

# **SHORT TERM/ANNUAL LIABILITY INSURANCE ENTERTAINMENT & EVENTS LIABILITY PROPOSAL FORM**

## **IMPORTANT NOTICES**

### **Your Duty of Disclosure**

In order to make an informed assessment of the risk and calculate the appropriate premium, your Insurer needs information about the risk you are asking to insure. For this reason, before you enter into a contract of insurance, you have a duty under the *Insurance Contracts Act 1984 (Cth)* to disclose to your insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept this risk and, if so, on what terms. The duty continues after the proposal form has been completed up until the inception date of the policy and also applies when you renew, extend, vary or reinstate a contract of insurance.

You do not have to disclose anything that:

- Reduces the risk to be undertaken by the insurer;
- Is common knowledge;
- Your insurer knows, or in the ordinary course of its business, ought to know; or
- If the insurer has waived your obligations to disclose.

One important matter to be disclosed is the history of losses suffered by the person or entity seeking insurance and possibly also losses suffered by any related or associated person or entity sought to be covered by the relevant insurance policy. You are responsible for checking that you have made complete disclosure. We suggest that you keep an up to date record of all such losses and claims and that you make all reasonable enquiries of directors, officers, senior managers and any relevant employees in order to ensure that adequate disclosure has been made.

If you have any questions or concerns about whether information needs to be disclosed, please contact us.

### **Consequences of Non-Disclosure**

If you do not comply with your duty of disclosure, your insurer may be entitled to reduce its liability in respect of a claim or may cancel your contract of insurance. If the non-disclosure was fraudulent, the insurer may be able to avoid (or cancel) the contract of insurance from its beginning. This would effectively mean that you were never insured.

### **Material Changes**

You must also notify your insurer of any significant changes which occur during the period of insurance. If you do not, your insurances may be inadequate to fully cover you. We can assist you to do this and to ensure that your contract of insurance is altered to reflect those changes.

### **Interests of Other Parties**

Some insurance contracts do not cover the interest in the insured property or risk of anyone other than the person named in the contract. Common examples are where property is jointly owned or subject to finance but the contract only names one owner or does not name the financier. Please tell us about everyone who has an interest in the property insurance so that we can ensure that they are noted on the contract of insurance.

### **Contracts entered into by the Insured Affecting Insurers' rights**

Some insurance contracts seek to limit or exclude claims where the insured person has limited their rights to recover a loss from the person who has responsibility for it eg: by signing an agreement which contains a disclaimer, indemnity or limitation of liability of the other party. Please tell us about any contracts of this type which you have entered into or propose to enter into.

### Claims Made Policies

Many liability policies are issued on a 'claims made' basis. This means that the policy responds to:

- Claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- Written notification pursuant to section 40(3) of the *Insurance Contracts Act 1984 (Cth)* of facts which might give rise to a claim against you. If you give written notification of facts as soon as reasonably practicable after you become aware of the facts prior to the expiry of the policy period, the policy will respond even though a claim arising from those facts is made against you after the policy has expired.

### Retroactive Date

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

### Privacy

We are committed to protecting your privacy. We only use the information you provide to us to advise about and assist with your insurance needs. We only provide your information to the insurance companies with whom you choose to deal (and their representatives.) We do not trade, rent or sell your information. For more information about our Privacy Policy, please ask us for a copy or visit our website.

#### When completing this Proposal Form:

- Please answer **all** questions giving full and complete answers
- If the space required on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer.
- **Please ensure that this Proposal Form is properly signed and dated.**



COVERSURE PTY LTD  
 ABN 84 413 814 665  
 AFS 407505  
 Phone: (02) 8404 9500

**Entertainment & Events  
 Liability Insurance  
 Proposal  
 (Short Term /Annual)**

INSURED DETAILS	
1. Proposer Name(s) (Please provide full name of ALL ENTITIES to be insured)	
2. Trading Name (Please provide all trading names)	
3. ABN:	
4. Address of Principal Location(s)	
5. Contact Details	Business Phone:
	Email Address:
6. Interested Party s)	Entity 1
	Relationship
	Entity 2
	Relationship

GENERAL INFORMATION (EVENT ACTIVITIES)									
7. Full Description of Activities									
8. Previous Security industry experience if less than five years in business:									
9. Number of Years Business has been in Continuous Operation:									
10. Please provide the following details for all Directors/Principals:									
Name of all principals, directors, partners	Age	Qualifications	Date Qualified	How long practicing as Partner / Principal					
11. Please advise the total number of Partners/Staff:									
Number of Principals & Staff		Full Time		Part Time					
Directors, Partners, Principals									
Qualified Security Staff									
Qualified Security Consultants / Sub Contractors									
Administration / Other Staff									
12. Are you a member of a professional / industry association and comply with its code of conduct? If yes, please provide details:									
13. Please state the Turnover in:	Last 12 Months	\$	Next 12 Months	\$					
<b>Please provide a percentage breakdown of turnover by location as follows:</b>									
NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S	TOTAL
									100%
14. Do you engage Subcontractors or Labour Hire?								Yes <input type="checkbox"/> No <input type="checkbox"/>	
a) Do they maintain insurance similar to the proposed policy?								Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) Do you evidence their policy regularly?								Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please state the Subcontractors or Labour Hire Turnover in:									
		Last 12 Months	\$	Next 12 Months		\$			
Which of your business activities are completed by subcontractors or labour hire?			All? <input type="checkbox"/>		Other? <input type="checkbox"/>		Other Advise Details Below		



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EVENT DETAILS		
15. Type of Events:		Duration
1)		
2)		
3)		
16. Does the event involve provision of or use of watercraft, aircraft or any motorised vehicles? If yes, please provide full details:		Yes <input type="checkbox"/> No <input type="checkbox"/>
17. What first aid provisions are in place for the event(s)?		
18. Does the insured:	a) Supply food and/or beverages?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Supply alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Arrange fireworks or pyrotechnics	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d) Arrange audience participation in any event(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide full details:		
19. Do all service providers carry their own insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Is this to be a one off short term Policy? (cover one event only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Is this to be an Annual Policy?		Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL INFORMATION		
22. Attached is a copy of the itinerary of the event(s) planned?		Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Attached is a copy of the site layout of the event(s) planned?		Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Activities that occur at the event(s) that the insured directly responsible for:		
25. Are you directly responsible for the supply and set up of staging systems, rigging services or temporary seating structures?		Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Are you directly responsible for any care, custody or control of Audio/Visual equipment ect?		Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Do all performers providers carry their own insurance? If no, please provide details:		Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Do you provide any indemnities, hold harmless conditions to any customers, suppliers or other parties? If yes, please supply copy of the contract.		Yes <input type="checkbox"/> No <input type="checkbox"/>



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**SPECIFIC DETAILS OF EVENT(S)**

Please provide the following details for one of the sections below regarding your event(s)

**1. CONCERT (Complete only if required)**

Type of concert (rock, classical, jazz, country, heavy metal etc)					
Address(es) of Venue(s): if more than 3 attach list					
1.					
Est. Attendees:		Indoor/Outdoor:		No. Performers:	
2.					
Est. Attendees:		Indoor/Outdoor:		No. Performers:	
3.					
Est. Attendees:		Indoor/Outdoor:		No. Performers:	
Security:	Yes <input type="checkbox"/> No <input type="checkbox"/>		Is security contracted out and/or supplied by venue?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, please provide details:					
What are the contractual arrangements?					
Is there any organised audience participation?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Details:		
Will you supply food or beverages?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, are relevant licenses held?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**2. WEDDING/PRIVATE PARTY/DANCE PARTY (Complete only if required)**

Description of event:					
Est. attendees:		Type of event (eg Under 18s):			
Address(es) of Venue(s): Please supply separate layouts of the venues. If more than 2, please attach list.					
1.					
Capacity:		Indoor/Outdoor:			
Will you supply food or beverages?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are relevant licenses held?					Yes <input type="checkbox"/> No <input type="checkbox"/>
2.					
Capacity:		Indoor/Outdoor:			
Will you supply food or beverages?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are relevant licenses held?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Security:	Yes <input type="checkbox"/> No <input type="checkbox"/>		Is security contracted out and/or supplied by venue?		
If no, details:					



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**3. THEATRE PRODUCTIONS / STAGE SHOWS / OPERA (Complete only if required)**

Name of Production:							
Address(es) of Venue(s): if more than 2 attach list							
1.							
Est. Attendees:		Indoor/Outdoor:		No. Performers:			
2.							
Est. Attendees:		Indoor/Outdoor:		No. Performers:			
Average cost of tickets:				Average attendance per show:			
Is there any organised audience participation?				Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, details:	

**4. CONFERENCES (Complete only if required)**

Conference Holder

Conference Organiser Only

Location:							
Type of event:							
Attendance:			Duration:				

**5. EXHIBITIONS / DISPLAYS / TRADE SHOWS (Complete only if required)**

Venue:							
Duration:		No. of exhibitors:					
Type of event:		Is it static?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Schedule of the event attached:		Yes <input type="checkbox"/> No <input type="checkbox"/>		Start/Finish times:			

**6. FASHION SHOWS / PRODUCT LAUNCHES (Complete only if required)**

Venue:							
Type of event:		Estimated Attendance:					
Schedule of the event attached:		Yes <input type="checkbox"/> No <input type="checkbox"/>		No. of models:			

**7. FUNCTIONS (DINNERS / BALLS / CHARITABLE FUNCTIONS etc) (Complete only if required)**

Venue:							
Type of function:		Estimated Attendance:					
Schedule of the event attached:		Yes <input type="checkbox"/> No <input type="checkbox"/>		Est. total cost of tickets:		\$	

**8. OTHER (Complete only if required)**

Location:							
Type of event:							
Attendance:			Duration:				
Schedule of the event attached:		Yes <input type="checkbox"/> No <input type="checkbox"/>		Start/Finish times:			
Full description of event:							



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**SECTION 1 – LIMITS OF LIABILITY**

29. Limit of Indemnity Required		
Limit required	\$10m <input type="checkbox"/>	\$20m <input type="checkbox"/>
Errors & Omissions	Nil <input type="checkbox"/>	\$1m <input type="checkbox"/>
Third Party Goods in your Care, Custody and Control	Automatic: \$100,000	Other \$

**SECTION 2 – STATUTORY LIABILITY (Complete only if required)**

30. Do you require Statutory Liability insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Limit required	\$1m <input type="checkbox"/>	Other?	\$
Do you have an occupational health and safety manual that is provided to staff	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you ensure occupational health and safety training is completed prior to work commencing	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you had any fines or penalties or compliance notices in the last 5 years	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Fine	Amount	Offence	

**SECTION 3 – PROFESSIONAL INDEMNITY (Complete only if required)**

31. Do you require Professional Indemnity insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Limit required	\$1m <input type="checkbox"/>	Other?	\$
Please provide details of professional services and/or professional design or advice provided			
Estimated annual fees in respect to professional services and/or professional design or advice provided? If no fees, what is the estimate value of the professional services			
Do you have a current PI policy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered YES please provide the following details			
Current Insurer			
Retroactive Date (attach copy of your current policy schedule)			

**ADDITIONAL COVERS (Complete only if required)**

32. Additional Covers	Yes <input type="checkbox"/> No <input type="checkbox"/> Criminal Defence Expenses & Workcover Defence Expenses (maximum \$50,000 Limit)
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**CANCELLATION & ABANDONMENT COVER**

Have you considered the loss of income from either direct costs & expenses or gross revenue associated with your event having to be cancelled or postponed or the impact on ticket sales from due to non-appearance? If you would like to know more or get Coversure to review your risk please discuss this exposure with your broker. Our website [www.coversure.com.au](http://www.coversure.com.au) contains some additional information and copies of our proposal forms. We suggest you consider professional insurance advice on the policies that are most appropriate for you.



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## Entertainment & Events Liability Insurance Proposal (Short Term /Annual)

### INSURANCE HISTORY

33. In respect of any of the risks against which you wish to insure, have you in the past 5 years, in this business or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:

Declined a proposal, refused renewal or terminated an insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Required an increased premium or imposed special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been bankrupt or involved with a business that has become liquidated, bankrupt, insolvent or had administrators appointed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been charged with or convicted of any civil or criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of the above, please give details (or attach a separate sheet if there is insufficient space):

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### CLAIMS HISTORY

(These questions apply to all sections of the policy)

34. Has any claim in the last 5 years been made against the Insured or any principal, partner or director (either as a principal, partner or director of the Insured or of any previous business), consultant or employee in respect of the risks to which this proposal relates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
35. Is the Insured or any principal, partner, director, consultant or employee aware of any other incident(s) that have occurred in the last 5 years or may give rise to a claim against you, whether the subject of insurance or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered yes to either of the above questions, please complete the table below:

Date of Claim or Loss	Nature of each Claim or Loss	Estimated Outstanding Loss	Name of Insurer

36. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

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### INSURANCE DECLARATION & AGREEMENT

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorised by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Business:	
Signature/s:	
<i>(This Proposal should be signed by a Principal, Partner or Director of Proposed Insured)</i>	
Title of Signatory:	
Full Name of Such Person:	
Date of Signing:	