

Entertainment Industry Liability Proposal - Specific / Single Event

page (1-5)

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	
TURNOVER	14. Estimated annual turnover for the forthcoming period	\$		
	15. Estimated wages for the forthcoming period	\$		
	16. Details of Employee Activities:			
	17. Do you use Volunteers?	Yes	No	
	18. If so, please provide details of Volunteer Activities below:			
	19. Do you engage Subcontractors?	Yes	No	
	If so, please provide:			
20. Estimated Subcontractor payments for the forthcoming period:	\$			
21. Details of Subcontractor Activities below:				
Do you ensure that all Subcontractors, contractors and all other service providers provide:				
22. Proof of their own Public Liability Insurance?	Yes	No		
23. Documented evidence such as a certificate of currency?	Yes	No		

Entertainment Industry Liability Proposal - Specific / Single Event

page (2-5)

TURNOVER

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

AMOUNT OF INDEMNITY REQUIRED

27. \$10 million \$20 million Other \$

RISK MANAGEMENT

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

31. Name of Event:
32. Type of Event to be insured:
Festival / Fair Product Launch Conference / Exhibition Dance Party
Ball / Dinner Concert Other (please specify)

SPECIFIC EVENT LIABILITY

33. Name and Address of Venue:
34. 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:
35. Where is the Event being staged? Please attached a layout / diagram of the set-up of the Events
36. Licensed capacity of the venue:
37. Have you signed a venue contract? Yes No
If yes, please provide a copy

38. 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.

39. What is the estimated attendance for the Event?

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

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

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

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

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

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

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

Please provide dimensions:

Height: Width: Length:

47. Is the stage a temporary structure? Yes No

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

49. 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.

STATUTORY LIABILITY
EXTENSION

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.

50. Is a Statutory Liability quote required? Yes No

51. Have you had any fines or penalties in the last five (5) years? Yes No

Dates of Fine	Amount	Offence

CLAIMS AND/OR LOSS EXPERIENCE

52. 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

53. 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

54. 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

55. 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

DUTY OF DISCLOSURE

- | | | | |
|----|---|-----|----|
| 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?
If Yes, Please provide details | Yes | No |

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.

PRIVACY NOTICE AND
CLIENT ACKNOWLEDGEMENT / SIGNATURE

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. Full name
- No information has been withheld which is likely to affect an insurer's decision about rating or accepting my/our insurances. Position held
- The Insurer reserves the right to decline my application Date
- This acknowledgement will be relied upon by the insurer and/or Able Underwriting Pty Ltd. Signature