may help us in viding your quotation:
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#### **General Questions**

54.	Will all contractual arrangements necessary for the successful fulfilment of the event be made and confirmed in writing in a timely manner prior to the start of the event?	Yes	☐ No
55.	Other than as a result of Covid-19, has any event to be insured ever had any incidents that could have resulted, or did result, in a loss which would have been covered under this insurance during the past five years?	Yes	☐ No
56.	Are you aware of any matter, fact, circumstance or incident, existing or threatened, which could possibly affect the event and might result in a claim under the proposed insurance?	☐ Yes	☐ No
57.	Have any claims for personal injury or damage to property by third parties or employees been made against you in the past five years?	Yes	☐ No

## **Declaration**

I/We declare that the information provided in this proposal (including any Appendices) is, to the best of My/Our knowledge and belief, both accurate and complete. I/We have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged. Further, I/We declare that I/We have:

- Never been prosecuted under the Health & Safety at Work Act or other statute or regulation.
- Not been convicted of any criminal offence (other than driving offences) in the last five years.
- Not been declared bankrupt nor been involved in a company or business which has gone into liquidation, receivership or come to an arrangement with creditors in the last five years.
- Not waived any legal rights of recovery against contractors, suppliers and exhibitors.
- Checked contracts when booking venues to ensure we are not accepting responsibility for the negligence of the venue owners.
- Requested evidence of public liability insurance from all contractors, suppliers, exhibitors and performers before they are permitted on site.
- · Carried out and implemented/will implement a written risk assessment in respect of the event.
- A written health and safety policy detailing procedures applied to the event that all contractors, suppliers and exhibitors are made aware of and are required to comply with.



I/We declare that the information provided above and in all appending sections is true and to the best of My/Our knowledge. I/We agree to tell you within fourteen (14) days of becoming aware about any changes in the information I/We have provided to you which happens before or during any period of insurance. (We will tell you if any change affects your policy. For example your policy may be cancelled or the policy terms may be amended or you may be required to pay more for your insurance. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid):

Signature:	
Position:	
Date:	

#### **Fair Processing Notice**

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