

PROPOSAL FORM EVENT LIABILITY

YOUR DETAILS	1. Name					
	2. Address		3. Postcode			
	4. Email address		5. Telephone no.		6. Policy currency	
					AUD <input type="checkbox"/> Other: <input type="checkbox"/>	
	7. Are you (the insured) registered for GST?			Yes <input type="checkbox"/> No <input type="checkbox"/>		

EVENT	8. Name of Event																	
	9. Type of Event																	
	10. Venue				11. City / Town				12. Postcode				13. State or Country					
	14. Event start date			15. Event end date														

BUDGET & COVER	18. Budgeted Event Gross Revenue			19. Budgeted Event Expenses			20. Budgeted Event net profit		
	21. Number of attendees			22. Please tick the level of cover required					
	Total				AUD 5,000,000		<input type="checkbox"/>		Other: <input type="checkbox"/>
Max per day				AUD 10,000,000		<input type="checkbox"/>		Please advise:	
				AUD 20,000,000		<input type="checkbox"/>			

ACTIVITIES & PROCESSES	23. Please indicate if the Event is, or involves any of the following:	
	Archery or Shooting	<input type="checkbox"/>
	Bungee Jumping	<input type="checkbox"/>
	Climbing or Mountaineering	<input type="checkbox"/>
	Demonstration, Political Rally or Protest	<input type="checkbox"/>
	Equestrian Events	<input type="checkbox"/>
	Fairground or Rides	<input type="checkbox"/>
	Litter Pick	<input type="checkbox"/>
	Mountain Biking	<input type="checkbox"/>
	Paintballing	<input type="checkbox"/>
	Pop or Rock Concert	<input type="checkbox"/>
	Quad Biking	<input type="checkbox"/>
	Sub Aqua Activities	<input type="checkbox"/>
	Any work at height above 5 metres or any work at depth of more than 2 metres	<input type="checkbox"/>
	Bouncy Castles / Other Inflatables	<input type="checkbox"/>
	Canoeing	<input type="checkbox"/>
	Creches	<input type="checkbox"/>
Disco or Rave	<input type="checkbox"/>	
Explosives or Firearms	<input type="checkbox"/>	
Fireworks or Pyrotechnics	<input type="checkbox"/>	
Motorised Sports	<input type="checkbox"/>	
Outdoor Pursuit Centre	<input type="checkbox"/>	
Parachuting, Abseiling or other Aerial Activity	<input type="checkbox"/>	
Professional Sporting Event	<input type="checkbox"/>	
Skiing or Winter Sports	<input type="checkbox"/>	
White Water or Black Water Rafting	<input type="checkbox"/>	
Any process involving the application of heat, other than the preparation of food and drink	<input type="checkbox"/>	

If there will be any other hazardous activities or equipment (whether participation or display), please advise

24. Do You provide or operate any of these activities or equipment Yourself?

If Yes, please give full details along with safety measures taken

		Yes	No	
PUBLIC LIABILITY GENERAL QUESTIONS	25. Please answer the following questions:			
	a) Do you have any assets in USA or Canada?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Yes, please give details			
	b) Do you have a written health & safety policy detailing procedures at Events and have you applied it to this Event?	<input type="checkbox"/>	<input type="checkbox"/>	
	c) Do you make all contractors and exhibitors aware of the health and safety policy and require them to comply with the same?	<input type="checkbox"/>	<input type="checkbox"/>	
	d) Have you ever been prosecuted under the Health & Safety at Work Act or other statute or regulation?	<input type="checkbox"/>	<input type="checkbox"/>	
	e) When booking the Venue(s), did you check contracts to ensure you are not accepting responsibility for the negligence of the Venue owners?	<input type="checkbox"/>	<input type="checkbox"/>	
	f) Please confirm that you require all contractors, performers and exhibitors to provide evidence of insurance against third party liability risks before you permit them on site?	<input type="checkbox"/>	<input type="checkbox"/>	
	g) Do you directly employ labour to carry out any manual work away from your own premises?	<input type="checkbox"/>	<input type="checkbox"/>	
	h) Have you waived any legal rights of recovery against contractors and exhibitors?	<input type="checkbox"/>	<input type="checkbox"/>	
	i) Will alcohol be sold or provided at the Event?	<input type="checkbox"/>	<input type="checkbox"/>	
j) If the answer to 25 i) is Yes, will the alcohol be sold and supplied by fully insured sub contractors with the relevant bar/sale of alcohol licenses?	<input type="checkbox"/>	<input type="checkbox"/>		
k) Have you carried out and implemented a written risk assessment in respect of this event?	<input type="checkbox"/>	<input type="checkbox"/>		
If No, please complete question 26 below				
	26. If you have not carried out a written risk assessment, please answer the following questions			
	a) Approximately how many stewards will be employed to control visitors or crowds and ensure safety at the event?	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Will the Police or a security company be in attendance?	<input type="checkbox"/>	<input type="checkbox"/>	
	c) Will visitors be allowed to bring their own alcohol to the venue?	<input type="checkbox"/>	<input type="checkbox"/>	
	d) Will there be first aid facilities/provisions?	<input type="checkbox"/>	<input type="checkbox"/>	
	e) Have the Police been consulted?	<input type="checkbox"/>	<input type="checkbox"/>	
	f) Have the Fire Brigade been consulted?	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL QUESTIONS	27. Claims history			
	a) Have any claims for personal injury or damage to property by third parties or employees been made against You or your business/company in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Yes, please provide details of any claims or incidents in the last 5 years, whether insured or not			
	28. General Questions			
	a) I/We undertake to exercise all ordinary and reasonable precautions for the safety of employees and third party property and persons.	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Except as detailed on this form I/We have not suffered any loss or circumstances which has or might have given rise to a claim under this type of insurance in the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	
	c) I/We have not been convicted of any criminal offence (other than minor driving offences not resulting in disqualification) in the last 5 years.	<input type="checkbox"/>	<input type="checkbox"/>	
	d) I/We have not been declared bankrupt nor been involved in any company or business which has gone into liquidation, receivership or come to an arrangement with creditors in the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	
	e) No insurer has declined nor imposed any special terms on any liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	

CONDITIONS OF QUOTATION	<p>Any terms provided by Us as a result of non binding indication and any supporting information will be subject to:</p> <ol style="list-style-type: none"> 1 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. 2 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. 3 You having declared all material facts likely to influence a reasonable Underwriter in determining: <ol style="list-style-type: none"> a) whether or not to accept the risk, b) the premium c) the terms, conditions, exclusions and limitations 4 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 <ol style="list-style-type: none"> a) any intermediary(ies) acting on behalf of any parties referred to above, 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 6 below 5 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. 6 You paying the premium with acceptance of the non binding indication. If (in accordance with 1 above) We do not accept the risk, the premium will be returned.
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DECLARATION	<p>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.</p> <p>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.</p> <p>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.</p>
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SIGNATURE	I/We declare that the information provided above is true to the best of my/our knowledge.	
	Signature	Date
	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
	Full name of such person	Position
	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>