



Event Insurance Application

Your details

1. Your (Business) Name:

Contact Name:

Telephone:

Email address:

2. Address:

3. State:

4. Postcode:

5. Policy \$ currency:

Event details

6. Type of event (eg conference, festival, cricket etc:)

7. Event name:

8. Venue:

9. City

10. Country

11. Event start date: DD/MM/YYYY

/ /

12. Event end date: DD/MM/YYYY

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13. Tenancy start date: DD/MM/YYYY

/ /

14. Tenancy end date: DD/MM/YYYY

/ /

15. Has this event been held before?

Yes No

16. Is the event open to the public?

Yes No

Event cancellation (Only complete if Event Cancellation cover is required)

17. Please enter the budget information for this event and tick to confirm the basis on which you wish to insure:

a) 100% Gross Revenue (Total Income)*: \$

** Please note that if the event has not been held before, revenue cover is limited to pre-contracted gross revenue only (money secured in advance of the event such as pre sold tickets)*

b) 100% Costs and Expenses: \$

18. Where does this event take place? (Please Tick One)

Predominantly* Indoors

Predominantly* outdoors

Predominantly* in temporary structures

**Predominantly means more than 75% of the event*

19. If outdoors or in temporary structures, is cover required for the effects of adverse weather?

Yes No



- | | | |
|--|-----|----|
| 20. If yes to 19, can the event go ahead in continuous moderate rainfall and wind speeds of up to 30mph/50kmh? | Yes | No |
| 21. Does the event site have any history of flooding or water logging? | Yes | No |
| 22. Has this event ever had any losses as a result of adverse weather, whether insured or not? | Yes | No |
| 23. Will any stages, marquees or temporary structures be covered on three sides and above, with all electrical equipment protected from weather? | Yes | No |

Non appearance (Only complete if non-appearance cover is required)

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|---|-----|----|
| 24. Is non-appearance cover required? | Yes | No |
| 25. Type of non-appearance cover required? | | |
| a) Key speaker (key speakers, presenters, hosts involved in a speaking only role)
If so, please complete Question 26 | | |
| b) Individual/Group (performers, groups or entertainers)
If so, please complete Question 26 | | |
| c) Simultaneous (Covers 25% of participants* due to Common Cause)
If so, please complete Question 27 | | |

**Participants are defined as players, athletes, performers or other groups of individuals who are contracted to perform at the event and whose performance is critical to its successful fulfilment*

26. Key speaker/Performer details

Name	Date of birth DD / MM / YYYY	Is this person a serving/former Head of State/President or member of the Royal Family? Yes
	/ /	
	/ /	
	/ /	
	/ /	

- | | | |
|--|-----|----|
| 27. Are there 20 or more participants* in total? | Yes | No |
|--|-----|----|



Public Liability (Only complete if Public Liability cover is required)

28. Event Liability Limit	2m	5m	10m	20m
29. Maximum Daily Attendance				
30. Total Attendance				
31. Do you have any assets in the USA?			Yes	No
32. Does the Event include any dangerous activities*?			Yes	No

**Dangerous activities include, but are not limited to: Fireworks, bonfires, pyrotechnical devices, inflatable play equipment, fairground rides or mechanically propelled rides of any kind, ballooning, quad bikes, go-karts or motor sport of any kind, trampolines or gymnastic apparatus of any kind, circus acts or stunt acts, shooting ranges for guns or archery.
Bouncy castles, inflatable play equipment, slides or rides (mechanical or otherwise) which are set up, operated and taken down by a bona fide sub contractor who has provided you with evidence of their current public liability insurance, shall not be classed as dangerous activities.*

33. If Yes, do you supply or manage any of these yourselves, and if so, which?

34. If No to question 33, has proof of insurance been obtained from the 3rd party contractors who provide, operate or supply any of these activities? Yes No

35. Are there any other activities taking place at the event which need to be considered? Yes No

If so, please provide full details of the activities including safety measures and confirmation as to whether the Insured provides or operates any activity or equipment themselves, or if they are provided, operated and supplied by fully insured 3rd party contractors

Additional information

Please provide any additional information to support your application:

Event Cancellation General Questions (Only complete if Cancellation cover is required)

- | | | |
|--|-----|----|
| 36. Will all contractual arrangements necessary for the successful fulfilment of each event be made and confirmed in writing in a prudent timely manner prior to the start of the event? | Yes | No |
| 37. Has any event to be insured had any incidents that could have resulted or did result in a loss which would have been covered under this Insurance during the past 5 years? | Yes | No |
| 38. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect any event and might result in a claim under the proposed Insurance? | Yes | No |

Declaration

I/we declare that the information disclosed on this proposal, is to the best of my/our knowledge and belief both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.

You must tell us as soon as possible about any changes in this information **you** have provided to **us** which happens before or during any period of insurance. **We** will tell **you** if such change affects **your** insurance and if so, whether the change will result in revised terms and/or premium being applied to **your** policy. If **you** do not inform **us** about a change it may affect any claim **you** make or could result in **your** insurance being invalid.

Yes No

Event Liability General Questions (Only complete if Liability cover is required)

39. Have any claims for personal injury or damage to property by third parties or employees been made against You in the past 5 years? Yes No

Declaration

You Declare that You:

- have never been prosecuted under the Health and Safety at Work Act or other Statute or regulation
- have not been convicted of any criminal offence (other than minor driving offences not resulting in disqualification) in the last 5 years
- have not been declared bankrupt nor been involved in a company or business which has gone into liquidation, receivership or come to an arrangement with creditors in the last five years
- have not waived any legal rights of recovery against contractors and exhibitors?
- have checked contracts when booking venues to ensure we are not accepting responsibility for the negligence of the venue owners
- require all contractors, performers and exhibitors to provide evidence of insurance against third party liability risks before they are permitted on site
- require all exhibitors to provide evidence of insurance against third party risks before we permit them on site
- have carried out and implemented/will implement a written risk assessment in respect of the event
- has a written health and safety policy detailing procedures applied to the event that all contractors/exhibitors are made aware of and are required to comply with

Yes No

Signature (sign this declaration for all sections selected)

I/We declare that the information provided above and in all appending sections is true to the best of My/Our knowledge.

Signature:

Position:

Date: / /



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