



ASR

Underwriting
Agencies

Coverholder at **LLOYD'S**

Proposal Form

COMBINED LIABILITY INSURANCE

EVENT CANCELLATION / NON-APPEARANCE

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 contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something: If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website www.asruw.com.au

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.

RISK SURVEY

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

BROKER DETAILS

Broker Name		Contact Name	
Phone Number		Fax Number	
Email Address			

INSURED DETAILS									
1. Full name of assured									
2. Trading name						ABN			
3. Full address						State			
						Postcode			
4. Contact name						Phone number			
5. Email address									
6. Web address									
EVENT INFORMATION (If you require coverage for more than one even, please view the special note at the end of this application)									
7. Do you want to insure:		<input type="checkbox"/> Gross revenue		<input type="checkbox"/> Costs and expenses					
8. Is cover required for more than one event?		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
9. Name of event									
10. Type of event (eg. classical music, motor sport (grass track), product demonstration, dance, regatta (rowing), garden show, dinner, parade, cycling etc.									
11. Event dates		From				To			
12. Total sum to be insured				Currency					
Note: your claim will be reduced if you do not insure the total amount of your exposure.									
VENUE INFORMATION									
13. Full address									
						State		Postcode	
14. Will the event be:		<input type="checkbox"/> Indoors							
		<input type="checkbox"/> Partially outdoors							
		<input type="checkbox"/> Entirely outdoors with either i) a fully covered stage or ii) where no stage area exists							
		<input type="checkbox"/> Entirely outdoors with no covered stage							
15. What period has been allowed for venue preparation/stage set up (hours)?									
16. Will non-appearance coverage be required? If no is selected, please skip the non-appearance section								<input type="checkbox"/> Yes <input type="checkbox"/> No	
NON-APPEARANCE SECTION									
Important: Coverage provided for non-appearance is subject to a 30 day health warranty for each declared individual detailed in the certificate. However, non-appearance coverage for declared individual(s) over 70 years old is limited solely to the occurrence of death within 14 days prior to the event.									
17. Is the appearance of any professionally engaged artists, entertainers or the like essential to the proposed event going ahead?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Is the appearance of any professionally engaged sports persons, speakers, or the like essential to the proposed event going ahead?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is the appearance of persons other than those referred to in (17) or (18) essential to the proposed event going ahead?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Complete details of each individual to be included for non-appearance cover indicated (17) or (18) above.*									
Name						Date of birth			
*If coverage for the non-appearance of more than four (4) individuals is requested, please attach list as a separate schedule.									

NON-APPEARANCE SECTION

21. If the insured person(s) fees are not payable due to their non-appearance, tick "yes", then for each declared event, please detail the fee amount in (28) below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. To your knowledge, has the non-appearance of any named individual resulted in loss(es) during the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Total number of losses for all insured persons named above.	

NOTE: If more than 2 losses, full details of all losses will be required. Please provide details below, if applicable.

ADDITIONAL INFORMATION

24. Have all permits, contracts, visas, licences or the like necessary for the event to be completed, successfully been obtained at the time of this proposal, or will they be obtained before the coverage is bound?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do you wish to purchase terrorism coverage? Please make your selection below:	
<input type="checkbox"/>	TRIA coverage: the event is entitled to coverage in accordance with the US Terrorism Act 2002 (TRIA)
<input type="checkbox"/>	Limited terrorism coverage: Such cover is limited to actual acts of terrorism within a 25 mile radius of the event venue and within 30 days prior to commencement of the event.
<input type="checkbox"/>	Limited terrorism coverage extended to include threat: Such cover is limited to actual acts of terrorism within a 25 mile radius of the event venue and within 30 days prior to commencement of the event extended to include threat of terrorism confirmed in writing by local or national governmental authorities as posing a real risk to the event.
<input type="checkbox"/>	No coverage: No terrorism coverage required for this event.
26. Number of claims for cancellation or partial cancellation of event(s) held in the last 5 years.*	
* Do not re-enter any claims information provided under the non-appearance section, if applicable.	
NOTE: If more than 2 losses, full details of all losses will be required. Please provide details below, if applicable.	

DECLARATION

27. At the date of this proposal, does the assured have any knowledge of any circumstances which could give rise to a claim under this proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
28. Do you have:	<table> <tr> <td>(a) Any further material facts to disclose? (Material facts are those facts which might influence the acceptance or assessment of the proposal)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>(b) Any special non-standard request for coverage, which you wish underwriters to consider?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	(a) Any further material facts to disclose? (Material facts are those facts which might influence the acceptance or assessment of the proposal)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(b) Any special non-standard request for coverage, which you wish underwriters to consider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Any further material facts to disclose? (Material facts are those facts which might influence the acceptance or assessment of the proposal)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
(b) Any special non-standard request for coverage, which you wish underwriters to consider?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Please enter any material facts or special coverage requests below:					
IN ACCEPTING ANY QUOTATION PROVIDED BY RESULT OF THIS PROPOSAL REQUEST, THE ASSURED WARRANTS THAT ALL INFORMATION AND ANSWERS PROVIDED IN THIS PROPOSAL ARE TRUE AND CORRECT.					
THE ASSURED SO WARRANTS	<input type="checkbox"/> Yes <input type="checkbox"/> No				
This proposal form must be signed by the assured.					
Authorised signatory	Dated				
Name of signatory	Position				
<p>PLEASE NOTE WHEN INSURING MULTIPLE EVENTS:</p> <p>i. PLEASE COMPLETE THE EVENT INFORMATION AND VENUE INFORMATION SECTIONS FOR EACH EVENT TO BE INSURED (QUESTIONS 7 – 22). You may reprint additional copies of these pages and add them to the end of this application, or submit multiple requests via email.</p> <p>ii. IF AN OPTION FOR TERRORISM IS SELECTED IT WILL APPLY FOR ALL THE EVENTS YOU LIST. If you have certain events which require cover for terrorism and other events which do not:</p> <ul style="list-style-type: none"> Select the 'No Coverage' tick box in the terrorism options section; Select 'Yes' to question 28, and please note in the special coverage area provided which of the listed events require terrorism and the type of terrorism coverage required. <p>iii. WHETHER YOU HAVE SELECTED GROSS REVENUE OR COSTS AND EXPENSES, PLEASE NOTE THAT THE OPTION SELECTED WILL APPLY FOR ALL THE EVENTS LISTED. If you have certain events which require cover for costs and expenses and other events which require cover for gross revenue, you will need to create one proposal for the events requiring gross revenue cover and a separate proposal for those events requiring costs and expenses cover.</p>					

CANCELLATION CHARGES

If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts

Within 1 month of inception:	25% of the quoted premium	Thereafter at terms to be agreed with underwriters
Within 2 months of inception:	20% of the quoted premium	
Within 3 months of inception:	15% of the quoted premium	

PRINT FORM

RESET FORM