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EVENT CANCELLATION / NON APPEARANCE PROPOSAL FORM

PART A- CANCELLATION, ABANDONMENT, POSTPONEMENT OR INTERRUPTION

1.Name of Proposer:	
2. Address:	
Telephone:	Fax:
Email:	
3.Country of Registration:	
4.Legal Status:	
5.Year Established:	
6.Usual Business of the Proposer:	
7.Title or Name of event(s) or performance(s) to be insured:	
8. Has the event(s) or performance(s) been held before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please give details:	

9. What is the involvement of the proposer in the event(s) or performance(s):

Organizer Promoter Manager Artist Sponsor Other

If other, please give details:

10. What is the extent of the proposer's experience in this capacity:

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

If Yes, Please give details:

12. Date(s) and name of venue(s) of event(s) or performance(s):

Date	Venue	City/Country	Event/Performance	Stand-by dates (if any)

13. Are event(s) held: Indoors Outdoors Under Canvas

14. Construction of venue(s):

15. Will adverse weather conditions preclude the fulfillment of the event(s): Yes No

16. Is any venue listed in question 12 exposed to strong wind, flood or water logging: Yes No

If Yes, please give details:

17. Would you like Underwriters to consider offering terms to include the effect of weather on outdoor performances or events not in a permanent structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have written contracts been signed for the hire of the venue(s) show in question 12?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have all other contractual arrangements necessary for the successful fulfillment of the event(s) or performance been made and confirmed in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please give details:	
20. If the answer to question 19 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Have all necessary licenses visas and permits and authorizations been obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please give details	
22. Please give details of the budget and currency for the event(s) or performance(s)	
Expenses	
Gross Revenue	
(a)Costs	(a) Gate/tickets sales
(b)Commitments	(b) Programme sales
(c)Guarantees	(c) Merchandising
(d)Fees	(d) Fees
(e)Commission	(e)Commission
(f)Sponsorship	(f)Sponsorship
(g)Advertising	(g)Advertising
(h)Promotional	(h)Concessions
(i)Broadcasting	(i)Broadcasting
(j)Other items Please give Details	(j)Other items: Please give Details
Total Expenses	Total Gross Revenue
23. Do these sums represent the full extent of your financial responsibilities?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Please give details	

<p>24. Does any other party have an interest in the expenses and gross revenue for the event(s) or performance(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please give details</p>
<p>25. Is profit to be insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: <i>Profit</i> (where insured) means the amount by which <i>Gross Revenue</i> exceeds <i>Expenses</i></p>
<p>26. Please state the limit of indemnity required _____</p>
<p>27. Has the event(s) or performance(s) (under the present or any other management) had any incident that could have resulted, or did result, in a financial loss that would be covered under the proposed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please give full details</p>
<p>28. Has any event(s) or performance(s) in which the proposer was involved (in managing) had any incident that could have resulted, or did result, in a financial loss that would be covered under the proposed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please give full details</p>
<p>29. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possible affect the performance(s) or event(s) and might result in a loss under this insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please give full details:</p>

30. 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 give full details:

The completion of this proposal form will in most cases enable us to obtain a quotation on your behalf, but it should be noted that Underwriters may require further clarification on any of the answers given. The completion of this Proposal Forms does not bind either the Proposer or the quoting Underwriter to complete a contract of insurance, and no cover is applicable until confirmation has been given by Underwriters. However, if a contract of insurance is completed then this proposal form and the declarations made will form part of that contract and be the basis for it. Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it.

Declaration:

I/We declare that the above statements are true and complete and I/We are not aware of any further material information which should be disclosed. I/We agree that this proposal and the declarations made shall be taken as the basis of any insurance contract entered into.

Name : _____

Position : _____

Signed: _____

Date : _____

If insurance is required for Non-Appearance of a particular person(s) please also complete Part B of the application.

PART B – CANCELLATION DUE TO NON-APPEARANCE

Please complete Part B only if the **Non-Appearance of the Participant(s)** could give rise to a claim

1. Name(s) & date of Birth of Insured Person(s)/Participant(s):	
2. Please state whether the above consists of a Group/Choir/Team/Party:	
3. Would the Non Appearance of one individual give rise to a loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Please attach full details:	
4. Please specify the type of event/act/production/performance/function:	
5. Are all insured Person(s)/ Participant(s) in good health and free from any physical defect or infirmity?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>The completion of this proposal form will in most cases enable us to obtain a quotation on your behalf, but it should be noted that underwriters may require further clarification on any of the answers given. The completion of this Proposal Forms does not bind either the Proposer or the quoting Underwriter to complete a contract of insurance, and no cover is applicable until confirmation has been given by Underwriters. However, if a contract of insurance is completed then this proposal form and the declarations made will form part of that contract and be the basis for it. Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it.</p> <p>Declaration:</p> <p>I/We declare that the above statements are true and complete and I/We are not aware of any further material information which should be disclosed. I/We agree that this proposal and the declarations made shall be taken as the basis of any insurance contract entered into.</p> <p>Name : _____</p> <p>Position : _____ Signed: _____</p> <p>Date : _____</p>	