

Period of Insurance		to		at 4.00pm
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INSURED DETAILS				
Name of Proposer(s) (Full details required, inc. Trading Name if Applicable)				
	ABN:			
Address of Proposer(s)				
Phone & Fax Nos	Private Ph:		Business Ph:	
	Fax:		Mobile:	
	Email Address:			
What is the usual business of the Proposer(s) and how long engaged therein?				

GENERAL INFORMATION	
Title or name of promotion(s) or event(s) to be insured	
Type of promotion(s) or event(s) to be insured. Please provide full details including mechanics, rules & regulations.	
Has this type of promotion(s) or event(s) been held before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give full details including, but not limited to, any occurrence that could have resulted or did result in financial loss.	
What is the involvement(s) of the Proposer(s) in the Promotion(s) or event(s)?	
Scheduled date(s) of promotion(s) or event(s)	
Scheduled venue of promotion(s) or event(s)	
How will the promotion(s) or event(s) be overseen or supervised and who will provide such oversight and supervision? Insurers may appoint an independent firm to provide such oversight and supervision, the cost of which shall be borne by the Proposer/Assured in addition to the premium unless specifically agreed otherwise by the Insurers.	

PARTICIPANTS

Total number of participants?	
How many attempts can each participant have?	

BUDGET DETAILS

What Limit of Indemnity is required	\$
Do these sums represent the full extent of your financial responsibilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide full details:	
Loss Payee (if other than Proposer stated in "Insured Details")	

CONTRACTUAL ARRANGEMENTS

Can you confirm that all the necessary contractual arrangements will be put in place in a timely manner and these will be valid for the period of the Insured promotion(s) or event(s)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have you sought legal advice, whether in-house or independent, on the legality of the proposed promotion(s) or event(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide full details:	
Please note that you must observe and comply with all applicable laws, ordinances and regulations whether, where applicable, national, federal, state or local.	

ADDITIONAL INFORMATION

Do you know of any other matter, fact or circumstance, actual or threatened, that increases or could increase the possibility of a loss under this proposed insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide full details:	

IMPORTANT INFORMATION

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 insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of 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 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 his 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 voiding the contract from its beginning.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or if you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application, giving full details of the additional information.

CONDITIONS OF QUOTATION

Any quotation provided by Insurers as a result of this proposal will be subject to:

- final acceptance by the Applicant(s) and then the Insurers prior to the acceptance date shown in the quotation
- the Applicant(s) undertaking to advise Insurers of any change in the information supplied occurring prior to the inception date of any insurance
- the Insurers having no obligation to accept the risks if there has been any happening or circumstance, whether advised by the Applicant(s) or otherwise, arising prior to acceptance by Insurers which increases or could increase the possibility of a loss or in any way materially alters the risks as quoted. However, Insurers at their sole discretion, may decide to provide an alternative quotation.
- The Applicant(s) having declared all material facts likely to influence a reasonable Insurer in determining:
 - whether or not to accept the risk
 - the premium
 - the terms, conditions, exclusions and limitations
- any Applicant(s) who acts on behalf of others being deemed to have obtained and declared all the information provided after making inquiry of each of them; this condition only applies to any intermediary
- the Applicant(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium
- the Applicant(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Insurer's written approval, in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Insurers

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate you for any loss, damage or liability which is covered by this Policy but you have agreed not to seek recovery of any monies from that person, we will not cover you under this policy for that loss, damage or liability.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you give us to quote on and insure your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under your policy.

We will not trade, sell or rent your information.

If you give us personal information about anyone else, we rely on you to notify them:

- that you will give the information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information you give us about someone else is sensitive, we rely on you to obtain their consent prior to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement. For a full statement of our Privacy Policy, ask our office for a copy.

INSURANCE DECLARATION

I acknowledge that:

1. I have read and understood the Important Information set out in the Proposal and I/We are authorised to make this Proposal.
2. All information given on this Proposal and any attachment is true and correct.
3. No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract has been issued.
4. Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform the Insurer of any change in the particulars or statements contained in this Proposal or in any attachments.
5. Although the signing of this Proposal does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this Proposal and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the Proposal and attachments will be incorporated in the Policy.

I AGREE	<input type="checkbox"/>	I AGREE	<input type="checkbox"/>
NAME OF INSURED (1)		NAME OF INSURED (2)	
DATE		DATE	
SIGNATURE (1)		SIGNATURE (2)	