

Entertainment Industry Liability Proposal - Sound/ Lighting/ Production Hire

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| | | | | |
|---|---|--|--------------|---------------|
| 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? | | 3. ABN Number |
| | | Yes | No | |
| | 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 | 11. Please provide full details of what your business entails: | | | |
| | 12. Do you undertake any work outside of Australia and New Zealand? | Yes | No | |
| TURNOVER | 13. Estimated annual turnover for the forthcoming period | \$ | | |
| | 14. Estimated wages for the forthcoming period | \$ | | |
| | 15. Details of Employee Activities: | | | |
| | 16. Do you use Volunteers? | Yes | No | |
| | 17. If so, please provide details of Volunteer Activities below: | | | |
| | 18. Do you engage Subcontractors? | Yes | No | |
| | If so, please provide: | | | |
| | 19. Estimated Subcontractor payments for the forthcoming period: | \$ | | |
| 20. Details of Subcontractor Activities below: | | | | |
| Do you ensure that all Subcontractors, contractors and all other service providers provide: | | | | |
| 21. Proof of their own Public Liability Insurance? | Yes | No | | |
| 22. Documented evidence such as a certificate of currency? | Yes | No | | |

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TURNOVER

23. Do you use Labour Hire? Yes No
If so, please provide:
24. Estimated Labour Hire payments for the forthcoming period: \$
25. Details of Labour Hire activities below:

AMOUNT OF INDEMNITY REQUIRED

26. \$10 million \$20 million Other \$

RISK MANAGEMENT

27. Are you aware of all industry rules, regulations and standards applicable to your business activities? Yes No
28. Will there be any use of fireworks / pyrotechnics? Yes No
29. Are you compliant with existing industry rules, regulations and standards applicable to your business activities? Yes No

30. 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

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

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

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.

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

| Dates of Fine | Amount | Offence |
|---------------|--------|---------|
| | | |
| | | |

38. 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 |
|-------|-----------------|---------------------------|-----------------------|---------------------------|---------|
| | | | | | |
| | | | | | |

39. 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
40. 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

41. 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

DUTY OF DISCLOSURE

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

PRIVACY NOTICE

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.

CLIENT ACKNOWLEDGEMENT / SIGNATURE

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