

**Virtual Event Application**

Insured (Association or Organization holding the event)

Physical Address (Street, City, State, Zip)

Contact Person

Email address

Phone

Website

**SECTION 1 - EVENT DETAILS**

Full name of event

Please indicate the extent to which you will be having an in-person vs. virtual event

100% Virtual . . . . .

Hybrid - Virtual with a small in-person component . . . . .

Hybrid - In-person with a small virtual component or 100% In-person . . . . .  Complete standard Showstoppers application

Event Type and Location of virtual event to be transmitted

Date of contract and names / parties subject to contract

Times and dates of insured virtual event transmission?

Start Date:  End Date:

Start Time:  End Time:  Duration:

What is your organization's function or interest in the virtual event transmission? (please select appropriate box)

Sponsor . . . . .

Trader or business using transmission services to process transactions . . . . .

Virtual event transmission originator & event organizer . . . . .

Other (Please provide detail) . . . . .

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

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

Did you require a completed security assessment and business continuity questionnaire prior to entering into the contract with the vendor? . . . . .  Yes  No

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

Has the vendor provided you with a copy of their latest audited System and Organization Control 2 report? . . . . .  Yes  No

Has the vendor provided you with details regarding failover / redundancies in place to ensure event uptime / availability?  Yes  No

Does the vendor require multi-factor authentication for remote access? . . . . .  Yes  No

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



**SECTION 2 - FINANCIAL INFORMATION**

Please either attach a copy of your event budget, or complete the budget form below:

Expenses	Amount	Gross Revenue	Amount
General Administration		Attendee Registration Sales	
Printing, Promotion & Advertising		Program 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	

For information only, the amount by which Budgeted Gross Revenue exceeds Budgeted Expenses will represent the Applicant'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 the event has both Virtual and In-Person components what proportion of the sum insured is

Virtual  In Person

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

**SECTION 3 - GENERAL INFORMATION**

1. Does any other party have an interest in the gross revenue? If yes, please provide details: . . . . .  Yes  No
2. Are attendees for the virtual event pre-registered? . . . . .  Yes  No
3. Or do they register on the day of the virtual event? . . . . .  Yes  No
4. Please confirm the contractual refund obligations to those who have registered to attend in the event of non-delivery of the virtual event
5. What is the minimum amount of content or time required for the virtual event to be deemed complete without any obligations to make refunds?
6. 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?
7. 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?
8. 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
9. Can the virtual event can be postponed or delayed in the event of failure or malfunction of Necessary Facilities? . . . . .  Yes  No



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 10-17, if the answer is "No" please provide full details:

- 10. Do written signed contracts exist between you and all those responsible for providing signal transmission or receiving services?
11. Do these contracts contain SLA's (Service Level Agreements) and if so please confirm:
12. 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.
13. If the critical equipment is outside, is it designed to operate:
14. Does all critical equipment have back up power?
15. Have satisfactory test transmissions been completed?
16. Has there been successful receipt of test transmissions?
17. Are they required to do so before the actual transmission?
18. What back up of key critical equipment is there? (Please provide full details):

[Redacted area for question 18 details]

- 19. Have those responsible for the virtual event transmission transmitted from the location before?
a) if yes, how many times?
b) If yes, have there ever been any problems? (If yes, please provide full details)

[Redacted area for question 19 details]

- 20. Will any new or experimental technology be used? (If yes, please provide full details).

[Redacted area for question 20 details]

- 21. Please confirm which methods of signal transmittance are to be used:
Landline Internet Satellite Ground based radio transmission Other (Please state)

- 22. 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:

[Redacted area for question 22 details]

- 23. Will the transmission be entirely within:
a) One country (If yes please state which country:)
b) One continent (If yes please state which continent:)

- 24. 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:

[Redacted area for question 24 details]



**SECTION 4 - SATELLITES - ONLY COMPLETE THIS SECTION IF SATELLITES ARE INVOLVED. NOTE: A DIAGRAM MAY BE REQUESTED**

- 1. Please confirm whether contracts exist between the 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
- 6. Will the broadcast be by C Band or K Band? \_\_\_\_\_
- 7. Is the contract for the user of the transponder “pre-emptible”? (Can the use the 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 on Gross Revenue by 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
- |   | 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?  |         |           |
- 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?  
\_\_\_\_\_

**SECTION 5. 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 application 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

**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?

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 3-7 above, please provide full details:

**SECTION 6. DECLARATIONS / CONDITIONS**

1. 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:

**Conditions of Quotation**

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

1. Final acceptance by you and then us prior to the quote expiration date shown in the non-binding quotation, 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 the non-binding quotation 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 quotation.
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 inquiry 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 quotation may be amended by us.
7. You paying the premium with acceptance of the non-binding quotation. 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 application, whether in your own hand or not, is true and you have not withheld any material facts.

It is understood that the acceptance of a non-binding quotation does not bind you to complete or us to accept this insurance, but you agree that, should a contract of insurance be concluded, the non-binding quotation 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 foregoing conditions are breached.

**Signature:**

**Name:**

**Date:**

**Position:**