

Please use this form to provide as much information as possible so that we can obtain a quotation for the right level of cover for your event.

Please complete in BLOCK capitals using black ink.

## 1 Insured

|           |                      |             |                      |
|-----------|----------------------|-------------|----------------------|
| Name      | <input type="text"/> |             |                      |
| Address   | <input type="text"/> |             |                      |
| Postcode  | <input type="text"/> | Country     | <input type="text"/> |
| Telephone | <input type="text"/> |             |                      |
| Fax       | <input type="text"/> |             |                      |
| Email     | <input type="text"/> | Web address | <input type="text"/> |

## 2 Event(s) to be insured

*(If more than one event please complete the attached schedule detailing all events)*

- a) Name of Event
- b) Description of event (please attach a brochure/leaflet if available)
- c) What type of event is this?  
 Conference  Exhibition  
Any other type of event, please provide details (e.g. sporting event, dinner, charity fete, product launch, fashion show)
- d) Is the event related to a particular topic/theme/subject matter? (e.g. medical, insurance, finance)
- e) Tenancy dates (including build up and breakdown)  
From  /  /  To  /  /
- f) Open dates of event  
From  /  /  To  /  /
- g) Is the event linked to any other event?  
e.g. Are you hosting a dinner that is dependent on a sporting event being held on the same day?)  Yes  No  
If yes, please provide details:
- h) How many years has this event been held under present management?
- i) Have all the necessary licenses, permits, visas and permissions been obtained?  
e.g. local authority, police, fire brigade)  Yes  No

j) Please state approximately how many of each of the following are anticipated:

Exhibitors

Delegates

Trade Visitors

Paying Visitors

### 3 Venue details

Name

Address

Postcode

Country

Do written contracts of hire exist between yourselves and the venue(s)?

Yes

No

Is any part of the event to be held in the open, in a tent, marquee or temporary structure?

Yes

No

If yes, please see the cancellation and abandonment section for the option to buy adverse weather coverage.

### 4 Financial information

a) Please provide details of your budget:

Budgeted **Gross Revenue**

(This is your total anticipated income from all sources including sponsorship and advertising)

Budgeted **Expenses**

(This is the total of everything you spend organising the event)

Budgeted **Net Profit**

(This is the difference between your revenue and expenses)

b) Does any other party have an interest in the Gross Revenue?

Yes

No

If yes, please provide details:

c) Does the fee for attendance include travel and accommodation costs of delegates or exhibitors?

Yes

No

If yes, please provide details:

## 5 Loss Experience

- a) How many events of this type have you organised in the past?
- b) At any time have you or your organisation suffered a loss or experienced any circumstances that could lead to a loss under this type of insurance?  Yes  No

If yes, please provide details:

- c) Please state the name of previous insurers and brokers, if any.

## Cover Required

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### 6 Cancellation and abandonment

- a) Do you require cover in respect of **Cancellation and Abandonment**?  Yes  No
- b) The standard policy will automatically cover you for your **expenses** only.  
Do you wish to insure your loss of **net profit** also?  Yes  No
- c) Is any of the gross revenue stated derived from gate receipts, registrations and other sources that are not contracted prior to the event?  Yes  No

If so, please provide details:

- d) **Terrorism**  
Do you wish to insure against losses resulting from Terrorism?  Yes  No
- e) **Adverse weather (this is covered in the standard policy if the event is indoors)**  
Is cover required for adverse weather for any part of the event to be held in the open, in a tent, marquee or in a temporary structure?  Yes  No
- f) **Teleconferencing**  
Is cover required should picture or data image communication links to or from the Insured event (including satellite transmission) be unavailable?  Yes  No
- g) **Key person non-appearance**  
Is cover required for non-appearance of a key speaker or entertainer?  Yes  No

If so, please provide their name, age, state of health and where they are travelling from:

## 7 Property damage

**We can arrange cover for your property or property for which you are legally liable whilst at the insured event and whilst in transit to and from the insured.**

a) Please state the values of each type of property which cover is required.

(i) Marquees or temporary structures

ii) Portable communication equipment (including cameras / videos, mobile phones, plasma screens, translation equipment, stereo, video and sound equipment)

(iii) Laptop computers

(iv) Plasma screens

(iv) Other Event Property: Please specify:

\_\_\_\_\_

Do you wish to cover transit to / from the event?

Yes

No

d) What security arrangements are in place at the venue?

## 8 Legal liabilities

**Public Liability – Please specify what limit of indemnity is required.**

a) If you are not buying a package policy or if you require more cover please indicate the Public Liability limit required

£2 Million

£5 Million

£10 Million

£25 Million

Other

b) Are there any hazardous or unusual activities likely to cause injury or damage? (e.g. Bouncy castles, water sports, fire eaters etc.)

Yes

No

If yes, please provide details.

c) Do you have a written Health and Safety Policy detailing procedures at events and have you applied it to this event?

Yes

No

b) Do you make all contractors and exhibitors aware of the Health and Safety Policy and require them to comply with the same?

Yes

No

d) Have you ever been prosecuted under the Health and Safety at Work Act of other statute or regulation?

Yes

No

e) Do you require all contractors/performers/exhibitors to provide evidence of insurance against third party liability risks before you permit them on site?

Yes

No

f) Have you waived any legal rights of recovery against contractors and exhibitors?

Yes

No

g) Have you carried out and implemented a written risk assessment in respect of this event?

Yes

No

h) Do you provide or operate any of the activities or equipment yourself?

Yes

No

**Employers Liability – Standard limit of indemnity is £10 million.**

- i) Do you require Employers' Liability insurance? This will be specific to the insured event only.  Yes  No
- j) Are all of your Employees UK Nationals?  Yes  No
- k) Are all of your Employees domiciles in the UK?  Yes  No

If no, please provide state which nationality and number of non-UK employees.

| Type   | No. of Employees | Estimated Payments |
|--|------------------|--------------------|
| Clerical/Administrative who do not engage in manual labour:                              |                  |                    |
| Manual – please describe duties:   |                  |                    |
| Labour only sub-contractors and self employed sub-contractors: - Please describe duties: |                  |                    |
| <b>Totals:</b>   |                  |                    |

## 9 Money and door registration receipts

- (please state currency)
- a) What is the total value of money and any other valuable items that will be contained in a locked safe?
- b) How much will be kept in any one till or cash point?
- c) What is the total value of money in transit at any one time?
- d) How much money will be insured in total?

## 10 Choice of Law

You have the right to request that this insurance be governed and construed in accordance with the law of the country most relevant to the subject matter and that the courts of that country will have jurisdiction in any dispute arising under, out of or in connection with this insurance.

Unless you choose otherwise the law of England and Wales will apply.

Do you accept the application of this law?  Yes  No

## 11 Please read below and sign

### DUTY OF DISCLOSURE

It is your responsibility to disclose all material information that is known to you and which might influence the judgment of insurers in determining the scope of cover, the price or whether or not to accept your risk. If you are in doubt as to whether any information is material, you should disclose it.

### CONFIDENTIALITY AND DATA PROTECTION

By signing this Proposal Form you consent to Heartland using the personal data you provide to us for the purpose of arranging and administering your insurance. This may also include sensitive personal data where necessary. We may share your personal data with third parties such as insurance providers, claims adjusters, fraud detection and prevention services and regulatory authorities. Where personal data relates to anyone other than yourself, you must obtain the 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.

All personal data will be treated in confidence and in compliance with the Data Protection Act 1998. 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.

### DECLARATION

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of my / our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is finalised, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of my/our proposal for insurance.

I/We understand that the non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to avoid this insurance.

I/We declare that I/we:

- have not been convicted of any offence (other than a motoring offence) in the last 5 years,
- have not been declared bankrupt in the last 5 years (including business partners),
- have not had another insurer decline, refuse to continue or apply special terms for anyone whose property or event is to be insured,
- have not made any claims in the last 5 years under a policy of this type,
- are not aware of any current circumstances that could lead to a claim under this policy, and
- that property to be insured is in good condition and repair.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

|                 |                      |      |  |
|-----------------|----------------------|------|--|
| Proposer's Name | <input type="text"/> |      |  |
| Position        | <input type="text"/> |      |  |
| Signature       | <input type="text"/> | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |

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