

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 or Promotion

TTradShowSminar,Trade

10. Venue including full address & postcode

11. Event Start Date

12. Event Start Time

12. Event End Date

12. Event End Time

15. Please provide full details of the promotion(s) or Event(s) including mechanics, rules and regulations

20. Has this type of Event or Promotion been held before? Yes No

21. If Yes, please give full details, including any occurrence that could have or did result in a financial loss

23. What is Your involvement in this Event or Promotion?

23. What is Your experience in this capacity?

23. How will the Event or Promotion be overseen or supervised, and who will provide such oversight and supervision?

Note: We may appoint an independent firm to provide such oversight and supervision, the cost of which shall be borne by You in addition to the premium unless specifically agreed otherwise by Us

23. Total number of participants?

23. How many attempts can each participant have?

23. What is the value of the prize on offer?

23. Does this represent the full extent of Your financial responsibilities?

Yes No

23. If No, please give details

23. Loss payee (if other than You)

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