

**Application Form for a Contingency Event Cancellation Insurance**  
**by Telefax +49/89/540163-34**  
**for further enquiry please call +49/89/540163-20**

|  |  |                |   |
|--|--|----------------|---|
| <b>Policy Holder</b>   |  |                |   |
| <b>Organizer</b><br><small>(if divergent to the policy holder)</small>   |  |                |   |
| <b>Type of Event</b>   |  |                |   |
| <b>Location of the Event</b><br><small>(in case of a tour, please add the tour-plan)</small>   |  |                |   |
| <b>Period of insurance</b>   |  |                |   |
| <b>Method of Payment</b>   | The policy will be incepted as soon as the premium has entered our bank account  |                |   |
| <b>Sums Insured</b>  | <b>Total Costs of the event:</b>   | _____          |   |
|  | <b>Profits (first loss insurance):</b>   | _____          |   |
| <b>Insured persons</b>   | Please list the name, date of birth and add the completed medical affidavit (see attached Form):<br><br>1. _____<br>2. _____<br>3. _____<br>4. _____   |                |   |
| <b>Type of cover</b>   |  |                |   |
| <input type="checkbox"/> <b>Type A</b><br><br><input type="checkbox"/> <b>Type B I</b><br><br><input type="checkbox"/> <b>Type B II</b><br><br><input type="checkbox"/> <b>Type C I</b><br><br><input type="checkbox"/> <b>Type C II</b> | Cancellation of the event due to circumstances which are beyond the control of the assured and/or the organizers and/or all contractual partners, which are needed to realize this event. Premium Rate: ____% of the sum insured.<br>Nonappearance of insured persons due to accidents, illness or death. Premium Rate: ____% of the sum insured<br>Nonappearance of insured persons if the event(s) have to be cancelled due to circumstances which are beyond the control of the assured Artist(s) and/or the assured and/or the organizers and/or all contractual partners, which are needed to realize this event. Premium Rate: ____% of the sum insured<br>Cancellation of the event due to circumstances which are beyond the control of the assured and/or the organizers and/or all contractual partners, which are needed to realize this event and nonappearance of insured persons due to accidents, illness or death. Premium Rate: ____% of the sum insured<br>Cancellation of the event due to circumstances which are beyond the control of the Assured and/or the organizers and/or the named persons and nonappearance due to circumstances which are beyond the control of the assured Artist(s) and/or the assured and/or the organizers and/or all contractual partners, which are needed to realize this event (this is our so called catastrophe-cover). Premium Rate: ____% of the sum insured | Premium: _____ | <b>Minimum premium € 250,00 plus. 19% Insurance premium-tax</b> |
| <input type="checkbox"/> <b>additional covers</b>  | Only in combination with one of the covers described above<br><br><input type="checkbox"/> adverse weather conditions risking injury or life of spectators or participants<br><input type="checkbox"/> Coinsurance of the Orchestra/Ensembles  | Premium: _____ |   |

## **Medical Confirmation for the Event-Cancellation Insurance**

The policy holder herewith confirms bindingly, that no circumstances are known, which could cause the cancellation of the event in terms of the submitted policy.

The following questions have been answered in all conscience.

1. Name and Adress of the Person(s) to be insured
2. are you aware, if the person to be insured
  - at the moment suffers from an illness (physically/mentally), disturbances, physical disorders or sanitary implications after an accident?
  - Has been diagnosed HIV-Positive?
  - needs a treatment, surgery, necessary examination, but has not yet been accomplished, scheduled or advised?
  - Has not suffered from an illness or sanitary implications after an accident within the last 2 years?
  - Is pregnant at the moment, if yes which week of pregnancy?
3. are you aware, if the person to be insured
  - takes medication regulary or illegal drugs?
  - Is or was under medical treatment due to alcohol or drug addiction or abuse?

### **DECLARATION**

The application form and the medical confirmation have been completed to the best of my knowledge and belief . All information provided in connection with this Proposal, whether in your own hand or not, are true and no material facts have been withheld. Especially it is declared, that concerning the health situation of the person to be insured, no negative facts are known.

The information given in this form will become part of the policy. Non-disclosure or mis-representation of a material fact will entitle the insurance companie(s) to void the insurance.

I agree that the insurer, in necessary scale, is allowed to forward the facts, resulting from this questionnaire and the application form or due to the handling of the contract , to reinsurers for the risk asesment and claimshandling as well as to other insurers and professional associations for the risk asesment and claimshandling. I also agree that the insurer and insurancebroker, as far as it is part of the orderly transaction, are allowed to agandle general conditions, billing data, performance data in a joint database.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of the applicant)