IUA Model Prize Indemnity Insurance Proposal Form

PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER SRC QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED.

1. Proposer's I	<u>Details</u>							
(a)	Name of Proposer(s)							
(b)	Contact Details of Proposer(s)							
(i)	Registered Address							
(ii)	Telephone Number							
(iii) Email								
(c)	What is the usual business of the Proposer(s) and how long engaged therein							
2. Risk Details								
(a)	Title or name of promotion(s) or event(s) to be insured.							
(b)	Type of promotion(s) or event(s) to be insured. Please provide full details of the							
(0)	promotion(s) or event(s) including mechanics, rules and regulations.							
(c)	Has this type of promotion(s) or event(s) been held before?							
	YES □ NO □							
	If 'Yes', give full details, including, but not limited to, any occurrence that could have resulted or did result in financial loss							

	(d)	What is the involvement(s) of the Proposer(s) in the promotion(s) or event(s)?
	(e)	What is the experience of the Proposer(s) in this capacity?
	(f)	Scheduled date(s) of promotion(s) or event(s).
	(g)	Scheduled venue of promotion(s) or event(s).
	(h)	How will the promotion(s) or event(s) be overseen or supervised and who will provide such oversight and supervision? insurers may appoint an independent firm to provide such oversight and supervision, the cost of which shall be borne by the Proposer / Assured in addition to the premium unless specifically agreed otherwise by the insurers.
3. Partio	cipants	
	(a)	Total number of participants?
	(b)	How many attempts can each participant have?
4. Budg	get Detail	<u>s</u>
	(a)	What limit of indemnity is required?

	(b)	Do these sums represent the full extent of your financial responsibilities?										
		YE	s 🗆			NO						
		If 'No', give deta	ils.									
	(c)	Loss Payee (if other than proposer stated in Question 1)?										
	()	2000 1 a juli (il olilo) alam proposor samua ili Question 1 j.										
5. Contractual Arrangements												
	(a)	Can you confirm	that a	ll tha na	oossa r v	contractual a	rrangomon	ate will be put				
	(a)	Can you confirm that all the necessary contractual arrangements will be put in place in a timely manner and these will be valid for the period of the Insured promotion(s) or event(s)?										
		YES		NO		Not Applica	able 🗆					
	(b)	Have you sought legal advice, whether in-house or independent, on the legality of the proposed promotion(s) or event(s)?										
		YE	S 🗆			NO						
		If 'Yes', give details.										
	ъ.			_				_				
		note that you mus gulations whether										
6. Addi	tional In	<u>formation</u>										
		know of any othe										
	increas	es or could increa	se the p	ossibility	of a los	s under this p	proposed In	surance?				
		YE	S 🗆			NO						
	If 'Yes' please list.											

Please note the Declaration (Section 8) on this Proposal Form.

7. Law and Jurisdiction

(a) You have the choice of law and jurisdiction applicable to any contract of insurance that may be issued as a result of this Proposal. Unless you request and the insurers agree otherwise in writing this Insurance is mutually agreed to be

- governed and construed in accordance with the laws of England and Wales whose courts shall have exclusive jurisdiction.
- (b) Please state which law and jurisdiction you wish to apply, if other than England and Wales, as stated above.

8. Declaration

To the best of my knowledge and belief, the information provided in connection with this proposal is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle insurers to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by insurers: 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 insurers to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made or supplied to support this proposal shall form the basis of the contract.

I confirm that I am authorised to sign this proposal on behalf of the Proposer.

Proposer's Name :

Signature :

Position :

Date :

IUA 2009