

## 2011 PERSONAL EVENT CANCELLATION INSURANCE

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. Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. What Cover Do You Require?

Death Accident or Illness of Family:

Yes  No

Travel Delay:

Yes  No

Adverse Weather:

Yes  No

3. Insured Persons:

Name	Date of Birth	Relationship

4. Is any person to be insured:

a. suffering from any physical, mental or medical condition? Yes  No

If yes, give full details: \_\_\_\_\_

b. undergoing any form of treatment, medical or otherwise? Yes  No

If yes, give full details: \_\_\_\_\_

c. following any prescribed regime, medical or otherwise? Yes  No

If yes, give full details: \_\_\_\_\_

5. Type of Event ( Holiday / Expedition / Charter / Villa Rental):  
\_\_\_\_\_

6. Location / Itinerary:  
\_\_\_\_\_

7. Event Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ - both dates inclusive

8. Route / Travel Arrangements and Itinerary (if applicable):  
\_\_\_\_\_

9. Are there any special health requirements specified to enable you to travel? Yes  No

If yes, please provide details: \_\_\_\_\_

10. Type of transportation: \_\_\_\_\_

11. Have you signed a written agreement or other contract? Yes  No

If no, give full details: \_\_\_\_\_

If Yes, please supply a copy of the contract.

12. Sum Insured Required: \$ \_\_\_\_\_ (Canadian Dollars)

What does this represent? \_\_\_\_\_

13. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect your Charter and might result in a claim under this insurance? Yes  No

If yes, give full details: \_\_\_\_\_

**DECLARATION**

To the best of my/our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this application, 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 The Underwriters to void the Insurance.

**NOTE: \* A material fact is one likely to influence acceptance or assessment of this Application by the 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 Application does not bind the Applicant(s) to complete or The Underwriters to accept this Insurance, but the Applicant(s) agree that, should a contract of insurance be concluded, this Application and any supporting information shall be incorporated into and form the basis of the contract.

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

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

### Conditions of Quotation:

Any quotation provided by THE UNDERWRITERS as a result of this Application and any supporting information will be subject to:

- final acceptance by the Applicant(s) and then THE UNDERWRITERS prior to the acceptance date shown in the quotation, after which the resulting insurance cannot be cancelled.
- the Applicant(s) undertaking to advise THE UNDERWRITERS of any change in the supporting information or additional information that should be supplied to make this Application current, occurring prior to the inception date of any insurance subsequently issued.
- THE UNDERWRITERS having no obligation to accept the risk if there has been any happening or circumstance, whether advised by the Applicant(s) or otherwise, arising prior to acceptance by THE UNDERWRITERS which increases or could increase the possibility of a loss or in any way materially alters the risk as quoted.
- the Applicant(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.
- the Applicant(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. And any intermediary(s) acting on behalf of any Applicant being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act.
- the Applicant(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium.
- the Applicant(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 THE UNDERWRITERS.
- the Applicant(s) paying the premium with acceptance of the quotation. If THE UNDERWRITERS does not accept the risk, the premium will be returned.