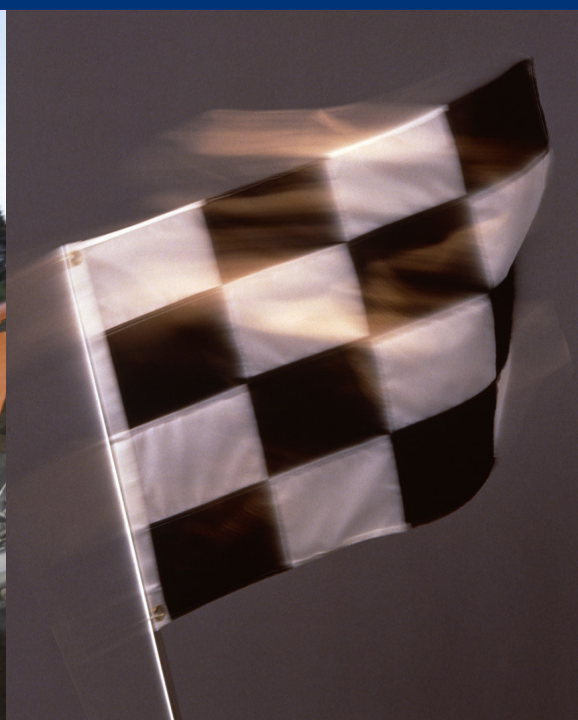




CONTINGENCY INSURANCE FOR EVENT CANCELLATION & NON APPEARANCE

MOTOR SPORTS RISK SERVICES

PROPOSAL FORM





Contingency Insurance for Event Cancellation & Non Appearance

Proposal Form

Please complete, sign and return together with the attachments to:

*Motor Sports Risk Services
A Division of Lockton Companies LLP
19 Spring Gardens
Manchester
M2 1FB*

*Tel: + 44 (0) 161 828 3300
Fax: + 44 (0) 161 828 3335*

Email: nichola.almond@uk.lockton.com

If you have any questions regarding this form please contact us on the telephone number above.

A partner in



eosrisk.com

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A Division of Lockton Companies LLP.
Authorised and regulated by the Financial Services Authority.
A Lloyd's Broker.
LIM 601 – Oct 10
Website: lockton.com/international

IMPORTANT NOTICE REGARDING COMPLETION OF THIS PROPOSAL FORM

1. Disclosure

- Any “material fact” must be disclosed to Insurers
- A “material fact” is any information which may alter the judgement of an Insurer in assessing a risk
- Any “material change” must be disclosed to Insurers
- A “material change” is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

(If you are unsure whether a fact or change is material or not, you should disclose it.)

Failure to provide all “material facts” and/or notify all “material changes” may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. Presentation

- This Proposal Form must be completed in ink by an authorised individual, Partner, Principal, Member or Director of the Firm
- **All** questions must be answered
- If there is insufficient space to provide answers, additional information should be provided on the Firm’s letter headed paper
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

3. Guidance

- If in doubt as to the meaning of any question contained within this proposal form or the issues raised in (1) or (2) above, please contact an Account Executive at Lockton.

Additional information should be provided on separate sheets (ideally on Company Headed notepaper), clearly identifiable as forming part of the proposal form.

The Proposer

1. Name of Proposer:

Address:

Postcode:

Telephone: Fax:

Website: Email:

2. Country of Registration:

3. Legal Status:

4. Year Established:

5. Usual business of Proposer:

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6. Title or Name of Event(s) or Performance(s) to be insured:

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7. Has the event(s) or performance(s) been held before? YES NO

If 'Yes', please supply full details:

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8. Is cover required for more than one event? YES NO

9. What is the involvement of the Proposer in the event(s) of performance(s)?

- Organiser Promoter Manager Artist Sponsor Other

If 'Other', please state:

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10. What is the extent of the Proposer's experience in this capacity?

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11. Is the event(s) or performance(s) part of a larger production, promotion, series or tour? YES NO

If 'Yes', please supply full details:

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12. Dates(s) and name of venue(s) of event(s) or performance(s). (Give dates below, or attach itinerary)

Date <i>(dd/mm/yy)</i>	Venue	City/Country	Event/ Performance	Stand-by-dates <i>(if any)</i>
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13. What is the involvement of the Proposer in the event(s) of performance(s)?

- Indoors Partially Outdoors Entirely Outdoors Entirely Outdoors with no covered stage

14. Construction of Venue(s):

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15. What period has been allowed for venue preparation/stages set up (hours)

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16. Will adverse weather conditions preclude the fulfilment of the event(s)? YES NO

17. Is any venue listed in question 12 exposed to strong wind, flood or waterlogging? YES NO

If 'Yes', please supply full details:

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18. Would you like Underwriters to consider offering terms to include the effect of weather on outdoor performances or events not in a permanent structure? YES NO

19. Have written contracts been signed for the hire of the venue(s) shown in question 12? YES NO

20. Have all other contractual arrangements necessary for the successful fulfilment of the event(s) or performance(s) been made and confirmed in writing? YES NO

If 'No', please supply full details:

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21. If the answer to question 20 is 'No' do you 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 event or performance? YES NO

Non Appearance if Applicable

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.

22. Details of Person(s) to be Insured (or attach Schedule)

For the purposes of any insurance granted by this proposal coverage shall be limited to those individuals detailed below/attached and stated in the schedule attached to the policy. Underwriters may require any of the following individuals to undergo an independent medical examination.

Person to be Insured	Date of Birth <i>(dd/mm/yy)</i>	Participation/Role

23. Is the appearance of any professionally engaged artists, entertainers or the like essential to the proposed event going ahead? YES NO

24. Is the appearance of any professionally engaged sports persons, speakers, or the like essential to the proposed event going ahead? YES NO

25. Is the appearance of persons other than those referred to in (17) or (18) essential to the proposed event going ahead? YES NO

26. Has any provision been made for understudies, substitutes or stand-bys? YES NO
If 'Yes', please supply full details:

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27. Would the Non-Appearance of one individual give rise to a loss? YES NO
If 'Yes', please supply full details:

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Note: question 21 to 26 – the Proposer should consult the Person(s) to be insured before answering question 6

28. Is any person to be insured suffering from any physical, mental or medical condition? YES NO

If 'Yes', please supply full details:

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29. Is any person to be insured undergoing any form of treatment, medical or otherwise? YES NO

If 'Yes', please supply full details:

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30. Is any person to be insured following any prescribed regime, medical or otherwise? YES NO

If 'Yes', please supply full details:

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31. 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? YES NO

If 'Yes', please supply full details:

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32. Have any of the persons to be insured any history of non-appearance? YES NO

If 'Yes', please supply full details:

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33. What method of transport will be used:

a) By the person(s) to be insured?

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b) For the equipment or items essential to the performance(s) or event(s)

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34. Is the means of transportation to be used customised or adapted for the purpose?

YES NO

35. Have all necessary licences, visas and permits and authorisations been obtained?

YES NO

If 'No', please supply full details:

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36. Please give details of the budget and currency for the event(s) or performance(s)

Currency Used:

Please show Currency. Premiums and Sums Insured will be calculated in currency selected.

(Give budget details below, or attach Budget – tick box if budget is attached)

Expenses		Gross Revenue	
a) Costs		a) Gate/Ticket Sales	
b) Commitments		b) Programme Sales	
c) Guarantees		c) Merchandising	
d) Fees		d) Fees	
e) Commissions		e) Commissions	
f) Sponsorship		f) Sponsorship	
g) Advertising		g) Advertising	
h) Promotional		h) Concessions	
i) Broadcasting		i) Broadcasting	
j) Other Items		j) Other Items	
Please Give details		Please Give details	
Total Expenses		Total Gross Revenue	

37. Do these sums represent the full extent of your financial responsibilities?

YES NO

If 'No', please supply full details:

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38. Does any other party have an interest in the expenses and gross revenue for the event(s) or performance(s)? YES NO

If 'Yes', please supply full details:

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39. Is Profit to be Insured? YES NO

Note: Profit (where insured) means the amount by which gross Revenue exceeds Expenses

40. Please state limit of indemnity required:

Note: The Limit selected should either be the total Expenses, or Total Gross Revenue, whichever is the higher. Where your exposure is limited by contract, or part of the revenue is guaranteed, the Limit should be reduced accordingly and full details attached.

41. a) Do you, the Proposer, wish to buy limited Terrorism cover? 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 Insured Event. The additional premium for this coverage will be charged at a rate of **0.5%** on the selected sum to be insured. YES NO

b) Do you, the Proposer, wish to buy limited Terrorism cover extended to include confirmed threat of terrorism? 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 Insured Event extended to include threat of Terrorism confirmed in writing by local or national Governmental Authorities as posing a real risk to the Insured Event. The additional premium for this coverage will be charged at a rate of 0.75% on the selected sum to be insured. YES NO

42. Has the event(s) or performance(s) (under present or any other management) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance? YES NO

If 'Yes', please supply full details:

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43. Has the event(s) or performance(s) in which the Proposer was involved (in managing) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance? YES NO

If 'Yes', please supply full details:

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44. Are you aware of any matter, fact, circumstances or incident existing or threatened that could affect the performance(s) or event(s), and might result in a loss under this insurance? YES NO

If 'Yes', please supply full details:

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45. Has the Proposer, or any other person to which this insurance would apply, ever been declined insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed? YES NO

If 'Yes', please supply full details:

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DATA PROTECTION

By signing this proposal form you consent to Lockton Companies LLP using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us and insurers (which includes their re-insurers, legal advisers, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where appropriate, in compliance with the relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

From time to time, we may disclose personal information (other than sensitive personal data) to other Lockton Companies. We or they may use that information to advise you of our services which may be of interest to you. If you would prefer not to receive information, please contact an Account Executive at Lockton.

DECLARATION

46. At the date of this proposal, does the Assured have any knowledge of any circumstances which could give rise to a claim under this proposed insurance? YES NO

47. Do you have YES NO

a) any further Material Facts to disclose (Material Facts are those facts which might influence the acceptance or assessment of the Proposal), or

b) any Special Non-Standard request for Coverage which you wish Underwriters to consider.

Please enter any Material Facts or special coverage requests below:

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed.

I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We hereby consent to the use and disclosure of information including personal data for the purposes of and as set out in the above paragraph entitled "Data Protection"

PRINT NAME:

.....

SIGNATURE:

.....

ON BEHALF OF:

.....

DATE:

.....

Once completed, please save your form and visit the [Contact Us](#) section for details on where to send your completed form.

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal questionnaire. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Company to complete the insurance.

We recommend that you keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.

PLEASE NOTE WHEN INSURING MULTIPLE EVENTS

- i. PLEASE COMPLETE THE EVENT INFORMATION AND VENUE INFORMATION SECTIONS FOR EACH EVEN TO BE INSURED (QUESTIONS 7-22). You may reprint additional copies of these pages and add them to the end of this application, or submit multiple requests via email.
- ii. IF AN OPTION FOR TERRORISM IS SELECTED IT WILL APPLY FOR ALL THE EVENTS YOU LIST. If you have certain Events which require cover for Terrorism and other Events which do not:
 - Select the 'No Coverage' tick box in the Terrorism options section;
 - Select 'Yes' to question 28, and please note in the special coverage area provided which of the listed Events require Terrorism and the type of terrorism coverage required.
- iii. WHETHER YOU HAVE SELECTED GROSS REVENUE OR COSTS AND EXPENSES, PLEASE NOTE THAT THE OPTION SELECTED WILL APPLY FOR ALL THE EVENTS LISTED. If you have certain Events which require cover for costs and expenses and other Events which require cover for gross revenue, you will need to create one Proposal for the Events requiring gross revenue cover and a separate proposal for those Events requiring costs and expenses cover.

Our Mission

To be the worldwide value and service leader in insurance brokerage and risk management services

Our Commitment

To provide the most uncommon results and service in a most common business



A partner in



Motor Sports Risk Services

A Division of Lockton Companies LLP.

Registered in England & Wales at The St Botolph Building, 138 Houndsditch, London EC3A 7AG

Company No. 1211673

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LIM 601 – Oct 10

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