

1. Your registered business/company name (*the Insured*)

2. ABN (*or equivalent*)

3. Phone Number

4. Policy Currency

5. Your registered business address

6. State

7. Postcode

8. Event name

9. Type of Event

10. Venue name & full address including postcode

11. Event Start Date

12. Event Start Time

13. Event End Date

14. Event End Time

15. Tenancy from date

16. Tenancy to date

17. Event Location

Predominantly indoors

Predominantly outdoors

Under temporary structures

Indoors with some outdoor elements

18. Event Budget & Revenue

19. Has the Event been held before?

Yes

No

100% Gross Revenue

100% Costs & Expenses

20. On what basis would you like to insure?

Please note that if the event has not been held before, revenue cover is limited to pre-contracted gross revenue only (pre sold tickets, sponsorship, etc)

100% Gross Revenue (Total Income)

100% Costs & Expenses Only

GENERAL QUESTIONS

- a) Have all contractual arrangements necessary for the successful fulfilment of the Event been made and confirmed in writing?
- b) Has any Event(s) in which the You were involved (in managing) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance?
- c) Are You aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or Event(s), and might result in a loss under this insurance?
- d) Have You, or any other person to which this insurance would apply, ever been declined insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed?

Yes No

ADVERSE WEATHER COVER

If any part of the event takes place outdoors or under temporary structures, and adverse weather cover is required, please complete Appendix A

NON APPEARANCE COVER

If Non Appearance of a key person or group would affect this event and non appearance cover is required, please complete Appendix B

EVENT LIABILITY COVER

If Public Liability insurance is required for this Event, please complete Appendix C

Any terms provided by Us as a result of non binding indication and any supporting information will be subject to:

- a) Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- b) You undertaking to advise Us of any change in the supporting information or additional information that should be supplied to make this non binding indication current, occurring prior to the inception date of any insurance subsequently issued.
- c) Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- d) You having declared all material facts likely to influence a reasonable Underwriter in determining:
 - a) whether or not to accept the risk,
 - b) the premium
 - c) the terms, conditions, exclusions and limitations
- e) You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them:
 - a) any intermediary(ies) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act
 - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below
- f) You undertaking that no other insurance has been purchased on this specific risk and none shall be without Our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non binding indication may be amended by Us.
- g) You paying the premium with acceptance of the non binding indication. If (in accordance with 1 and 3 above) We do not accept the risk, the premium will be returned.

To the best of Your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that non-disclosure or misrepresentation of a material fact* will entitle Us to void the Insurance.

*NOTE: A material fact is one likely to influence acceptance or assessment of this Proposal by Us: if You are in any doubt as to what constitutes a material fact You should consult your Broker.

It is understood that the signing of this Proposal does not bind You to complete or Us to accept this Insurance, but You agree that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

I/We declare that the information provided above and in all appending sections is true to the best of My/Our knowledge.

Signature

Date

Full name

Position Held

IF ADVERSE WEATHER COVER IS REQUIRED, PLEASE COMPLETE THE FOLLOWING QUESTIONS.

Please Note: If the Event is indoors, the policy automatically covers cancellation due to adverse weather. This section is only required if part of the Event takes place outdoors or under temporary structures (such as a marquee or similar) and if cover is required for adverse weather.

- 1) What proportion of the Event (in \$) takes place outside or under temporary structures?

- 2) Can the Event proceed in continuous moderate rain fall and wind speeds of up to 50kmh? Yes No
If No, please advise what weather conditions it can proceed in below.

- 3) What contingency plans are in place to deal with adverse weather conditions during the event and/or setup?

- 4) Does the venue and locality have any history of bushfire, flooding, water logging, or exposure to strong winds? Yes No
If Yes, please provide details below.

- 5) Can the outdoor elements of the Event be moved indoors, at no additional expense, in the event of bad weather? Yes No

- 6) If the outdoor portion of the Event have to be cancelled due to weather, will the indoor elements still proceed? Yes No

- 7) Has the Event been held at the same time of year and location in the past? Yes No

- 8) Is the Event location within 100 metres of a lake, river or watercourse? Yes No

- 9) Will any stages, marquees or temporary structures be covered on three sides and above, with all electrical equipment protected from weather? If No, please provide details of the setup and weather resilience of these structures below. Yes No

- 10) Can the Event be delayed or postponed if bad weather renders it dangerous or impossible to proceed? Yes No

- 11) Describe in detail the weather and/or ground conditions which could cause the event to be cancelled, abandoned or disrupted, or cause additional costs to be incurred:

A) IF INDIVIDUAL NON APPEARANCE COVER IS REQUIRED, PLEASE COMPLETE THE FOLLOWING QUESTIONS

Please Note: The policy will contain a 30 day health warranty and a full pre existing medical conditions exclusion

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|---|--|-----|----|
| 1) Full Name of Key Individual(s) | 2) Date of birth | | |
| 3) How will the Key Individual(s) travel to the event? | 4) How long before the Event will they arrive? | | |
| 5) Is the Key Individual(s) contracted to appear at this event? | | Yes | No |
| 6) Does the Key Individual(s) have any prior commitments which may affect their ability to attend the event?
If Yes, please give details | | Yes | No |
| 7) Is a replacement available if the Key Individual(s) is/are unable to attend the event?
If Yes, please give details including likely additional cost (\$) to replace the Key Individual(s) | | Yes | No |
| 8) If the Key Individual(s) cannot be replaced, would the entire event be cancelled / abandoned?
If No, please advise what the likely maximum loss (\$) would be | | Yes | No |
| 9) Does the Key Individual(s) suffer from any physical, mental or medical condition?
If Yes, please give details | | Yes | No |
| 10) Is the Key Individual(s) undergoing any form of treatment, medical or otherwise?
If Yes, please give details | | Yes | No |
| 11) Is the Key Individual(s) following any prescribed regime, medical or otherwise?
If Yes, please give details | | Yes | No |
| 12) Does the Key Individual(s) have any history of non appearance?
If Yes, please give details | | Yes | No |
| 13) Is the Key Individual(s) a member of the Royal Family or a serving/former Head of State? | | Yes | No |

B) IF SIMULTANEOUS NON APPEARANCE COVER IS REQUIRED, PLEASE COMPLETE THE FOLLOWING QUESTIONS.

Please Note: Cover is limited to simultaneous catastrophic non appearance of 25% or more of Participants/Performers/Athletes/Team Members due to a Common Accident or Common Illness only.

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|--|-------------------------------|
| 1) Please confirm there are 20 or more Participants in total | |
| Yes No | If No, how many Participants? |

IF PUBLIC LIABILITY COVER IS REQUIRED, PLEASE COMPLETE THE FOLLOWING QUESTIONS.

- 1) Tenancy from date Tenancy to date 2) Total attendees Max per day
- 3) Liability Limit Required
AUD 10,000,000 AUD 20,000,000 Other:
- 4) Does the Event include any dangerous activities*? Yes No
*Dangerous activities include, but are not limited to: Fireworks, bonfires, pyrotechnical devices, inflatable play equipment, fairground rides or mechanically propelled rides of any kind, ballooning, quad bikes, go-karts or motor sport of any kind, trampolines or gymnastic apparatus of any kind, circus acts or stunt acts, shooting ranges for guns or archery.

Bouncy castles, inflatable play equipment, slides or rides (mechanical or otherwise) which are set up, operated and taken down by a bona fide sub-contractor who has provided you with evidence of their current public liability insurance, shall not be classed as dangerous activities.
- 5) If Yes to question 4, do you supply or manage any of these yourselves, and if so, which? Yes No
- 6) If No to question 5, has evidence of current Liability insurance been obtained from the third party contractors that provide, operate, supply or control any of these activities or equipment? Yes No
- 7) Do any other non-standard activities need to be considered (e.g. team building activities, fun runs, etc)? Yes No
If Yes, please provide full details of the activities including safety measures and confirmation as to whether you provide or operate any activity or equipment yourselves or if they are provided, operated and supplied by fully insured 3rd party contractors.
- 8) Will there be alcohol available at the event? Yes No
If Yes, who is responsible for the sale of alcohol?
- 9) Do you have any assets in the U.S.A.? Yes No
If Yes, please provide details

The insured declares that they:

- 1) Have never been prosecuted under the Health and Safety at Work Act or other statute or regulation.
- 2) Have not been convicted of any criminal offence (other than minor driving offences not resulting in disqualification) in the last 5 years
- 3) Have not been declared bankrupt nor been involved in a company or business which has gone into liquidation, receivership or come to an arrangement with creditors in the last 5 years.
- 4) Have not waived any legal rights of recovery against contractors and exhibitors.
- 5) Have checked contracts when booking venues to ensure we are not accepting responsibility for the negligence of the venue owners.
- 6) Require all exhibitors, stallholders, contractors, performers and suppliers to provide evidence of insurance against third party liability risks before they are permitted on site.
- 7) Have carried out and implemented/will implement a written risk assessment in respect of the event.
- 8) Have/will have a written health and safety policy detailing procedures applied to the event that all contractors/exhibitors are made aware of and are required to comply with. Yes No