

## PROPOSAL FORM

### EVENT INSURANCE POLICY

The Event proposed for insurance is not covered and the liability of the Company does not commence until the Proposal is accepted by the Company and premium paid in advance and upon full realization of the premium payment by the Company prior to the inception of cover. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our/ Liberty General Insurance Limited's Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, misdeclaration, non-description, fraud failure to disclose or suppression of any material facts or non-cooperation of the Insured in response to the questions in the Proposal Form or on non-disclosure of any material particular. The Insurer will rely on the details furnished herein in deciding to issue the policy. Should any of the information furnished herein be incorrect or incomplete, you/Insured are/is required to furnish the correct and complete details prior to the issuance of the policy failing which the details contained herein will be construed as being binding on you/Insured.

- Note: 1) Please complete the Proposal Form in BLOCK LETTERS and tick the boxes whichever are applicable.  
2) Attach additional sheets if space given is insufficient.

#### COMPANY OFFICE DETAILS (To be filled by Insurer)

1. Office Code: \_\_\_\_\_
2. Office Address: \_\_\_\_\_
- Road \_\_\_\_\_ Area \_\_\_\_\_
- City \_\_\_\_\_ District \_\_\_\_\_
- State \_\_\_\_\_ Pin Code \_\_\_\_\_

#### INTERMEDIARY DETAILS

1. Agent / Broker Name: \_\_\_\_\_
2. Agent / Broker Licence Code: \_\_\_\_\_
3. Agent / Broker Contact Number : \_\_\_\_\_

#### PROPOSER DETAILS

1. Proposer Name: \_\_\_\_\_
2. Office Address: \_\_\_\_\_

#### Event Insurance Policy – Proposal Form

Liberty General Insurance Limited, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013  
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)  
Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)  
IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656  
UIN No: IRDAN150P0012V01201617

Road \_\_\_\_\_ Area \_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

3. Description of Business/ trade: \_\_\_\_\_
4. How long the insured has been engaged in the business \_\_\_\_\_
5. Period of Insurance (DD/MM/YYYY) From: \_\_\_\_\_ To \_\_\_\_\_

### DETAILS ABOUT SUBJECT MATTER COVERED

1. Title or name of performance(s) or event(s) to be insured: \_\_\_\_\_  
\_\_\_\_\_
2. Please give brief description of the event(s) proposed to be insured: \_\_\_\_\_  
\_\_\_\_\_
3. Has similar performance(s) or event(s) like this been held before?     Yes     No  
If yes, give full details \_\_\_\_\_  
\_\_\_\_\_
4. What is the involvement of the Proposer(s) in the performance(s) or event(s)?  
 Organiser     Promoter     Manager     Artist     Sponsor     Other  
 If yes, give full details \_\_\_\_\_  
\_\_\_\_\_
5. What is the extent of the Proposer(s) experience in this capacity?  
\_\_\_\_\_
6. Is the performance(s) or event(s) part of a larger production, promotion, series or tour?  
 Yes     No
7. Details of the event(s)

Sr No	Date of Event	Timing of event	Venue of Event	Any other details of event

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8. Please provide the following information about Daily Activities and Estimated Expenses. Attach separate sheet if required for events beyond 5 days or to provide more detail.
9. 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 \_\_\_\_\_
10. Is the stage or area in which the performers work under cover?  Yes  No  
 If yes give details \_\_\_\_\_
11. Is any venue listed in question 7 exposed to strong wind, flood or waterlogging?  Yes  No  
 If yes give details \_\_\_\_\_
12. Have written contracts been signed for the hire of the venue(s) shown in question 7  Yes  No  
 If yes give details \_\_\_\_\_
13. Have written contracts been signed for the appearance of all the persons in Question 11  Yes  No  
 If No, give details \_\_\_\_\_
14. Have all necessary licences, visas and permits and authorisations been obtained?  Yes  No  
 If No, give details \_\_\_\_\_
15. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation. \_\_\_\_\_  
 \_\_\_\_\_
16. Has any company declined or cancelled any insurance coverage for the proposed event or events of similar nature conducted by you in the past?  Yes  No  
 If so, please provide detail. \_\_\_\_\_

**17. Sum Insured Limits**

Sr No	Section	Sum Insured/ Limit
	Section 1 -Event Cancellation	
	Section 2 - Property Insurance a) Fire b) Burglary	
	Section 3 - Public Liability	AOA Aggregate Limit of Indemnity
	Section 4 - Money Insurance	i) Money in Safe Sum Insured / Limit ii) Per Sending limit

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	iii) Turnover for period of insurance-
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18. 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 an Event Insurance Policy?  Yes  No

If yes, give full details

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19. 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 full details

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**20. Extensions Required**

Extension	
Adverse Weather for outdoor events(in the open or in temporary structure)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-appearance of the key performer, speaker, player, team, performing group etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancellation arising out of Pandemic/any other contagious disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancellation arising out of SARS/Atypical Pneumonia/any other contagious disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-availability of site/venue for the event due to operation of Fire, Lightning, Earthquake, Flood, Inundation etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. Disclosure of any other information material for the Company to consider the proposal: \_\_\_\_\_
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**PAYMENT DETAILS**

1. PAN card number (10 character number):
2. Sources of funds (Please tick appropriate box):

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Salary       Business       Investments       Others (please specify)

**Declaration:**

1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
2. I/we understand that the Company has the right to call for documents to establish sources of funds.
3. The Insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.

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**DECLARATION BY PROPOSER**

I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein which is relevant to my/our application for Insurance under this Proposal Form and I/ We hereby agree that this declaration shall form the basis of the contract between me/ us and the “ Liberty General Insurance Limited”. . Hence I/We accept the Policy subject to the Policy terms and conditions prescribed by the Company.

If any additions or alterations are carried out in the risk proposed after the submission of this Proposal Form then the same will be conveyed by me to the Insurers immediately.

Date:

Place:

Signature of Proposer

Recommendations of Officer/ Agent / Broker.....

**Prohibition of Rebates (Section 41) of the Insurance Act 1938**

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

Date: □□/□□/□□□□

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

**INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION**