



UNDERWRITING MANAGERS

Tel: 0861-00-0090
E-mail: info@keu.co.za
Website: www.keu.co.za

CANCELLATION OF EVENTS PROPOSAL

SECTION 1 – GENERAL RISK INFORMATION, PLEASE COMPLETE ALL QUESTIONS IN THIS SECTION

COVER REQUIRED:	COVER A: CANCELLATION OF EVENT(S) NOT INCLUDING COVERS B AND C	YES – MINIMUM COVER				
	COVER B: NON-APPEARANCE OF INSURED PERSONS	YES	NO			
	COVER C: WEATHER PERILS <i>(MUST BE ACCEPTED 14 DAYS PRIOR TO EVENT)</i>	YES	NO			
NAME OF INSURED: (No private individuals) Must be South African Legal Entity						
INSURED VAT NUMBER:		INSURED REGISTRATION NUMBER:				
REGISTERED PHYSICAL ADDRESS:						
IS THE INSURED THE EVENT ORGANIZER?	YES	NO	IF NOT WHAT IS THE INSURED'S ROLE AT THE EVENT?			
NAME OF THE EVENT:						
DETAILED DESCRIPTION OF THE EVENT:						
WEBSITE ADDRESS OR DETAILED BUSINESS DESCRIPTION						
WHO DECIDES WHETHER THE EVENT MUST BE DISCONTINUED? (E.G. ORGANISER, AUTHORITIES, ETC.)?						
AT WHAT POINT DURING THE EVENT / PERFORMANCE DOES THE INSURED DEEM THE EVENT TO HAVE BEEN SUCCESSFULLY CONCLUDED – IF FOR EXAMPLE THE EVENT IS CANCELLED AN HOUR EARLIER THAN SCHEDULED, WHAT WILL THE FINANCIAL IMPLICATION BE?						
HOW MANY YEARS HAS THE APPLICANT BEEN OPERATING AS AN EVENTS ORGANISER?						
DATES OF EVENT		VENUE	MAXIMUM LOSS (SHOULD ANY ONE DAY BE CANCELLED)			
FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR	1.	R	
FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR	2.	R	
FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR	3.	R	
TIME OF EVENT	FROM:		AM PM	TO:		AM PM



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HAVE YOU EVER BEEN REFUSED INSURANCE FOR AN EVENT <u>IF YES</u> PLEASE PROVIDE DETAILS	YES					
	NO					
ARE BUFFER TIMES PLANNED, <u>IF NO</u> PLEASE PROVIDE DETAILS AS TO WHY NOT	YES					
	NO					
HAS THE EVENT BEEN HELD BEFORE, <u>IF YES</u> WHERE AND HOW OFTEN?	YES					
	NO					
WILL REPAIRS BE CARRIED OUT ON THE VENUE PRIOR TO THE EVENT? <u>IF YES</u> PLEASE PROVIDE DETAILS	YES					
	NO					
HAVE YOU OBTAINED ALL THE REQUIRED LICENSES, VISAS AND PERMITS? <u>IF NO</u> , PLEASE PROVIDE DETAILS	YES					
	NO					
NUMBER OF TICKETS PRINTED		NUMBER OF TICKETS SOLD		PRICE PER TICKET	R	
ANY PAST CLAIMS, INCIDENTS OR FINANCIAL LOSSES?			YES		NO	
YEAR	AMOUNT		DETAIL			
	R					
	R					
IS THE EVENT:	INDOORS		OUTDOORS			
WHERE WILL THE EVENT TAKE PLACE?	Open Air	Large Building	Under Canvas	Staged Roof & Covered on 3 sides		
IN THE CASE OF A TOUR: WHAT MEANS OF TRANSPORT ARE TO BE USED			Aircraft	Bus	Boat	Car
HOW MUCH EXTRA TIME HAS BEEN ALLOWED FOR	Travel delays?	Erection and dismantling?		Alternative relocation?		
PLEASE PROVIDE DETAILS						
WILL THE EVENT BE TELEVISED?					YES	NO
DETAILS OF POSSIBLE MATERIAL DAMAGE (FIRE, WATER DAMAGE, ETC.) THAT COULD LEAD TO A DISRUPTION OF THE EVENT:						
WHAT LOSS PREVENTION MEASURES ARE IN PLACE AT THE LOCATION / VENUE (SPRINKLERS, FIRE EXTINGUISHERS ETC.)?						



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WHAT LIMITS MUST BE INSURED – MUST BE VAT INCLUSIVE

NON-RECOVERABLE EXPENSES (Please provide DETAILED BUDGET)	R
SPONSORS (Please provide SPONSORSHIP AGREEMENT)	R
ADVANCE TICKET SALES (Please provide current sales if available)	R
GATE TICKET SALES (Only if the insured has a 5 year history of gate sales)	R

SECTION 2 – NON-APPEARANCE OF PERSON(S) OR SPECIFIED PROPS OR GOODS

COULD A SPECIFIC PERSON, PERFORMER OR PROP CAUSE A CANCELLATION IF THEY/ IT IS UNABLE TO PERFORM OR ATTEND?	YES	NO
NAME OF PERSON/ PERFORMER/ ITEM THAT CAN CAUSE A CLAIM	FUNCTION	AGE

PLEASE CONSULT WITH THE ARTIST(S) OR THEIR AGENT BEFORE COMPLETING THE FOLLOWING SECTION

HAS THE NOMINATED PERSON CAUSED A CANCELLATION IN THE PAST 5 YEARS? <u>IF YES</u> PLEASE PROVIDE DETAILS	YES	
	NO	
IS/ARE THE PERSON(S) TO BE INSURED CURRENTLY UNDERGOING MEDICAL OR PSYCHOLOGICAL TREATMENT? <u>IF YES</u> PLEASE PROVIDE DETAILS	YES	
	NO	
HAS/HAVE THE PERSON(S) TO BE INSURED ANY OTHER PROFESSIONAL OBLIGATIONS DURING THE PERIOD OF THE INSURED EVENT. <u>IF YES</u> PLEASE PROVIDE DETAILS	YES	
	NO	
WILL THE PERSONS TO BE INSURED BE PERFORMING ANY DANGEROUS ACTIVITIES (PROFESSIONALLY OR PRIVATELY) DURING THE PERIOD OF THIS POLICY. <u>IF YES</u> PLEASE PROVIDE DETAILS	YES	
	NO	
IS PERSON(S) TRAVELING FROM ABROAD? <u>IF YES</u> WHAT AIRLINE WILL THEY BE USING?	YES	
	NO	



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SECTION 3: CANCELLATION AS A RESULT OF WEATHER CONDITIONS

COVER WILL ONLY BE PROVIDED IF THE POLICY IS FINALISED, ISSUED AND PAID FOR 14 DAYS PRIOR TO FIRST START DATE

DESCRIPTION OF WEATHER CONDITIONS THAT COULD LEAD TO A CANCELLATION, ABANDONMENT OR POSTPONEMENT OF THE EVENT:

RAIN: 	FIRST DROP OF RAIN (VERY EXPENSIVE)	YES	NO		
	CONTINUOUS RAIN EXCEEDING 1 HOUR AND BEING MORE THAN 10MM/H	YES	NO		
	HEAVY DOWNPOUR (>5MM/H)	YES	NO		
WIND: 	WIND FROM BEAUFORT FORCE 4 UPWARD (= > 35 KM/H)	YES	NO		
	WIND FROM BEAUFORT FORCE 6 UPWARD (= > 39 KM/H)	YES	NO		
TEMPEST : 	CONTINUING THUNDERSTORM (WITH LIGHTNING)	YES	NO		
	CANCELLATION ON ACCOUNT OF WEATHER THAT COULD ENDANGER THE LIFE OR LIMB OF PARTICIPANTS OR SPECTATORS				
	FLOODING OF THE VENUE				
	INACCESSIBILITY, BY ROAD OR ON FOOT, TO THE VENUE				
ARE THERE ANY OFFICIAL REGULATIONS, SAFETY REQUIREMENTS OR ORDINANCES RELATING TO THE EFFECTS OF ADVERSE WEATHER CONDITIONS? IF YES WHAT		YES			
		NO			
IS THE GROUND PROPERLY DRAINED? PLEASE PROVIDE DETAIL		YES			
		NO			
WHAT DOES THE GROUND CONSIST OF?					
ADDITIONAL COVER THAT CAN BE INCLUDED:					
RIOT AND STRIKE	YES	NO	TERRORISM	YES	NO
NATIONAL MOURNING	YES	NO	FORCED REDUCED ATTENDANCE	YES	NO



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INSURED MUST SPECIFY ANY OTHER WEATHER PERILS REQUIRED AND CRITICAL TO THE SUCESSFULL HOSTING OF THE EVENT

Signing this application does not bind the applicant or the company to complete insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way to conceal or misrepresent material fact or circumstances concerning, this insurance or the subject thereof the entire policy shall be void.

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

I/We have read the above and agree that to the best of my / our knowledge and belief it fully represents the true statements of facts.

I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.

Insurance products are underwritten by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417). KEU holds preference shares in Centriq Insurance Company Limited.

For further information please read our Privacy Notice, which can be found on www.centriq.co.za

INSURED FULL NAME:

DATE:

DAY / MONTH / YEAR

SIGNATURE

NAME OF BROKING COMPANY

FSP NUMBER:

NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:

CONTACT DETAILS: