

# Event Cancellation and Non-Appearance Application

DIRECT CLIENT SUBMISSION

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*This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided in the application. The Applicant warrants the information provided is accurate, true, and complete.*

## PROPOSER CONTACT INFORMATION

1. Contact Name: \_\_\_\_\_ Date of Birth (Required): \_\_\_\_\_
2. Assured Name: \_\_\_\_\_
3. Address: \_\_\_\_\_  
City, Province, Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_
4. E-mail: \_\_\_\_\_
5. Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_
6. Website: \_\_\_\_\_
7. If the Assured is an organization - identify organization size:
  - A business with fewer than 10 employees and net turnover less than USD2.5m - Designated Micro
  - A business with more than 10 employees and net turnover less than USD60m - Designated SME
  - A business with more than 250 employees and net turnover more than USD60m - Designated Commercial

## EVENT INFORMATION

*If coverage is required for more than one event, complete questions 7-28 for each individual event. See note at end of application.*

8. Name of Event: \_\_\_\_\_
9. Type of Event: \_\_\_\_\_  
Ex. Classical music concert, motorsports (grass track), dance, regatta, parade, cycling, etc.
10. Does this event have exhibits?  YES  NO
11. Is the event open to the public?  YES  NO
12. Do you have hotel commitments?  YES  NO
13. Event Date(s): \_\_\_\_\_ (DD/MM/YY) To: \_\_\_\_\_ (DD/MM/YY)
14. Do you want to insure:  Gross Revenue  Costs and Expenses
15. Total sum to be insured: \_\_\_\_\_ Currency: \_\_\_\_\_  
*Your claim will be reduced if you do not insure the total amount of your exposure.*

## VENUE INFORMATION

16. Venue Name: \_\_\_\_\_
17. Venue Address: \_\_\_\_\_  
City, Province, Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_
18. Will the event be:
  - Indoors
  - Partially Outdoors
  - Entirely Outdoors with NO Stage or Static Performing Area
  - Entirely Outdoors on a Stage or Static Performing Area with a Roof and 3 Full Sides
  - Entirely Outdoors with an Uncovered Stage or Only Partially Covered Stage or Static Performance Area
19. If outside, will light or moderate rainfall have an effect on the event?  Yes  No

20. Is the Venue near any watercourse or river and/or has the Venue or car  YES  NO parking area been flooded or waterlogged during the last five (5) years? (If YES please provide full details below)

21. Will Non-Appearance Coverage be required?  Yes  No  
*If No, proceed to question 29.*

### NON-APPEARANCE SECTION

**IMPORTANT: Coverage provided for non-appearance is subject to a 30 day health warranty for each declared individual detailed in the Certificate. However, non-appearance coverage for a declared individual over 70 years old is limited solely to the occurrence of death within 14 days prior to the event.**

22. Is the appearance of any professional artist(s), entertainer(s) or the like essential to the proposed event going ahead?  
 Yes  No

23. Is the appearance of any professional sports person(s), speaker(s), or the like essential to the proposed event going ahead?  
 Yes  No

24. Is the appearance of any person other than those referred to in question 21 or 22 essential to the proposed event?  
 Yes  No

25. Provide the following details for each individual to be included for non-appearance cover as indicated in question 21 or 22.

Name:	Date of Birth (DD/MM/YY) <b>REQUIRED!!</b>
1.	
2.	
3.	
4.	

Please attach a separate schedule if non-appearance coverage is requested for more than four individuals

26. Does the sum to be insured, declared in question 14, include the fees for the individual(s) in question 24 which would not be payable in the event of their non-appearance?

Yes  No

If YES, are these fees still to be paid if the insured person(s) do not appear?

Yes  No

If NO, enter the insured(s) person's fees below for each individual in question 24.

27. After due investigation, has the Non-Appearance of any Named Individual cancelled, abandoned, rescheduled or in any way failed to appear at an event(s) they were contracted to, in the last five (5) years?

Yes  No

28. Total number of losses for all individuals named above: \_\_\_\_\_

If more than 2 losses, provide full details of all losses:  
\_\_\_\_\_  
\_\_\_\_\_

29. It is warranted that after a prudent and reasonable enquiry the insured person is in good health and has been so for a continuous period of 30 days prior to risk attachment date and has no physical, mental or medical condition nor is undergoing any treatment medical or otherwise, which could prevent attendance as arranged at the event and that each insured person is fit to fulfill the commitments insured.

Yes  No

### ADDITIONAL INFORMATION

30. Have all permits, contracts, visas, licenses or the like necessary for the event to be completed successfully been obtained at the time of this proposal, or will they be obtained before coverage is bound?

Yes  No

31. Do you wish to purchase limited Terrorism coverage?

No Terrorism coverage required for the event

Limited Terrorism: Terrorism Coverage is limited to actual acts of terrorism within a 50 mile radius of the event venue and within 50 days prior to the commencement of the event.

Limited Terrorism with Threat: Terrorism Coverage is limited to actual acts of terrorism within a 50 mile radius of the event venue and within 50 days prior to the commencement of the event. Coverage is extended to include threat of terrorism, confirmed in writing by local or national government authority, as posing a real risk to the event.

*Event Cancellation and Non-Appearance Application ~ Direct Client Submission*

32. Has the applicant/named insured cancelled, abandoned or had an event(s) adversely affected in any way whether the subject of a claim or not?  Yes  No

33. Number of claims for cancellation or partial cancellation of event(s) held in the last 5 years: \_\_\_\_\_  
*Do not re-enter any claim(s) information provided under question 27.*

If more than 2 losses, provide full details of all losses:

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34. Jurisdiction: This proposal and certificate, if accepted, will be generated by the laws of Canada.

**DECLARATION**

35. At the date of this proposal, does the Assured have any knowledge of any circumstance(s) which could give rise to a claim under this proposed insurance?

Yes

No

36. Please describe/ disclose any:

- a) Material Facts (Material Facts are those which might influence the acceptance or assessment of the risk) or
- b) Special non-standard request for coverage which you wish the Underwriters to consider

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IN ACCEPTING ANY QUOTATION PROVIDED AS A RESULT OF THIS PROPOSAL REQUEST, THE ASSURED WARRANTS THAT ALL INFORMATION AND ANSWERS PROVIDED IN THIS PROPOSAL ARE TRUE AND CORRECTION.

Assured Name: \_\_\_\_\_ Date: \_\_\_\_\_

Assured Signature: \_\_\_\_\_

**NOTE: WHEN INSURING MULTIPLE EVENTS !**

- i. Please complete the event information and venue information sections for each event to be insured (questions 7-23). You may reprint additional copies of these pages and add them to the end of the application, or submit individual proposals.
- ii. If one of the options to include Terrorism coverage is selected it will apply to all events you list. Should you require coverage for only certain events indicate to which events and which form of Terrorism Coverage is required in question 30.
- iii. Whether you select Gross Revenue or Costs and Expenses, this option will apply to all events you list. Should certain events require Gross Revenue and other events require Costs and Expenses, create one proposal for events requiring Gross Revenue, and one proposal for events requiring Costs and Expenses.

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

**APPLICANT NAME:** \_\_\_\_\_

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

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_