

BROKER DETAILS	Broker Company	Broker Contact Name		
	Broker Email	Broker Phone		
THE INSURED	Full name of proposed Insured including subsidiaries:			
	1. Your (company) name			
	2. Are you currently registered for gst?	Yes	No	3. ABN Number
	4. Contact Name	5. Contact Number		
	6. Email Address	7. Mobile Contact Number		
	Business Address			
	8. Address	9. Suburb	10. State	11. Postcode
BUSINESS DESCRIPTION	12. Please provide full details of what your business entails:			
	13. Do you undertake any work outside of Australia and New Zealand?	Yes	No	
	Do you require cover for:			
	14. Annual / Multiple Event Liability	Yes	No	If Yes, Complete section A
	15. Performer's Liability	Yes	No	If Yes, Complete section B
	16. Film / TV / Video Production Liability	Yes	No	If Yes, Complete section C
	17. Sound / Lighting / Production Hire Liability	Yes	No	If Yes, Complete section D
	18. Specific / Single Event Liability	Yes	No	If Yes, Complete section E
TURNOVER	19. Estimated annual turnover for the forthcoming period	\$		
	20. Estimated wages for the forthcoming period	\$		
	21. Details of Employee Activities:			
	22. Do you use Volunteers?	Yes	No	
	23. If so, please provide details of Volunteer Activities below:			
	24. Do you engage Subcontractors?	Yes	No	
If so, please provide:				
25. Estimated Subcontractor payments for the forthcoming period:	\$			

26. Details of Subcontractor Activities below:

Do you ensure that all Subcontractors, contractors and all other service providers provide:

TURNOVER

- | | | |
|--|-----|----|
| 27. Proof of their own Public Liability Insurance? | Yes | No |
| 28. Documented evidence such as a certificate of currency? | Yes | No |
| 29. Do you use Labour Hire? | Yes | No |
- If so, please provide:
30. Estimated Labour Hire payments for the forthcoming period: \$
31. Details of Labour Hire activities below:

AMOUNT OF INDEMNITY REQUIRED

- | | | | | |
|-----|--------------|--------------|-------|----|
| 32. | \$10 million | \$20 million | Other | \$ |
|-----|--------------|--------------|-------|----|

RISK
MANAGEMENT

- | | | |
|---|-----|----|
| 33. Are you aware of all industry rules, regulations and standards applicable to your business activities? | Yes | No |
| 34. Will there be any use of fireworks / pyrotechnics? | Yes | No |
| 35. Are you compliant with existing industry rules, regulations and standards applicable to your business activities? | Yes | No |

SECTION A

ANNUAL EVENT LIABILITY

36. Number of annual Events?
37. Estimated maximum attendance of any single Event?
38. Type of Events you are involved with?

39. What is your role in the Event:

- | | |
|--------------------|------------------------|
| Promoter | Principal |
| Production Manager | Event Coordinator |
| Event Organiser | Other (please specify) |

If you are the Promoter or Principal of the Event, you are essentially the 'owner' of the Event and retain any profits earned as a result of holding this Event. If you are only the Event Organiser, Coordinator or Manager, you are usually just paid a fee by the Promoter or Principal of the Event to organise the Event on their behalf.

SECTION B

PERFORMERS LIABILITY

40. Number of Entertainers / Musicians / Performers?
41. Will you promote your own performances / concerts / shows? Yes No

i.e. You hire the venue and in turn sell tickets, promote the Event, and retain any profits earned, as opposed to just being hired by the Promoter or Venue to turn up and perform.

42. Will there be any audience participation Yes No
- If yes, please provide details below

SECTION C

43. Is this a one-off production? Yes No

44. Title of production?

45. Period of shoot from

46. Period of Shoot to

47. Production Type?

- | | | | |
|-----------------------------|--------------|-----------------|------------|
| TVC (Television Commercial) | Feature Film | TV Series | Short Film |
| Music Video | Music Video | Corporate Video | Other |

If 'other', please provide details below:

48. List filming locations and exact dates spent at each location

Location	Arrival Date	Departure Date

49. Name and Address of Venue:

50. Proposers estimate of total production costs? \$

51. Describe stunts, scenes involving animals, motor cycles, special vehicles watercraft, aircraft, explosives, pyrotechnics, use of trains / railroad or any other hazardous activities (attach copy of safety report).

52. Have you entered into any contracts with third parties? Yes No

If yes, please provide details below

FILM LIABILITY

SECTION D

53. If applicable please fill out below:

Please indicate % of Turnover (must add up to 100%)	Percentage of Turnover
Hire of sound / lighting equipment with employees operating	%
Relating to dry hire of sound / lighting	%
Sale of sound / lighting equipment	%
Installation of sound / light equipment	%
Repairs to sound / lighting equipment	%
Hire / set up / installation of portable staging	%
Rigging other persons equipment	%
Other (please specify)	Total Turnover %

SOUND / LIGHTING LIABILITY

54. Do you hire equipment in? Yes No
If yes, please provide details below

55. Maximum Value of hired equipment \$
56. Estimated percentage of work undertaken at heights in excess of 3 metres?
57. Maximum height worked at?
58. Type of platform being worked from, i.e. ladder, boom lift, scissor lift?

SECTION E

59. Name of Event:

60. Type of Event to be insured:

- | | | | |
|-----------------|----------------|-------------------------|-------------|
| Festival / Fair | Product Launch | Conference / Exhibition | Dance Party |
| Ball / Dinner | Concert | Other (please specify) | |

61. Name and Address of Venue:

SPECIFIC EVENT LIABILITY

62. Full description of the Event:
(Please attach itinerary / programme of the Event including artists / performers, times, etc).

Start Date: Start Time: Finish Date: Finish Time:

Bump in Date: Bump out Date:

63. Where is the Event being staged? Please attached a layout / diagram of the set-up of the Events

64. Licensed capacity of the venue:

65. Have you signed a venue contract? Yes No
If yes, please provide a copy

66. What is your role in the Event:
Promoter Principal
Event Organiser Event Coordinator
Production Manager Other (please specify)

If you are the Promoter or Principal of the Event, you are essentially the 'owner' of the Event and retain any profits earned as a result of holding this Event. If you are only the Event Organiser, Coordinator or Manager, you are usually paid a fee by the Promoter or Principal of the Event to organise the Event on their behalf.

SPECIFIC EVENT LIABILITY

67. What is the estimated attendance for the Event?

78. Will alcohol be sold / supplied during the Event? Yes No

79. Are you responsible for the sale / supply of food and drink? Yes No

80. Do you hold the appropriate licenses for such activities? Yes No

81. How many market stalls will be at the Event?

82. Details of stall holders and the type of products they will be selling?

83. Do you ensure stallholders carry their own liability insurance? Yes No

84. Will a stage/s be used at any time during the Event? Yes No

Please provide dimensions:

Height: Width: Length:

85. Is the stage a temporary structure? Yes No

86. Who will provide and set up the stage/s?

87. Have you staged similar Events in the past? Yes No

The Statutory Liability and Errors & Omission is an Extension to the Policy and is 'Claims Made' insurance. This means that the extension covers you for any claims made against you and notified to the insurer during the period of insurance.

This extension does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the period of insurance;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the period of insurance;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the period of insurance;
- any claim made against you after the expiry of the period of insurance.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the period of insurance, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the period of insurance, notwithstanding that the claim was made against you after the expiry of the period of insurance.

There are over 5000 legislative provisions in Australia that cater for civil penalties, and fines for Occupational Health and Safety breaches can be as high as \$550,000. Statutory Liability cover is a cost effective extension of this policy that helps to protect you against these fines and penalties. It also provides for expert legal assistance in defending civil fine actions.

88. Is a Statutory Liability quote required? Yes No
89. Have you had any fines or penalties in the last five (5) years? Yes No

Dates of Fine	Amount	Offence

90. Have you had any insured and/or uninsured claims in the last five years? Yes No
If yes, please provide details below:

Dates	Claims Reported	Amount paid & Outstanding	Applicable Deductible	Description of loss/claim	Insurer

91. After investigation, is the Proposer aware of any circumstances which could give rise to a claim under a previous policy? If yes, please provide details. Yes No
92. Has any Insurer ever refused to provide terms or offer renewal terms to the Proposer or has any insurance held by the Proposer ever been voided or cancelled by an Insurer? Yes No

STATUTORY LIABILITY EXTENSION

CLAIMS AND/OR LOSS EXPERIENCE

93. Has the Proposer ever had any entitlements to indemnity under any Insurance Policy declined or, otherwise affected due to non-disclosure, misrepresentation or breach of a policy provision? If yes, please provide details. Yes No

a. In the past 10 years have you or any Insured person/business/corporation/ director had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed special conditions? Yes No

b. In the past 10 years have you or any Insured person/business/corporation/ director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year? Yes No

c. In the past 10 years have you or any Insured person/business/corporation/ director been convicted or have charges pending, for any criminal offence, including arson, or involving dishonesty of any kind? Yes No

d. Have you ever had a non-motor vehicle loss, whether insured or not, in excess of \$20,000? Yes No

If Yes, Please provide details

e. Do you authorise us to give to, or obtain from, other insurers or any reference service, any information relating to insurance held by you or any claim in relation thereto? Yes No

f. Are you aware of any matter, not covered above, that may be relevant to the insurers decision whether to insurer you, & if so, on what terms? Yes No

If Yes, Please provide details

DUTY OF DISCLOSURE

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). Where required, we will provide you with a Collection Notice which outlines how we collect, disclose and handle your personal information. You can also refer to our Privacy Policy available on our website www.insuranceadviser.net or by contacting us for more information about our privacy practices including how we collect, use or disclose information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled.

I/We Acknowledgement that:

- All answers and statements made in the coverage summary forming part of this Insurance Proposal are true and accurate in every respect.
- No information has been withheld which is likely to affect an insurer's decision about rating or accepting my/our insurances.
- The Insurer reserves the right to decline my application
- This acknowledgement will be relied upon by the insurer and/or Able Underwriting Pty Ltd.

Full name

Position held

Date

Signature

PRIVACY NOTICE AND CLIENT ACKNOWLEDGEMENT / SIGNATURE