

EVENT CANCELLATION FORM

51 Harvard Street Worcester, MA 01609 Phone: 508-755-6210 Fax: 508-753-0646 www.quakerma.com

| PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED. | | | |
|--|-----|--|--|
| 1. | 1.1 | Name of Proposer(s). (Any Proposer(s) acting for others is referred to "Conditions of Quotation" at the foot of this form and the need to enquire of all others before answering). | |
| | 1.2 | Address: | |
| | 1.3 | Telephone No: | |
| | | E-Mail address: | |
| | 1.4 | What is the usual business of the Proposer(s)? | |
| | 1.5 | How long engaged therein? | |
| | 1.6 | 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 the Insurance. | |
| | | Unless stated otherwise the state law of Washington DC will apply. Do you accept the application of this law? | |
| | | YES NO | |

If no, please state the law and court you consider should apply together with your reasons, and the Underwriters will consider the possibility of applying that State Law?

| | 2.2 | If the "Proposer(s)" is not the organiser, who is organising the event(s)? |
|----|-----|--|
| | 2.3 | What is the extent of the "organiser's" experience in this capacity? |
| | | |
| | | |
| 3. | 3.1 | Title or name of event(s) to be insured. |
| | 3.2 | Type of event(s) to be insured. |
| | 3.3 | Date of Event(s). |
| | 3.4 | In order to mitigate a loss to this insurance, is rescheduling/postponement possible for each event. |
| | | YES NO |
| | | If no, please explain why. |
| | | |
| | 3.5 | For how long could the start of event(s) be delayed? Please provide full details. |
| | | |
| | 3.6 | Has the event(s) been held before? |
| | | YES NO |
| | | If yes, please provide full details. |
| | | |
| | | |

2.1 What is the "Proposer(s)" role in the event(s)?

2.

| | | YES NO |
|---|-----|---|
| | | If yes, please give full details. |
| | | |
| | 3.8 | Date(s)? |
| | | Names of Venue(s)? |
| | | Address(s)/ Postcode(s)/Zip code(s)? |
| | | City/Country? |
| | | |
| | | |
| 4 | 4.1 | Will the event(s) be held wholly or partly in the open air, in a marquee or in a temporary structure? |
| 4 | 4.1 | Will the event(s) be held wholly or partly in the open air, in a marquee or in a temporary structure? YES NO |
| 4 | 4.1 | structure? |
| 4 | | YES NO Structure? If yes, please give details. |
| 4 | 4.1 | YES NO |
| 4 | | YES NO |

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

3.7

| 4.3 | Please describe the extent of adverse weather that could affect the event(s)? |
|-----|---|
| 4.4 | Is any venue or area critical to the event proceeding as scheduled or listed in Question 3.8 exposed to strong wind, flood or water logging? |
| | YES NO If yes, please give details. |
| | in yes, piedse give details. |
| 4.5 | Will the stage or area in which the performers work be covered by a roof and on three sides and will all electrical equipment be protected to comply with Industry Standards against adverse weather? |
| | YES If yes, please give details. |
| | NO |
| | If no, please give details of what protections, if any, are in place. |
| | |
| 4.6 | Will the Proposer(s) have a signed written contract for the lease or hire of Venue(s) prior to inception of this Insurance? |
| | YES NO NO |
| | If no, please provide full explanation |

| 4.6.1 | 1 Have all other contractual arrangements necessary for the fulfilment of the event(s) been made and confirmed in writing? |
|-------|--|
| | YES NO |
| | If no, please provide full explanation |
| | |
| 4.6.2 | 2. If the answer to question 4.6.1 is "no" does the Proposer(s) 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 event? |
| | YES NO |
| | If no, please provide full explanation |
| | |
| 4.6.3 | Have all necessary licences, visas, permits and authorisations been obtained? |
| | YES NO |
| | If no, please provide full explanation |

5.1 Financial Information

Please attach either an Expenses sheet and/or Gross Revenue Budget sheet or alternatively please complete the Budget form below. Please show currency.

| | Expenses | Amount | | Gross Revenue | Amount |
|-------|--|--------|---------|--------------------------------|---------|
| 1. | General Administration | | 1. | Gate/ticket sales | |
| 2. | Printing, promotion and advertising | | 2. | Programme sales | |
| 3. | Venue hire | | 3. | Merchandising | |
| 4. | Facilities and equipment rental | | 4. | Fees | |
| 5. | Communications costs | | 5. | Commissions | |
| 6. | Sponsorship | | 6. | Sponsorship | |
| 7. | Wages, salaries and benefits | | 7. | Advertising | |
| 8. | Broadcasting and T.V. rights | | 8. | Concessions | |
| 9. | Insurance other than insured hereon | | 9. | Broadcasting and T.V. rights | |
| 10. | Other items not included above (Give details) | | 10. | Other items not included above | |
| | (Give details) | | | (Give details) | |
| Total | | | Total | | |
| | For information only, the amount by will represent the Proposer's Budget | | ross Re | venue exceeds Budgeted Ex | kpenses |

| 5.2 | The Proposer(s) may elect to insure either the Total Expenses (see 5.1) or the Total Gross Revenue being expenses and net profit (shown above in 5.1) |
|-----|---|
| | Please indicate your preference by ticking the box below. |
| | Total Expenses |
| | If you wish Underwriters to consider insuring a different Limit of Indemnity, please tick other and provide an explanation of what this represents? |

| 6. | 5. Does any other party have an interest in the Gross Revenue? YES NO NO | | | | |
|----|--|--|--|--|--|
| | | | | | |
| I | If yes, please provide details. | | | | |
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| 7. | Do you have in place a Ticket Refund Policy? | | | | |
| | YES NO | | | | |
| | If yes, please provide details. | | | | |
| | If no, then what system do you have in place. | | | | |
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| 8. | Has any event in which the Proposer(s) were involved (in managing) had any incident that resulted in financial loss that would be covered by perils included under a Contingency Cancellation insurance? | | | | |
| | | | | | |
| | YES NO | | | | |
| | If yes, please give full details. | | | | |
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| | | | | | |
| 9. | Has the event(s) (under the present or any other management) had any incident that resulted in financial loss that would be covered by perils included under a Contingency Cancellation insurance. | | | | |
| | YES NO | | | | |
| | If yes, please give full details. | | | | |

| 10. | Are you aware of any matter, fact, circumstance or incident existing or threatened that might reasonably result in a claim under the proposed insurance? | | |
|-----|--|--|--|
| | YES NO | | |
| | If yes, please give full details. | | |
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| 11. | Loss payee (if other than Proposer(s) stated in question 1) | | |
| | | | |

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

- 12.1 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 cancelled.
- 12.2 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.
- 12.3 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.
- 12.4 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.
- 12.5 (a) The Proposer(s), if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them.
 - (b) Any intermediary(s) acting on behalf of any parties referred to in 12.5(a), being deemed to have obtained and declared all the information provided after making inquiry of the party (ies) 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 12.7 below.
- 12.6 The Proposer(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without "Underwriter's 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.
- The Proposer(s) paying the premium with acceptance of the quotation. If (in accordance with 12.1 and 12.3 above) Underwriters do not accept the risk, the premium will be returned.

DECLARATION

To the best of my/our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a *material fact will entitle Underwriters to void the Insurance.

NOTE: * A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters: if you are in any doubt as to what constitutes a material fact you should consult your Broker.

It is understood that the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but the Proposer(s) agree that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

I/we the Proposer(s) accept these conditions as the Proposed Assured or agent of the Proposed Assured and that any subsequent insurance will become null and void if any of the foregoing conditions are breached.

| Signature: | Date: |
|------------|-----------|
| Name: | Position: |
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