

Reliance EventProtect Policy Schedule

Regional Office & code:		Agency / Broker Code:	
Date of proposal & declaration:		Claim Notification:	
Policy No.		Proposal No.	
Name of the Insured			
Address of the Insured			
Duration of the Event	From		To
Policy Period	From		To
Insured Event :			
Location of the Insured Event:			
Estimated Revenue from the Event:			
Named Persons	Name	Artist/Host/Director/Producer/ Cameraman/Crewmembers	
Insured Persons	Name	Details	
Budget & Currency	Expenses	Gross Revenue	
	1. Costs-	1. Gate/Ticket Sales-	
	2. Commitments-	2. Program Sales-	
	3. Guarantees-	3. Merchandising-	

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	4. Fees-	4. Fees-
	5. Commissions-	5. Commissions-
	6. Sponsorship-	6. Sponsorship-
	7. Advertising-	7. Advertising
	8. Promotional-	8. Concessions-
	9. Broadcasting-	9. Broadcasting-
	10. Details of other items not include above-	10. Details of other items not include above-
Limits of Indemnity/Liability:		
Geographical Scope		
Jurisdiction		
Basis of Claim Settlement	Claims Made	
Excess or Deductible:		
Conditions / Endorsements:		
Exclusions:		
Premium Details:		
Net Premium		
Service Tax (12% of Net Premium)		
Education Cess (2% of Service Tax)		
Secondary and Higher Education Cess (1% of Service Tax)		
Total Premium		

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In witness whereof this policy has been signed at

- Consolidated stamp duty paid vide Receipt No.
** Not applicable for the State of Jammu and Kashmir.
Service Tax Registration No.
- In the event of the dishonor of cheque, this policy document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

For any assistance with claims, please contact us on 1 800 3002 8282 (toll free) and 3989 8282 (local charges apply) or email us at services.rgicl@relianceada.com

For and on behalf of
Reliance General Insurance Company Limited

Authorized Signatory

Cheque No.

Date:

Amount: