



THE NEW INDIA ASSURANCE CO. LTD  
P.O.BOX No. 2907, Ruwi, P.C.112  
Sultanate of Oman

**PROPOSAL FORM FOR CONTINGENCY CANCELLATION &  
ABANDONMENT AND NON-APPEARANCE INSURANCE**

- 1 (a) Name of Proposer(s)
- (b) Address and telephone Nos. of Proposer(s)
- (c) What is the usual business of the Proposer(s) and how long engaged therein?
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- 2 (a) Type of performance(s) or event(s) to be Insured
- (b) Title of performance(s) or event(s) to be Insured
- (c) Has this/have these performance(s) or event(s) been held before? Is so, how often?
- (d) What Is/are the Involvement(s) of Proposer(s) in performace(s) of event(s) and what is/are the experience of the Proposer(s) in this capacity?
- (e) Is/are the performance(s) or event(s) part of a larger production, series or tour? If yes, state which.
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- 3 (a) 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).
- (b) When would you like the Insurance to commence?

(N.B.: Any Insurance offered as a result of this proposal cannot commence before the date of Underwriters' final acceptance).

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

(a) Insured person(s)?

(b) Equipment?

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**5** What allowance in the itinerary has been made for:

(a) travel delay?

(b) set up time?

(c) 'stand-by' dates?

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**6** (a) Will any performance(s) or event(s) be held in the open air or a temporary structure?

(b) Is the stage or area in which the performance(s) work(s) under cover? If yes, give full details.

(c) Is cover required for cancellation or abandonment as a result of adverse weather? If yes, give full details.

(c) Is/are the venue(s) exposed to wind, flood or water logging? If yes, give full details.

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*(N.B. Question 7,8,9 and 10 need only be answered if non-appearance cover is being requested).*

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FOR THE PURPOSES OF ANY INSURANCE GRANTED AS A RESULT OF THIS PROPOSAL COVER SHALL BE LIMITED TO THE INDIVIDUAL(S) OF GROUP(S) NAMED IN THE SCHEDULE ATTACHED TO THE POLICY.

**7** Details of (all) person(s) to be Insured. Name(s), age and participation

**8** Has any person to be Insured any history of non-appearance? If yes, give full details

**9** Has any provision been made for Understudies of Substitutes? If yes, give full details

**10** (a) Is/are the person(s) to be Insured suffering from any physical, psychological or other medical conditions? If yes, give full details.

(b) Is/are the person(s) to be insured undergoing any form of medical or other treatment? If yes, give full details.

(c) Is/are the person(s) to be insured following any prescribed medical regime? If yes, give full details.

(N.B. Answers to question 10 should only be made after consultation with person(s) to be insured. Underwriters may require this/these person(s) to undertake a medical examination)

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BEFORE ANSWERING THE FOLLOWING QUESTION YOUR ATTENTION IS DRAWN TO THE FACT THAT THE INSURANCE WILL CONTAIN WARRANTIES REGARDING NECESSARY ARRANGEMENTS AND CONTRACTUAL REQUIREMENTS.

**11** (a) Have all necessary arrangements for the successful fulfillment of the performance(s) event(s) to be insured been made? If so, give details

(c) Have all necessary licenses, visas, permits been obtained and have all contractual arrangements been confirmed in writing? If so, give details.

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**12 (a)** What limit of Indemnity is required?

(b) Give details of budget:

Amount

(1) Costs	(1).....
(2) Commitments	(2).....
(3) Guarantees	(3).....
(4) Expenses	(4).....
(5) Fees	(5).....
(6) Commission(s)	(6).....
(7) Sponsorship	(7).....
(8) Advertising	(8).....
(9) Promotion Costs	(9).....
(10)	
(a) T.V.rights	(a).....
(b) Other rights(please detail)	(b).....
(11) Other Expenses	(11).....
(12) Net Profit	(12).....

(c Do these sums represent the full extent of your financial responsibilities? If no, give details.

**13 (a)** 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? If yes, give full details.

(b) 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)? If yes, give full details.

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**14** 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 Underwriters).

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#### DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that no-disclosure or mis-representation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to what constitutes a material fact you should consult your Broker).

I understand that the signing for this proposal does not bind me in complete or Underwriters to accept this Insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Proposer's Name :

Position :

Signature :

Date :