

**Proposer's Details** **Venue Details**

Name:

Name:

Address:

Address:

Telephone No:

Fax No:

E-mail Address:

Capacity of Venue:

Website Address:

Location:

If your annual turnover exceeds €1,000,000 or your company has more than 250 employees please tick

Indoors                      %    Marquee                      %

Open                              %    Temporary Structure                      %

**Event Details**

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

Tenancy Dates:

From:

To:

Open Dates:

From:

To:

Type of event: conference/meeting/congress/exhibition/other (please specify):-

Is it a trade event? Yes  No

Is the event open to the public? Yes  No

Will the event use teleconferencing? Yes  No

If so do you require cover should this service be unavailable? Yes  No

Is your event dependant on another event? Yes  No

If so, please give details:

Is cover required for adverse weather for any part of the event to be held in the open or in a temporary structure? Yes  No

If so please give details

Is cover required for non-availability of venue where there are any known construction, alteration or repair works planned at the venue(s) prior to the completion of your event? Yes  No

If so please give details

Please advise estimated figures of attendance for the following:

Exhibitors:  
Trade Visitors:

Delegates:  
Paying Visitors:

Has the event been held on at least three previous occasions? Yes  No

What proportion of exhibitors or delegates are estimated to originate from:

Ireland & UK (inc. Channel Islands)	Exhibitors	%	Delegates	%
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Europe & Scandinavia	Exhibitors	%	Delegates	%
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North & South America	Exhibitors	%	Delegates	%
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Africa & Asia	Exhibitors	%	Delegates	%
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Australia & New Zealand	Exhibitors	%	Delegates	%
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Do written contract(s) of hire exist between yourselves and the venue(s), or has an exchange of letters taken place? Yes  No

Are you aware of any matter, fact, circumstance, or incidents existing or threatened, that could affect your event and result in a claim under this insurance? Yes  No

If yes, please give details

## Cover Details

### Cancellation & Abandonment

Budgeted Expenses €

Budgeted Net profit €

Budgeted Gross Revenue from all Sources €

Do you require us to base our quotations on expenses, or revenue, or both. Yes  No   
(Please delete the option(s) not required).

## Declaration

I/We declare that the particulars and statements given on this Proposal and any information provided are to the best of my/our knowledge and belief complete and true and I/we agree to accept the policy wording and to its terms and conditions.

**Please note that failure to disclose all material facts (that is those facts which an Insurer would regard as likely to influence the acceptance or assessment of this Proposal) could invalidate the insurance. If you are in any doubt as to whether or not a fact is material you should disclose it**

Proposers Signature

Name (please print)

Date: