

PROPOSER'S DETAILS

NAME OF PROPOSER _____

ADDRESS AND TELEPHONE NUMBERS OF PROPOSER(S) _____

REGISTERED ADDRESS OF PROPOSER(S) _____

EMAIL OF PROPOSER(S) _____

WHAT IS THE USUAL BUSINESS OF THE PROPOSER(S) AND HOW LONG ENGAGED THEREIN?

WHAT COVERAGE DO YOU REQUIRE?

- PERSONAL ACCIDENT GO TO SECTION 1
- CANCELLATION AND NON-APPEARANCE GO TO SECTION 2
- LIABILITY GO TO SECTION 3

1. PERSONAL ACCIDENT

NAME OF INDIVIDUAL(S) TO BE INSURED	DATE OF BIRTH OF INDIVIDUAL(S) TO BE INSURED	SUM INSURED OF INDIVIDUAL(S) TO BE INSURED

IF MORE NAMES ARE TO BE ADDED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

CONTRACT / ENDORSEMENT DETAILS (IF APPLICABLE) _____

*PLEASE NOTE, THAT IN CERTAIN CASES A MEDICAL QUESTIONNAIRE WILL NEED TO BE COMPLETED

2. CANCELLATION INSURANCE

NAME OF EVENT(S) TO BE INSURED _____

DATE OF EVENT(S) TO BE INSURED _____

LOCATION AND VENUE OF EVENT(S) TO BE INSURED _____

TYPE OF EVENT _____

IS THE EVENT INDOOR OR OUTDOOR? _____

IF NON APPEARANCE COVER IS REQUIRED PLEASE LIST THE NAMES AND DATES OF BIRTH OF ALL INDIVIDUALS _____

PLEASE STATE THE AMOUNT TO BE INSURED AND WHAT THIS REPRESENTS* _____

* PLEASE NOTE THAT FOR SUMS INSURED OVER USD 1,000,000 FULL BUDGETS MAY BE REQUIRED

** IT IS A WARRANTY OF THIS POLICY THAT ALL VISAS, LICENSES, AND PERMITS ARE IN PLACE PRIOR TO THE COMMENCEMENT OF THE EVENT.

3. LIABILITY

ACTIVITIES UNDERTAKEN BY THE PROPOSER(S) INCLUDING FULL BUSINESS DESCRIPTION

NAME AND LOCATION OF EVENT _____

NUMBER OF SPECTATORS/AUDIENCE AT EACH EVENT _____

TYPE OF EVENT _____

NUMBER OF PARTICIPANTS AT EVENT _____

WILL THERE BE ANY DANGEROUS STUNTS OR PYROTECHNICS USED? _____

4. LAW AND JURISDICTION

YOU HAVE THE CHOICE OF LAW AND JURISDICTION APPLICABLE TO THIS CONTRACT OF INSURANCE. UNLESS YOU REQUEST AND THE UNDERWRITERS AGREE OTHERWISE IN WRITING THIS INSURANCE IS MUTUALLY AGREED TO BE GOVERNED AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF CANADA WHOSE COURTS SHALL HAVE EXCLUSIVE JURISDICTION

PLEASE STATE WHICH LAW AND JURISDICTION YOU WISH TO REQUEST IS TO APPLY, IF OTHER THAN CANADA, AS STATED ABOVE _____

5. MATERIAL FACTS

DO YOU KNOW OF ANY FACT OR CIRCUMSTANCE, ACTUAL OR THREATENED, WHICH EITHER INCREASES OR COULD INCREASE THE POSSIBILITY OF A LOSS UNDER THIS INSURANCE?

Yes No

IF YES, PLEASE LIST _____

6. CLAIMS HISTORY AND DECLARATION

(MUST BE COMPLETED BY ALL PROPOSERS)

CLAIMS HISTORY

HAVE YOU HAD ANY CLAIMS OR NOTIFIED INSURERS OF ANY CLAIMS WITHIN THE LAST 5 YEARS?

Yes No

IF YES, PLEASE LIST _____

DECLARATION

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED IN CONNECTION WITH THIS PROPOSAL, WHETHER IN MY OWN HAND OR NOT, IS TRUE AND I HAVE NOT WITHHELD ANY MATERIAL FACTS. I UNDERSTAND THAT NON-DISCLOSURE OR MIS-REPRESENTATION 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.)

I UNDERSTAND THAT THE SIGNING OF THIS PROPOSAL DOES NOT BIND ME TO COMPLETE OR UNDERWRITERS TO ACCEPT THIS INSURANCE BUT AGREE THAT, SHOULD A CONTRACT OF INSURANCE BE CONCLUDED, THIS PROPOSAL AND THE STATEMENTS MADE THEREIN SHALL FORM THE BASIS OF THE CONTRACT.

PROPOSER'S NAME _____

POSITION _____

SIGNATURE _____

DATE _____

*UNDERWRITERS WILL ISSUE A QUOTATION BASED ON THE ABOVE INFORMATION.

FURTHER INFORMATION MAY BE REQUIRED, ON A CASE BY CASE BASIS, TO BIND THIS INSURANCE.

WHEN COMPLETED, PLEASE RETURN THIS FORM TO THE APPROPRIATE JLT OFFICE LISTED BELOW:

SUITE 1600
1111 WEST GEORGIA STREET
VANCOUVER, BC
V6E 4G2
(604) 682 4211

SUITE 747
10104 – 103 AVENUE
EDMONTON, AB
T5J 0H8
(780) 421 7188

SUITE 800
55 UNIVERSITY AVENUE
TORONTO, ON
M5J 2H7
(416) 941 9551

OR VIA EMAIL: info@jltpcanada.com