



## Virtual Events / Transmission Failure Proposal Form

YOUR DETAILS	1. Name																			
	2. Address			3. Postal / Zip code																
	4. Email address		5. Telephone no.		6. Policy currency															
			(    )		CUR															
	7. Are You a private individual (a person acting outside Your business, trade or profession)?						Yes <input type="checkbox"/>		No <input type="checkbox"/>											
	8. What is your usual business? <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px;"></span>																			
	9. Title or name of the virtual event to be insured																			
	10. Nature and location of virtual event to be transmitted																			
EVENT DETAILS	11. Signing date of contract and names or parties thereto																			
	12. Times and dates of insured virtual event transmission																			
	Start Date:				End Date:															
	Start Time:				End Time:				Duration:											
	13. What is your function or interest in the virtual event transmission? (please tick appropriate box)																			
	Sponsor										<input type="checkbox"/>									
Trader or business using transmission services to process transactions										<input type="checkbox"/>										
Virtual event transmission originator & event organizer										<input type="checkbox"/>										
Other (Please provide detail)										<input type="checkbox"/>										
FINANCIAL INFORMATION	14. Please either attach a copy of your event budget, or complete the budget form below:																			
	<b>Expenses</b>		<b>Amount</b>		<b>Gross Revenue</b>		<b>Amount</b>													
	General Administration				Attendee Registration Sales															
	Printing, Promotion & Advertising				Programme Sales															
	Facilities & Equipment Rental				Merchandising															
	Communication Costs				Fees															
	Sponsorship				Commissions															
	Wages, Salaries & Benefits				Sponsorship															
	Broadcasting & TV Rights				Advertising															
	Insurance (other than this policy)				Broadcasting & TV Rights															
Other items not included above				Other items not included above																
TOTAL				TOTAL																



FINANCIAL INFORMATION

For information only, the amount by which Budgeted Gross Revenue exceeds Budgeted Expenses will represent the Proposer's Budgeted Net Profit. You may choose to insure either total expenses or the total gross revenue, being expenses plus net profit. Please indicate your preference by ticking the appropriate box below:

- Total Expenses
- Total Gross Revenue
- Other

If you wish for us to consider insuring a different Limit of Indemnity, please tick other and provide an explanation of what this represents:

GENERAL INFORMATION

15. Which vendor will be required to host the online event? (Zoom/Microsoft Teams/Google etc)?

16. Describe the vetting process for selection of the vendor responsible for hosting the online event.

17. Did you require a completed security assessment and business continuity questionnaire prior to entering into the contract with the vendor?

Yes  No

18. Does the contract with the vendor document remedies available to the Applicant arising from downtime / unavailability of the hosted environment during the online event?

Yes  No

19. Has the vendor provided you with a copy of their latest audited System and Organization Control 2 report?

Yes  No

20. Has the vendor provided you with details regarding failover / redundancies in place to ensure event uptime / availability?

Yes  No

21. Does the vendor require multi-factor authentication for remote access?

Yes  No

22. Do you enforce the same security standards on systems / data hosted by third parties (including cloud services) as you do on system / data hosted internally?

Yes  No

23. Does any other party have an interest in the gross revenue? If yes, please provide details:

Yes  No

24. Are attendees for the virtual event pre-registered?

Yes  No

25. Or do they register on the day of the virtual event?

Yes  No

26. Please confirm the contractual refund obligations to those who have registered to attend in the event of non-delivery of the virtual event

27. What is the minimum amount of content or time required for the virtual event to be deemed complete without any obligations to make refunds?

28. Is there a minimum number of attendees required to successfully receive the virtual event transmission in order for the virtual event to proceed? If so, how many / what percentage?

29. What is the maximum interruption to the Virtual Event Transmission that can be sustained before any financial loss would be incurred (such as refunds to attendees) and the maximum interruption that can be sustained before it would become necessary to cancel or abandon the virtual event?

30. Is the Insured Virtual Event transmission being recorded, so that in the event of a failure to deliver or interruption it can still be provided to registered attendees?

Yes  No

31. Can the virtual event be postponed or delayed in the event of failure or malfunction of Necessary Facilities?

Yes  No



GENERAL INFORMATION

32. Answer the following questions in respect of the point from which you have responsibility for the transmission to the point at which your obligations cease: For questions 35-39, if the answer is "No" please provide full details:

33. Do written signed contracts exist between you and all those responsible for providing signal transmission or receiving services? Yes  No

34. Do these contracts contain SLA's (Service Level Agreements) and if so please confirm; Yes  No

a) Minimum response time in the event of an interruption

b) If the virtual event can still proceed without loss if response is provided within specified time Yes  No

35. Please confirm that all equipment critical to the transmission is within buildings, undercover or in purpose designed vehicles at the location where the Virtual Event Transmission originates. Yes  No

36. If the critical equipment is outside, is it designed to operate: Yes  No

a) in the normal range of weather? Yes  No

b) in extremes of weather? Yes  No

37. Does all critical equipment have back up power? Yes  No

38. Have satisfactory test transmissions been completed? Yes  No

39. Has there been successful receipt of test transmissions? Yes  No

40. Are successful tests required before the actual transmission? Yes  No

41. What back up of key critical equipment is there? (Please provide full details):

42. Have those responsible for the virtual event transmission transmitted from the location before? Yes  No

a) if yes, how many times?

b) If yes, have there ever been any problems? (If yes, please provide full details) Yes  No

43. Will any new or experimental technology be used? (If yes, please provide full details) Yes  No

44. Please confirm which methods of signal transmittance are to be used:

Landline

Internet

Satellite

Ground based radio transmission

Other (Please state)

45. Please confirm what back-up methods of signal transmission are in place. Please provide details including how quickly the signal can be switched from the primary method to back up:



46. Will the transmission be entirely within:

a) One country (If yes please state which country:)

Yes  No

b) One continent (If yes please state which continent:)

Yes  No

47. Draw a simple diagram of the locations and methods of transmission (land lines, ground based satellite link stations, satellite stations, ground based radio links etc)

Originating End	Receiving End

51. Draw an outline of the areas the transmission is to cover, with an estimate of the percentage of Gross Revenue expected from each area:

48. Are there any areas expected to produce more than 10% of Gross Revenue, where there are no receiving end back up facilities for equipment and power? If yes, please provide details:

Yes  No

49. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the transmission(s) and might result in a claim under the proposed insurance?

Yes  No

If yes, please provide full details:

GENERAL INFORMATION



DECLARATION

## Conditions of Quotation

Any terms provided by us as a result of non-binding indication and any supporting information will be subject to:

1. Final acceptance by you and then us prior to the quote expiry date shown in the non-binding indication, after which the resulting insurance cannot be cancelled.
2. You undertaking to advise us of any change in the supporting information or additional information that should be supplied to make this non-binding indication current, occurring prior to the inception date of any insurance subsequently issued.
3. We having no obligation to accept the risk if there has been any happening or circumstance, whether advised by you or otherwise, arising prior to acceptance by us which increases or could increase the possibility of a loss or in any way materially alters the risk as indicated. However we at our sole discretion may decide to provide an alternative non-binding indication.
4. You having declared all material facts likely to influence us in determining:
  - a) whether or not to accept the risk,
  - b) the premium,
  - c) the terms, conditions, exclusions and limitations.
5. You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them.
  - a) any intermediary(s) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act.
  - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below.
6. You undertaking that no other insurance has been purchased on this specific risk and none shall be without our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non-binding indication may be amended by us.
7. You paying the premium with acceptance of the non-binding indication. If (in accordance with 1 and 3 above) we do not accept the risk, the premium will be returned.

## Declaration

To the best of your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in your own hand or not, is true and you have not withheld any material facts.

It is understood that the acceptance of this non-binding indication does not bind you to complete or us to accept this insurance, but you agree that, should a contract of insurance be concluded, this non-binding indication and any supporting information shall be incorporated into and form the basis of the contract.

You 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 above conditions are breached.

## Signature:

Name:

Date:

Position:



Appendix A - Satellites

**ONLY COMPLETE THIS SECTION IF SATELLITES ARE INVOLVED IN YOUR VIRTUAL EVENT TRANSMISSION**

1. Please confirm whether contracts exist between you (or the parties who will use the satellite for the purpose of the insured transmission) and the satellite owners or operators?

Yes  No

2. Who is the satellite owner / operator?

3. Please confirm the identity of the satellite, and the date it was launched

4. Please confirm transponder numbers / identities

5. Have the operators provided written confirmation that there have been no problems within the last six weeks and that none are expected?

Yes  No

7. Is the contract for the user of the transponder "pre-emptible"? (Can the use of the transponder be removed from the insured transmission by another party to whom the satellite operator has given superior rights)?

Yes  No

8. If "Yes", have arrangements been made for the use of an alternative transponder or satellite?

Yes  No

9. If no alternative arrangements have been made, does the insured transmission have superior pre-emption rights to others using the satellite?

Yes  No

10. If you have superior pre-emption rights, detail the transponder and what would be the effect be on Gross Revenue of using these rights and transferring to a new transponder?

11. Have the satellite operators confirmed whether any sunspot or associated activity has caused problems recently or could cause problems to the planned transmission? If no, please provide the operators confirmation before requesting cover.

Yes  No

12. How many up-link and down-link ground stations are involved?

	Up-link	Down-link
12. How many up-link and down-link ground stations are involved?		
13. How many permanently fixed location stations will be involved in up-link/down-link?		
14. How many purpose designed mobile stations will be involved in up-link / down-link?		

13. How many permanently fixed location stations will be involved in up-link/down-link?

14. How many purpose designed mobile stations will be involved in up-link / down-link?

15. With the exception of the above, what else will be used?

16. What are the links from the originating site to the up-link stations?

17. If less than 3 down-link stations are involved and the insurance is to cover from a down-link onwards, what are the ground links to the receiving site?

SATELLITES



**Appendix B - Non-Appearance**

**ONLY COMPLETE THIS SECTION IF COVER IS REQUIRED FOR THE NON-APPEARANCE OF A KEY SPEAKER**

For the purposes of any insurance granted as a result of this proposal coverage shall be limited to those individuals detailed below and stated in the Schedule attached to the Policy. Underwriters may require any of the following individuals to undergo an independent medical examination.

1. Insured Person(s) details:

Name of Person to be Insured	Date of Birth	Participation / Role

2. Has any provision been made for understudies, substitutes or stand-bys? (if yes give full details) Yes  No

NON-APPEARANCE

**You shall consult the person(s) named above before answering the following:**

3. Is any person to be insured suffering from any physical, mental or other medical condition? Yes  No

4. Is any person to be insured undergoing any form of treatment, medical or otherwise? Yes  No

5. Is any person to be insured following any prescribed regime, medical or otherwise? Yes  No

6. Do any of the persons to be insured stated above have any history of non-appearance? Yes  No

7. Is any person to be insured aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a loss under the proposed insurance? Yes  No

8. If yes to any of 63-67 above, please provide full details: