

Coversure Pty Ltd

ACN 134 635 180 ABN 84 413 814 665 AFSL 407505 Level 15 Corporate Centre One 2 Corporate Crt, Bundall QLD 4217 Tel: 1300 360 908 Fax: 07 5591 9555 Web: www.coversure.com.au

ENTERTAINMENT RENEWAL DECLARATION FORM

Policy Number:	Due Date:		
Name of Insured:			
Address:			
Are you planning to change the Business	Activities over the next 12 months? If s	so please provide full details	
(Please attached an addendum if there is	s not enough room.)		
SECTION ONE - Broad General and Products Liability Cover			
Limit of Liability: 10M			
Goods in Your Care Custody & Control: Higher Limit required advise amount \$			
Errors & Ommissions: \$1M Other \$ For what Activities do you require E & O coverage			
SECTION TWO - Statutory Liability Cover Limit of Liability: \$1M: Other \$ Have you had any fines or penaltiies in the last 5 years			
DATE OF FINE	AMOUNT	OFFENCE	
SECTION THREE - Professional Indemnity Cover			
Limit of Liability: \$1M:			
a) Please provide details of professional services and/or advice provided for a fee			
b) Estimated annual fees in respect to pr	rofessional services/advice provided		
c) Do you have a current PI Insurance P	olicy in place	YES / NO	
If you answered YES please provide the	following details		
a) Current Insurer			
b) Retroactive Date (attach a copy of your current policy schedule)			
c) Are you aware of any incident(s) that have occurred in the last 5 years that have given or may give rise to a claim against you in respect to Professional Indemnity YES / NO			
		DACE ONE	

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ADDITIONAL COVERS			
Criminal Defence Legal Costs & Expenses YES / NO	Workcover Defence & Investigations Costs YES / NO		
Actual turnover last 12 months : \$	Estimated turnover next 12 months: \$		
Actual attendances last 12 months:	Estimated attendances next 12 months:		
ANY CHANGE TO CLAIMS HISTORY FROM LAST YEAR?			
ARE THERE ANY NEW INCIDENTS THAT HAVE OCCURF	RED THAT MAY LEAD TO A CLAIM?		
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 the insurance, and, if so, on what terms.			
You have the same duty to disclose those matters to the contract of general insurance.	e Insurer before you renew, extend, vary or reinstate a		
Your duty, however, does not require disclosure of any 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 their 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 their 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 avoiding the contract from its beginning. DECLARATION			
I/We hereby declare that the information provided by me/us in this declaration is true and correct and that I/we have read and understand the Duty of Disclosure notice above. I/We also agree that this declaration can be used in underwriting the proposed renewal of the policy of insurance and therefore the basis of the contract of insurance between me/us and the underwriter, if so approved by the underwriter.			
(Signature)	(Date)		
(Full Name)	(Position Held)		