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|---------------------|--|----|--|-----------|
| Period of Insurance | | to | | at 4.00pm |
|---------------------|--|----|--|-----------|

| INSURED DETAILS | | | | |
|---|----------------|--|--------------|--|
| Name of Proposer(s) (Full details required, inc. Trading Name if Applicable) | | | | |
| ABN: | | | | |
| Address of Proposer(s) | | | | |
| Phone & Fax Nos | Private Ph: | | Business Ph: | |
| | Fax: | | Mobile: | |
| | Email Address: | | | |
| What is the usual business of the Proposer(s) and how long engaged therein? | | | | |
| Holding Insurer: | | | | |
| Holding Broker: | | | | |

| GENERAL INFORMATION | | |
|--|--|---------------------|
| Type of performance(s) or event(s) to be insured: | | |
| Title of performance(s) or event(s) to be insured: | | |
| Please provide a brief description of the Insured Event(s) | | |
| Has this/have these performance(s) or event(s) been held before? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, how often? | | |
| What is/are the involvement(s) of the Proposer(s) in performance(s) or event(s) and what is/are the experience of the Proposer(s) in this capacity? | | |
| Is/are the performance(s) or event(s) part of a larger production, promotion, series or tour? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, state which: | | |
| In order to mitigate a loss to this insurance is rescheduling / postponement possible for each Insured Event? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If no, please explain why: | | |
| For how long could the start of the Insured Event be delayed – please provide full details | | |
| Date(s) and venue(s) of performance(s) or event(s). (If more than one performance or event a full itinerary is required showing times, dates and exact venues of all performances) | | |
| Date and Time | Name of Venue and Address | Performance / Event |
| | | |
| | | |

| GENERAL INFORMATION cont. | |
|---|--|
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| | |
| When would you like the insurance to commence? | |
| <i>(NB Any insurance offered as a result of this Proposal cannot commence before the date of Insurer's final acceptance)</i> | |
| If the proposed event is a tour, what will be the method of transport used by: | |
| a. Insured person(s)? | |
| b. Equipment? | |
| Is the means of transportation to be used customised or adapted for the purpose | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, is an alternative means of transportation available | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What allowance in the itinerary has been made for: | |
| a. Travel delay? | |
| b. Set-up time? | |
| c. 'Stand-by' dates? | |
| Will any performance(s) or event(s) be held in the open air or a temporary structure? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | |
| | |
| If event(s) are to be held wholly or partly in the open air, in a marquee or in a temporary structure and cover to include the effect of adverse weather ? If yes, please complete the Outdoor Event Appendix | |
| Is the stage or area in which the performer(s) work(s) under cover? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | |
| | |
| Is/are the venue(s) exposed to wind, flood or water logging? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | |
| | |

| NON-APPEARANCE | | |
|--|---|--|
| FOR THE PURPOSES OF ANY INSURANCE GRANTED AS A RESULT OF THIS PROPOSAL COVER SHALL BE LIMITED TO THE INDIVIDUAL(S) OR GROUP(S) NAMED IN THE SCHEDULE ATTACHED TO THE CERTIFICATE. | | |
| What perils are required: | | |
| Death <input type="checkbox"/> | Accidental Bodily Injury & Illness <input type="checkbox"/> | Unavoidable Travel Delay <input type="checkbox"/> |
| Venue Damage <input type="checkbox"/> | National Mourning <input type="checkbox"/> | Other Perils <input type="checkbox"/> |
| Details of (all) person(s) to be insured. Name(s), age(s) and participation | | |
| Person to be insured | Date of Birth | Role |
| | | |
| | | |
| | | |
| | | |
| | | |
| Will the non-appearance of any Person cause Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has any person to be insured had any history of non-appearance? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | | |
| | | |
| Has any provision been made for Understudies or Substitutes? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | | |
| | | |
| Is/are the person(s) to be insured suffering from any physical, psychological or other medical conditions? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | | |
| | | |
| Is/are the person(s) to be insured undergoing any form of medical or other treatment? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | | |
| | | |
| Is/are the person(s) to be insured following any prescribed medical regime? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | | |
| | | |
| Is any person to be insured aware of any matter, fact, circumstances or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a loss under the proposed insurance? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | | |
| | | |
| Have written contracts been signed for the appearance of all the Insured Person(s) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If the answer is no, please provide full details: | | |
| | | |
| Have all necessary licences, visas and permits and authorisations for the Insured Person(s) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, does the Proposer(s) undertake to make all such remaining contractual arrangements in a prudent and timely manner and ensure they are confirming in writing prior to the relevant Insured Event(s) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, please provide full details: | | |
| | | |
| <i>(NB Answers to the above medical questions should only be made after consultation with the person(s) to be insured. Insurers may require this/these person(s) to undertake a medical examination)</i> | | |

GENERAL QUESTIONS

BEFORE ANSWERING THE FOLLOWING QUESTION YOUR ATTENTION IS DRAWN TO THE FACT THAT THE INSURANCE WILL CONTAIN WARRANTIES REGARDING NECESSARY ARRANGEMENTS AND CONTRACTUAL REQUIREMENTS

Will the Proposer(s) have a signed written contract for the lease or hire of Venue(s) prior to inception of this Insurance Yes No

If no, please provide full details:

Have all necessary arrangements for the successful fulfilment of the performance(s) or event(s) to be insured been made and confirmed in writing? Yes No

If no, please provide full details:

If no, does the Proposer(s) undertake to make all such remaining contractual arrangements in a prudent and timely manner and ensure they are confirmed in writing prior to the relevant Insured Event(s). If no, please provide full details:

FINANCIAL QUESTIONS

Please attach a budget sheet for Expenses and Gross Revenue or alternatively please complete budget form below. Give Details of Budget:

| EXPENSES | AMOUNT | GROSS REVENUE | AMOUNT |
|---|--------|---|--------|
| General Administration | \$ | Gate/ticket sales | \$ |
| Printing, promotion and advertising | \$ | Programme sales | \$ |
| Venue Hire | \$ | Merchandising | \$ |
| Facilities and equipment rental | \$ | Fees | \$ |
| Communication costs | \$ | Commissions | \$ |
| Sponsorship | \$ | Sponsorship | \$ |
| Wages, salaries and benefits | \$ | Advertising | \$ |
| Broadcasting and T.V. rights | \$ | Concessions | \$ |
| Insurance other than insured hereon | \$ | Broadcasting and T.V. rights | \$ |
| Other items not included above (give details) | \$ | Other items not included above (give details) | \$ |
| | | | |
| TOTAL | \$ | TOTAL | \$ |

Do these sums represent the full extent of your financial responsibilities? Yes No

| | | | |
|---|--------------------------|---------------------|--|
| For information only, the amount by which Budgeted Gross Revenue exceeds Budgeted Expenses will represent the Proposer(s) Budgeted Net Profit | | | |
| The Proposer(s) may elect to insure either the Total Expenses or the Total Gross Revenue Please indicate your preference by ticking the box below | | | |
| Total Expenses | <input type="checkbox"/> | Total Gross Revenue | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |
| If you wish to consider insuring a different Limit of Liability, please tick other and provide an explanation of what this represents | | | |
| | | | |
| Does any other party have an interest in the Gross Revenue | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Loss Payee (if other than Proposer(s)) | | | |
| What proportion of Tickets are sold / Revenue generated in advance of the Insured Event? | | | % |
| If the performance(s) or event(s) has/have been held before under the present management or any other, has there ever been a loss? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | | | |
| | | | |
| Has/have the Proposer(s) ever suffered a loss whether insured or otherwise in respect of his/their involvement in any type of performance(s) or event(s)? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide full details: | | | |
| | | | |
| Are there any other material facts or items of information with regard to the proposed performance(s) or event(s) which should be disclosed? | | | |
| | | | |

1

Has the event been held before?

Yes No

If yes, how many times

a) In all?

b) At this location?

c) At this time of year?

2

Why is this location /
venue being chosen?

3

A) Has the Event ever been affected by adverse weather and / or ground conditions?

Yes No

If Yes, please give details including date(s) and the conditions that caused the problem:

B) Has the Venue ever suffered any losses, due to adverse weather and/or ground conditions, in respect of any other events ?

Yes No

If Yes, please give details including date(s) and the conditions that caused the problem:

4

a) Does the Event take place on tarmac, hard standing or similar surface?

Yes No

b) Are there any hard standing access roads within the Event site?

Yes No

c) Do the entrance(s) and exit(s) have hard standing?

Yes No

d) Are there are separate entrances and exits for Event set up traffic and visitor Traffic?

Yes No

If No to any of the above, what contingency plans are in place in the event of adverse weather and / or ground conditions?

5

Is the car parking on tarmac, hard standing or similar surface?

Yes No

If No, a) what contingency plans are in place in the event of adverse weather and / or ground conditions?

b) if car park were unusable due to adverse weather / condition of the ground, would this cause the Event to be cancelled?

if so, are alternative car parking arrangements possible?

6

Have any drainage or ground improvements been made to the Event site (including car parks or camping grounds) in the last 10 years?

Yes No

If Yes, please give details:

7

Are camping grounds required / provided for the Event?

Yes No

If Yes, what contingency plans are in place in the event of adverse weather and / or ground conditions?

8

Has any part of the Event site (including car parks or camping grounds) been flooded or waterlogged during the last five (5) years?

Yes No

If Yes, please give details:

9

Is the Event site near any watercourse, lake or river?

Yes No

If yes, please give detail:

10

Is the Event site significantly exposed to wind or rain?

Yes No

If yes, please give detail:

11

Proportion of Tickets expected to be sold / Revenue generated in advance of the Event:

12

Please confirm that contingency supplies, such as trackway or matting, that would be utilised in the event of adverse weather are available, that sufficient manpower would exist to deploy such measures and the location of the supplier.

13

How quickly can these supplies / manpower be accessed?

14

What is the schedule of events at the venue? When were the previous events and when will the next event begin?

15

What are the organisers contractual obligations to the venue in respect of clean up costs?

Please enclose with this Questionnaire a full Site Plan for the Event.

IMPORTANT INFORMATION

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the Insurer
- that is of common knowledge
- that your Insurer knows, or in the ordinary course of business, ought to know
- as to which compliance with your duty is waived by the Insurer

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of voiding the contract from its beginning.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or if you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application, giving full details of the additional information.

CONDITIONS OF QUOTATION

Any quotation provided by Insurers as a result of this proposal will be subject to:

- final acceptance by the Applicant(s) and then the Insurers prior to the acceptance date shown in the quotation
- the Applicant(s) undertaking to advise Insurers of any change in the information supplied occurring prior to the inception date of any insurance
- the Insurers having no obligation to accept the risks if there has been any happening or circumstance, whether advised by the Applicant(s) or otherwise, arising prior to acceptance by Insurers which increases or could increase the possibility of a loss or in any way materially alters the risks as quoted. However, Insurers at their sole discretion, may decide to provide an alternative quotation.
- The Applicant(s) having declared all material facts likely to influence a reasonable Insurer in determining:
 - whether or not to accept the risk
 - the premium
 - the terms, conditions, exclusions and limitations
- any Applicant(s) who acts on behalf of others being deemed to have obtained and declared all the information provided after making inquiry of each of them; this condition only applies to any intermediary
- the Applicant(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium
- the Applicant(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Insurer's written approval, in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Insurers

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate you for any loss, damage or liability which is covered by this Policy but you have agreed not to seek recovery of any monies from that person, we will not cover you under this policy for that loss, damage or liability.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you give us to quote on and insure your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under your policy.

We will not trade, sell or rent your information.

If you give us personal information about anyone else, we rely on you to notify them:

- that you will give the information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information you give us about someone else is sensitive, we rely on you to obtain their consent prior to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement. For a full statement of our Privacy Policy, ask our office for a copy.

INSURANCE DECLARATION

I acknowledge that:

1. I have read and understood the Important Information set out in the Proposal and I/We are authorised to make this Proposal.
2. All information given on this Proposal and any attachment is true and correct.
3. No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract has been issued.
4. Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform the Insurer of any change in the particulars or statements contained in this Proposal or in any attachments.
5. Although the signing of this Proposal does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this Proposal and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the Proposal and attachments will be incorporated in the Policy.

| | | | |
|---------------------|--------------------------|---------------------|--------------------------|
| I AGREE | <input type="checkbox"/> | I AGREE | <input type="checkbox"/> |
| NAME OF INSURED (1) | | NAME OF INSURED (2) | |
| DATE | | DATE | |
| SIGNATURE (1) | | SIGNATURE (2) | |