

1. Your registered business/company name (*the Insured*)

2. Please provide your GST registration number

3. Phone Number

4. Policy Currency

5. Your registered business address

6. State

7. Postcode

8. Event name

9. Type of Event

10. Venue name & full address including postcode

11. Event Start Date

12. Event Start Time

13. Event End Date

14. Event End Time

15. What peril would you like to trigger the policy?

Rain

Temperature

16. If temperature, what temperature would you like to trigger policy?

temperature below

°C

temperature above

°C

17. If rain, what amount of rainfall would you like to trigger the policy?

mm

18. During what coverage period would you like the rainfall to be measured?

From

AM

To

AM

on each event date

PM

PM

this/ these date(s) only

*Note - under the policy rainfall will be measured at the nearest BOM weather station that takes hourly or half hourly rainfall recordings. If the Insured wishes to have an on-site weather rep to take recordings during the event then this can be agreed subject to prior approval of rep and equipment to be used, cost to be borne by the Insured.

19. Limit Insured

20. Would you like cover on an Indemnity basis or Agreed Value basis?

Indemnity

If indemnity, does the limit insured represent;

Costs & Expenses

Gross Revenue

Agreed Value

21. Has the Event been held before?

Yes

No

22. If you have any additional notes or comments about the event to be insured or cover required please provide these below.

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