

# Event Cancellation Insurance Proposal Form

Email completed application to [submit@midman.com](mailto:submit@midman.com).

## INSURED DETAILS

Name of Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

## REGULATORY

Is the Insured a private individual (a personal acting outside their business, trade or profession)?	Yes	No
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## EVENT DETAILS

Name Of Event:	
Address:	
City/Town:	State:
Zip Code:	Country:

## TYPE OF EVENT

Trade Show/Consumer Show/Meeting/Seminar	
Convention/Conference open to the public	
Convention/Conference <i>not</i> open to the public	
Sporting Events	Describe:
Other Type of Event	Describe:
Has the Event been held before?	Yes No
Is the Event open to the public?	Yes No
Event From Date:	Event To Date:

## ADVERSE WEATHER

Is cover required for the effects of adverse weather? (If yes, answer the below)	Yes	No
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Please confirm the degrees of adverse weather which would trigger a cancellation (the quotation provided is based on all aspects of the event being able to proceed in continuous moderate rain fall and wind speeds):

Will the Event be held wholly or partly in the open air, in a tent, marquee or a temporary structure?	Yes	No
Does the Event Venue or any area critical to the Event have any history of flooding or exposure to strong winds?	Yes	No
Can the event be delayed or postponed if required?	Yes	No
Is the event site located on firm or soft standing surfaces?		
Has the event been held at the same time of year and location before?	Yes	No

LIMITS OF INDEMNITY		
Please provide the following financial information for your Event.		
100% Gross Revenue:		
100% Costs and Expenses:		
Please select the basis of indemnity you require:	Gross Revenue	Cost and Expenses

NON APPEARANCE		
Do you require Non Appearance coverage?	Yes	No
<b>Type of Non Appearance coverage required:</b>		
<b>Key Speaker*</b>		
1. First Name:	Last Name:	Date of Birth:
2. First Name:	Last Name:	Date of Birth:
3. First Name:	Last Name:	Date of Birth:
Is any Key Speaker a member of a royal family or serving/former head of state?	Yes	No
*If there are more than 3 persons to be insured please attach an additional sheet with names and dates of birth.		
<b>Individuals or Group of Individuals*</b>		
1. First Name:	Last Name:	Date of Birth:
2. First Name:	Last Name:	Date of Birth:
3. First Name:	Last Name:	Date of Birth:
*If there are more than 3 persons to be insured please attach an additional sheet with names and dates of birth.		
Simultaneous Non-Appearance for 25% or more of participants due to common accident or common illness?	Yes	No
Please confirm there are 20 or more performers in total:	Yes	No

GENERAL INFORMATION		
Will all contractual arrangements necessary for the successful fulfilment of each Event be made and confirmed in writing in a prudent and timely manner prior to the start of the Event?	Yes	No
Has any Event to be insured had any incidents that could have resulted or did result in a loss which would have been covered under this insurance during the past three years?	Yes	No
Is the Insured aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect any Event and might result in a claim under the proposed insurance?	Yes	No

SPECIFIC NON STANDARD COVERAGE		
Does the Insured have any specific non-standard coverage requirements?	Yes	No

OTHER COMMENTS/NOTES		

DECLARATION		
Following all due inquiries with and by the Insured I can confirm that to the best of the Insured's(s') knowledge and belief the information provided in connection with this proposal is true and the Insured has disclosed any and all material facts. The Insured understands.		
<b>A material fact is one likely to influence a reasonable underwriter in determining (a) whether or not to accept the risk; and/or (b) the level of the premium; and/or (c) the terms, conditions and limitations of the certificate. If you are in any doubt as to what constitutes a material fact then please tick no.</b>		<b>Yes      No</b>
Signed:	Full Name:	Date:

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