

## PROPOSAL FORM WEATHER GUARD WEATHER INSURANCE

1. Your registered business/com	npany name	e (the Insured)				
2. ABN (or equivalent)				3. Phor	ne Number	4. Policy Currency
5. Your registered business add	ress			6. State		7. Postcode
8. Event name			9. Type of Event			
10. Venue name & full address	including p	ostcode				
11. Event Start Date	ate 12. Event Start Time			13. Event End Date	14. E	event End Time
15. What peril would you like to Rain	o trigger the Temper	-		16. If temperature, what te temperature below temperature above	w °C	you like to trigger policy?
17. If rain, what amount of rainfa	all would yo	ou like to trigger	the policy?			
mm	1					
18. During what coverage period	_		to be measur	ed?		
From	AM T	O	AM	on each event date		
*Note - under the policy rainfall will wishes to have an on-site weather r used, cost to be borne by the Insure	ep to take re				If hourly rainfall re	
19. Limit Insured						
20. Would you like cover on an Indemnity If ind	-	basis or Agreed bes the limit insu		; Costs & Expenses	Gross	Revenue
21. Has the Event been held bef	fore?	Yes	No			
22. If you have any additional ne	otes or com	nments about th	e event to be	insured or cover require	d please provide	e these below.



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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				