

Proposal Form

Short Term / Special Events

Combined Liability Insurance

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's.



IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM.

This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

Your Duty of Disclosure

Before You enter into an insurance policy, it is Your duty to disclose every matter that You know, or could reasonably be expected to know, to be relevant to the Insurer's decision whether to give You insurance cover and, if so, on what terms.

Consequences of Non-Disclosure or Misrepresentation

If You breach Your duty of disclosure; the Insurer(s) may be able to refuse to pay a claim or to cancel Your policy. The same applies where You have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance, or for obtaining it on favourable terms) the Insurer(s) may be able to 'avoid' Your policy. This means that the Insurer(s) can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect Your ability to obtain other insurance in the future.

If You are unsure whether some information may be disclosable or not we suggest You call Your insurance broker and seek guidance.

Privacy

We are committed to protecting Your privacy. We only use the personal information You provide to us to quote on and insure this risk. We only provide Your personal information to our Insurer(s) and Reinsurers (and their representatives) and those we appoint to assist us with claims under Your policy (ies). We do not trade, rent or sell Your information. Some or all of the Insurer(s) and Reinsurers may be overseas.

If You don't provide us with complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the information we hold about You at any time. For more information about our Privacy Policy, ask us for a copy. Copies of the Proposal Form should be retained for Your own records.

Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

Your Legal Liability

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

Waiver of Rights

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

Broker	<input type="text"/>	Phone	<input type="text"/>
<input type="text"/>		Fax	<input type="text"/>
Contact Name	<input type="text"/>	Email	<input type="text"/>
<input type="text"/>			

Insured Details

Please note that a completed, signed proposal form and payment is required prior to confirmation of cover and the start of the event.

Full Name of Insured(s)

Additional Insured(s)

Mailing Address

State Postcode

Contact Name

Limit of Liability Required

Period of Cover required from to

Current Limit of Indemnity \$

Expiring Premium \$

Limit of Liability Required A\$5,000,000 A\$10,000,000 A\$20,000,000 other

Optional Excess A\$2,500 A\$5,000 A\$10,000

Event Information

Describe Event (please also list the website address and attach any brochures or additional information)

Location of Event

State Postcode

Effective Date / / Time : am/pm Expiry Date / / Time : am/pm

Please provide the estimated attendance for each day of the event (attach separate sheet if required for events beyond 3 days or to provide more detail)

Day 1 Day 3

Day 2 Day 4

Gross Revenue for Event (Break down by ticket sales, liquor sales etc.)

Ticket Sales	\$ <input type="text"/>	Other (Please provide details below)	\$ <input type="text"/>
Food Sales	\$ <input type="text"/>	<input type="text"/>	
Liquor Sales	\$ <input type="text"/>		

Is the Insured responsible for the catering of food? yes no

If no, please advise the name of Catering Company and confirmation of their Liability Insurance.

Will there be alcohol provided at the Event? If yes, please complete the highlighted questions. yes no

When will alcohol be provided at the Event? From / / : am/pm To / / : am/pm

Do you engage the services of:

Security Contractors	yes <input type="checkbox"/>	no <input type="checkbox"/>
Cleaning Contractors	yes <input type="checkbox"/>	no <input type="checkbox"/>
Traffic Controllers / Parking Assistants	yes <input type="checkbox"/>	no <input type="checkbox"/>
First Aid Personnel / Ambulance Officers	yes <input type="checkbox"/>	no <input type="checkbox"/>
Do the above contractors carry their own Liability Insurance?	yes <input type="checkbox"/>	no <input type="checkbox"/>

Event Information

What is your experience producing this type of event?

Will any temporary grandstands or temporary seating be used?

yes no

If yes, confirm the construction

Capacity

General Condition

Do you have documented procedures in respect to emergency evacuation and missing persons/children? If yes, please provide a copy of these procedures.

yes no

Will there be any amusements rides/activities provided?

yes no

If yes, are these services provided by contractors who carry their own insurance?

yes no

HISTORY Important: If you are in any doubt refer to your broker to ensure all relevant details are disclosed.

Have You ever had any food or health violations against You?

yes no

Have You or any persons connected with this insurance ever had a revoked licence?

yes no

Have You or any partner or director:

1. Been declared bankrupt or had legal proceeding lodged against You?

yes no

2. Had an Insurer that has declined to insure You?

yes no

3. Had an Insurer that has declined to renew Your insurance?

yes no

4. Had an Insurer that has imposed special conditions on Your insurance?

yes no

5. Have You within the last 10 years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property?

yes no

6. After enquiry, are You or any director or employee aware of or have any grounds for suspecting any circumstances which might give rise to a claim, against You or against any of the present or former directors during the last 10 years?

yes no

Please provide full details, if any answers to the above questions are Yes. With any previous claims, please detail amount paid or reserved, the year and your excess at the time and background information on the claim.

Your Duty of Disclosure

DECLARATION – YOUR DUTY OF DISCLOSURE

I confirm that:

I understand that the Duty of Disclosure applies to all Insured(s). The answers are provided on behalf of all persons/entities comprising the Insured(s).

I understand the questions in the proposal.

AUTHORISED SIGNATORY

NAME OF SIGNATORY

Dated

Position