

Contingency Cancellation & Abandonment & Non-Appearance Insurance

Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

1. Proposer details

- a. Name of the proposer(s). (Any proposer acting for others is referred to 'Conditions of Quotation 15.5' at the foot of this form and the need to enquire of all others before answering).

- b. Address (Please show the address required on the policy):

P.O. Box: _____ City: _____ Country: _____

Contact person's name: _____

Phone number: _____ Mobile number: _____

Fax number: _____ Email address: _____

- c. VAT Tax Registration Number (if applicable): _____

- d. What is the usual business of the proposer(s)? _____

- e. When was the firm established? _____

2. Performance/Event information

- a. Title or name of performance(s) or event(s) to be insured: _____

- b. Type of performance(s) or event(s) to be insured: _____

- c. Has this performance(s) or event(s) been held before? Yes No

If Yes, give full details: _____

- d. What is the involvement of the proposer(s) in the performance(s) or event(s)?

Organiser: _____ Promoter: _____

Manager: _____ Artist: _____

Sponsor: _____ Other: _____

If other, give full details: _____

2. Performance/Event information (continued)

e. What is the extent of the proposer(s) experience in this capacity? _____

f. Is the performance(s) or event(s) part of a larger production, promotion, series, or tour?

Yes No

If Yes, give full details: _____

3. Venue/Itinerary

a. Date(s) and name of venue(s) of performance(s) or event(s).

Date	Venue	City/Country	Performance/Event	Standby dates (if any)

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)

c. What allowance in the itinerary has been made for:

i) Travel delay: _____

ii) Set-up time: _____

iii) 'Standby' dates: _____

4. Perils (continued)

NOTE: Please refer to the policy wording to determine the extent of coverage offered. The numbers in brackets relate to the optional perils specified in the policy wording.

What perils are required?

- | | | |
|--|------------------------------|-----------------------------|
| 2.1. Death of any insured person | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.2. Accident or illness of any insured person | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.3. Unavoidable travel delay | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.4. Damage to or destruction of the venue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.5. National mourning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.6. Other perils | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Non-appearance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Adverse weather | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Terrorism | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • War | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • SRCC/PV | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: You only have to answer questions 5, 6, 7 and 8 if you have selected perils (2.1) and/or (2.2) and or (2.3) for which losses will be restricted to persons to be insured whose Death, Accident, Illness, Unavoidable Travel Delay or failure to appear due to one of these perils could cause the cancellation or abandonment of the event.

5. Persons to be insured

For the purposes of any insurance granted as a result of this proposal, coverage shall be limited to those individuals detailed below and stated in the Schedule attached to the Policy. Underwriters may require any of the following individuals to undergo an independent medical examination.

Persons to be insured	Date of birth	Participation/Role	Fee for this event	No pay for no play condition (Yes or No)

6. Understudies, substitutes or standbys

Has any provision been made for understudies, substitutes or standbys?

Yes

No

If Yes, give full details: _____
_____**7. Additional information about the person(s) to be insured****The Proposer shall consult the person(s) detailed in question 5 before answering the following.**

a. Is any person to be insured suffering from any physical, mental, or medical condition?

Yes

No

If Yes, give full details: _____

b. Is any person to be insured undergoing any form of treatment, medical or otherwise?

Yes

No

If Yes, give full details: _____

c. Is any person to be insured following any prescribed regime, medical or otherwise?

Yes

No

If Yes, give full details: _____

7. Additional information about the person(s) to be insured (continued)

- d. Is any person to be insured aware of any matter, fact, or circumstance, or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a loss under the proposed insurance? Yes No

If Yes, give full details: _____

- e. Have any of the persons to be insured stated in question 5 any history of non-appearance? Yes No

If Yes, give full details: _____

8. Transportation

- a. What method of transportation will be used:

i) By the person(s) to be insured? _____

ii) For equipment or items essential to the performance(s) or event(s)?

- b. Is the means of transportation to be used customized or adapted for the purpose?

Yes No

If Yes, is an alternative means of transportation available?

Yes No

9. Venue information

- a. Will any performance(s) or event(s) be held wholly or partly in the open air, a marquee, or a temporary structure? Yes No

If Yes, give details: _____

- b. Is the stage or area in which the performers work under cover? Yes No

If Yes, give details: _____

- c. Is any venue listed in question 3 exposed to strong wind, flood, or waterlogging? Yes No

If Yes, give details: _____

- d. Would you like underwriters to consider offering terms to include the effect of weather on outdoor performances or events not in a permanent structure? Yes No

10. Contracts/Agreements

- a. Have written contracts been signed:
- i) For the hire of the venue(s) shown in question 3? Yes No

- ii) For the appearance of all the persons shown in question 5? Yes No

If either is No, give full details: _____

- b. Have all other contractual arrangements necessary for the successful fulfillment of the performance(s) or event(s) been made and confirmed in writing? Yes No

If No, give full details: _____

10. Contracts/Agreements (continued)

c. If the answer to question 10.b) is No, do you undertake to make all such remaining contractual arrangements in a prudent and timely manner and ensure they are confirmed in writing prior to the relevant performance or event? Yes No

d. Have all necessary licenses, visas and permits, and authorizations been obtained? Yes No

If No, give full details: _____

11. Expenses and gross revenue

a. Give details of budget and currency:

Expenses	Amount	Gross Revenue	Amount
i) Costs		i) Gate/ticket sales	
ii) Commitments		ii) Programme sales	
iii) Guarantees		iii) Merchandising	
iv) Fees		iv) Fees	
v) Commissions		v) Commissions	
vi) Sponsorship		vi) Sponsorship	
vii) Advertising		vii) Advertising	
viii) Promotional		viii) Concessions	
ix) Broadcasting		ix) Broadcasting	
x) Other items not incl. above (Give details)		x) Other items not incl. above (Give details)	
Total		Total	

b. Do these sums represent the full extent of your financial responsibilities? Yes No

If No, give full details: _____

11. Expenses and gross revenue (continued)

c. Does any other party have an interest in the expenses and gross revenue for the performance or event? Yes No

If Yes, give full details: _____

d. Is profit to be insured? Yes No

Note: Profit (when insured) means the amount by which Gross Revenue exceeds Expenses.

e. What limit of indemnity is required? _____

12. Financial loss

a. Has the performance(s) or event(s) (under the present or any other management) had any incident that could have resulted or did result in financial loss that would be covered under the proposed insurance? Yes No

If Yes, give full details: _____

b. Has any performance or event in which the proposer(s) were involved (in managing) had any incident that could have resulted or did result in financial loss that would be covered under the proposed insurance? Yes No

If Yes, give details: _____

13. Claims record

Are you aware of any matter, fact, or circumstance, or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a claim under the proposed insurance? Yes No

If Yes, give details: _____

14. Loss payee

Loss payee (if other than proposer stated in question 1): _____

15. Conditions of quotation

Any quotation provided by Underwriters as a result of this proposal and any supporting information will be subject to:

- 15.1) Final acceptance by the Proposer(s) and then Underwriters prior to the acceptance date shown in the quotation, after which the resulting insurance cannot be canceled.
- 15.2) The Proposer(s) undertaking to advise Underwriters of any change in the supporting information or additional information that should be supplied to make this proposal current, occurring prior to the inception date of any insurance subsequently issued.
- 15.3) Underwriters having no obligation to accept the risk if there has been any happening or circumstance, whether advised by the Proposer(s) or otherwise, arising prior to acceptance by Underwriters which increases or could increase the possibility of a loss or in any way materially alters the risk as quoted. However Underwriters at their sole discretion may decide to provide an alternative quotation.
- 15.4) The Proposer(s) having declared all material facts likely to influence a reasonable Underwriter in determining:
 - a) Whether or not to accept the risk
 - b) The premium
 - c) The terms, conditions, exclusions, and limitations
- 15.5)
 - a) The Proposer(s), if acting on behalf of others, being deemed to be duly authorized to proceed so and to have obtained and declared all the information provided after making inquiry of each of them.
 - b) Any intermediary(s) acting on behalf of any parties referred to in 15.5a), being deemed to be duly authorized to proceed so and to have obtained and declared all the information provided after making inquiry of the party(s) for whom they act.
 - c) The Proposer(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 15.7) below.
- 15.6) The Proposer(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without the Underwriters' prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Underwriters.
- 15.7) The Proposer(s) paying the premium with acceptance of the quotation. If (in accordance with 15.1) and 15.3) above) Underwriters do not accept the risk, the premium will be returned.

Declaration

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.

Name of Proposer: _____

Title: _____

Signature: _____

Stamp: _____

Date: _____

Note: Please note that each page of the proposal form should be signed by the Proposer or its legal representative