

Liability Insurance | Events

Questionnaire & Proposal

Intermediary _____ Policy No. _____

The Proposer

Insured Name _____

Business / Trading Name _____

Are You registered for GST purposes? Yes No What is Your ABN? _____

Postal Address _____

Postcode _____

Contact No. Phone _____ Fax _____ Mobile _____

Email Address _____ Website _____

1. **Period of Insurance** From ____ / ____ / ____ To ____ / ____ / ____

2. **Full Description of Business or Activities or Event(s)** (Please attach brochures if available)

3. Business / Event Activities

Please tick one or more of the following that best describes your business / event activities;

- | | |
|---|--|
| <input type="checkbox"/> Entertainer / performer / musician / band etc. | <input type="checkbox"/> Theatre / performance group |
| <input type="checkbox"/> Drama / dance school | <input type="checkbox"/> Booking agency |
| <input type="checkbox"/> Event organiser / Concert promoter | <input type="checkbox"/> Market organiser |
| <input type="checkbox"/> Community group / non-profit organisation | <input type="checkbox"/> Film / video production |
| <input type="checkbox"/> Public address, Lighting, Audio visual, Staging or Rigging | |

4. Location of Premises or Events

Postcode _____

5. Business / Event Activities

How many years' experience do you have in this field?

How long has your business been operating?

Do you carry out activities outside Australia?

Yes No

If Yes, please give details:

6. Limit of Indemnity Required

\$

7. Do You Use Contractors / Sub-Contractors?

Yes No

If Yes, what activities will they carry out?

8. Turnover / Revenue / Wageroll / Salaries

Estimated turnover / revenue next 12 months

\$

Actual turnover / revenue last 12 months

\$

Estimated wageroll / salaries next 12 months

\$

Actual wageroll / salaries last 12 months

\$

Estimated number of Attendees at each Event:

9. Will You Be Signing Any Hold Harmless or Indemnity Agreements?

Yes No

If Yes, please provide copy of agreements

10. Have you previously been insured for Public / Products Liability?

Yes No

If Yes, please give details:

General Information

A. Have You, in the last 5 years

1. made any claim(s) on an insurer for loss or damage?

Yes No

2. had any insurance declined or cancelled, proposal / application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?

Yes No

3. suffered any loss or damage which would have been covered by the proposed insurance policy?

Yes No

B. Have You or Your partners or Directors

- 1. ever been declared bankrupt? Yes No
- 2. in the last 10 years been involved in a company or business which became insolvent or was under the control of a liquidator or receiver? Yes No
- 3. been convicted of any criminal offence or served a prison sentence? Yes No

If you answered YES to any question in (A) or (B) above, please provide full details in the space below:

Important Notices

Your Duty of Disclosure

This policy is subject to The Insurance Contracts Act 1984. Under that Act You have a Duty of Disclosure.

This means:

- 1. When You ask for cover, You must tell Us all that You know about the risk that You want covered which may affect Our decision:
 - (a) To offer You cover, and
 - (b) The terms and the cost of such cover.
- 2. If You ask for the cover to be renewed, extended, altered or reinstated You must tell Us:
 - (a) If there have been any changes in what is covered, and
 - (b) Of all things that may increase the chances of a claim.

You have this duty until We agree to insure You.

What You Don't Have to Tell Us

You do not have to tell Us of anything;

- 1. That reduces the chances of a claim. But, if You do, it may let Us offer You better terms.
- 2. That is common knowledge.
- 3. That we should know as a normal part of Our business.
- 4. If We waive Your Duty of Disclosure.

Non-Disclosure

If You don't tell Us something that You know which may affect Our decision to offer You cover or the terms of that cover We may be allowed to:

- 1. Reduce the amount that We have to pay for a claim. This may mean that We would pay You nothing.
- 2. Cancel this policy. We may even be allowed to cancel this policy from the date that the cover started if You lie to Us or deliberately keep information from Us or mislead Us.

Declaration

By signing this Proposal form You declare that:

- 1. You have read the above Important Notices
- 2. You understand and have complied with Your Duty of Disclosure.
- 3. The property that You want covered is in good condition.
- 4. All the information You have given in this form is correct.

Please sign below

Signature _____

Date / / _____

Title/Position _____