



Cancellation of Bookings Insurance (COBI) Application

PLEASE ANSWER ALL QUESTIONS FULLY. 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. WHERE THERE IS REFERENCE TO A DEFINED TERM IN THIS PROPOSAL FORM THESE ARE OUTLINED IN FULL IN THE APPLICABLE INSURANCE POLICY WORDING. FOR FURTHER DETAILS PLEASE CONTACT YOUR INSURANCE BROKER OR INSURER AS APPROPRIATE.

NAMED INSURED:	
MAILING ADDRESS:	
LOCATION ADDRESS:	
DESCRIPTION OF OPERATION:	
NUMBER OF ROOMS:	NUMBER OF STORIES:
AVERAGE COST OF ROOM PER NIGHT:	YEARS IN OPERATION:
WHAT AMENITIES DO YOU HAVE ON SITE? (I.E. RESTAURANT, GOLF COURSE, SPA, ETC.)	
IF THERE IS A RESTAURANT ON THE PREMISES, WHAT FDA HYGIENE RATING WAS THIS AWARDED IN ITS LAST INSPECTION?	
SCHEDULE OF LOCATIONS (IF MULTIPLE LOCATIONS AN EXCEL SPREAD SHEET IS REQUIRED):	
PROJECTED RECEIPTS (ANNUAL) PER LOCATION:	
HOTEL RESERVATIONS :	
RESTAURANT / FOOD SALES :	LIQUOR SALES:
GOLF COURSE:	
PRO SHOP:	
HEALTH CLUB:	
SPA:	
MISCELLANEOUS AMENITIES (GIFT SHOP ETC.):	

LOSS HISTORY WITH REGARDS TO PROPERTY IN THE LAST 5 YEARS. PLEASE GIVE FULL DETAILS:

LOSS HISTORY WITH REGARDS TO CANCELLATION OF BOOKINGS IN THE LAST 5 YEARS. PLEASE GIVE FULL DETAILS:

ARE YOU AWARE OF ANY MATTER, FACT, CIRCUMSTANCE OR INCIDENT EXISTING OR THREATENED THAT MIGHT REASONABLY RESULT IN CANCELLATION OF BOOKINGS? YES NO

IF YES, PLEASE GIVE FULL DETAILS.

STATEMENT OF VALUES FOR PROPERTY:

STATEMENT OF VALUES FOR BUSINESS INTERRUPTION:

HAVE YOU EVER BEEN COVERED FOR CANCELLATION INSURANCE BEFORE? YES NO

WHAT OTHER INSURANCE POLICIES DO YOU HAVE IN FORCE THAT MIGHT COVER CANCELLATION OF BOOKINGS?

WHAT SECURITY MEASURES DO YOU HAVE IN PLACE? DO YOU HAVE SECURITY ON SITE?

DO YOU HAVE A MEDICAL CENTRE/ROOM? YES NO

LOSS PAYEE (IF OTHER THAN NAMED INSURED(S) STATED IN QUESTION 1, AND ANY OTHER INTERESTED PARTIES.

DECLARATION

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

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

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

SIGNATURE

NAME

TITLE

DATE