

Beazley Access Event Cancellation Proposal Form

Insured Details:

Name of Insured: _____
Address: _____
Town / City: _____
State/ County: _____
Country: _____

Regulatory:

Is the Insured a private individual (a person acting outside their business, trade or profession)? Yes No

Event Details:

Name of Event: _____
Address: _____
Town / City: _____
State/ County: _____
Country: _____

Type of Event to be Insured:

Trade Show/ Consumer Show/ Meeting/ Seminars

Convention/ Conference open to the public

Convention/ Conference not open to the public

Sporting Events (please describe) _____

Other type of Event (please describe) _____

Has the Event been held before? Yes No

Is the Event open to the public? Yes No

Event Dates:

Event From Date: _____ Event To Date: _____

Adverse Weather:

Will the Event be held wholly or partly in the open air, in a tent, marquee or a temporary structure? Yes No

Is cover required for the effects of Adverse Weather? Yes No

Does the Event Venue or any area critical to the Event have any history of flooding or exposure strong winds? 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:

Is coverage required for Non Appearance:

Yes No

Please note the policy contains a 30 day health warranty and a pre-existing medical condition exclusion

Type of Non Appearance coverage required:

Key Speaker

- | | | | | | | |
|----|------------|-------|-----------|-------|---------------|-------|
| 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 additional names and dates of birth in the space provided

Is any Key Speaker a member of a royal family or serving/former head of state?

Yes No

Individuals or Group of Individuals

- | | | | | | | |
|----|------------|-------|-----------|-------|---------------|-------|
| 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 additional names and dates of birth in the space provided

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 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

Declaration:

Following all due enquiries with and by the Insured I can confirm that to the best of the Insured(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.

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. Yes No

Any Additional Information

Signed*: _____

Date: _____

Print Name: _____
(Owner, Partner, Authorized Officer)

Title: _____

If this Application is completed in Florida, please provide the Insurance Agent's name and license number. If this Application is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Printed Name: _____

Florida Agent's License Number: _____

Agent's Signature*: _____

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance - Authorized Representative

Electronic Signature and Acceptance - Producer