

LEVEL 14 / 141 WALKER ST
NORTH SYDNEY NSW 2060
PO BOX 1813
NORTH SYDNEY NSW 2059

ENTERTAINMENT LIABILITY PROPOSAL FORM

IMPORTANT INFORMATION

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document. Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

AGENT OF INSURERS

SURA Film and Entertainment Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document, please read it carefully.

DUTY OF DISCLOSURE

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if Your non-disclosure was fraudulent.

PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au. Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The objectives of the Code are:

- to promote better, more informed relations between insurers and their customers;
- to improve consumer confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
- to commit insurers and the professionals they rely upon to higher standards of customer service; and
- to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively You can request a brochure on the Code from Us.

ENTERTAINMENT LIABILITY PROPOSAL FORM

1. Name of Proposer

2. Address

3. Telephone

Facsimile

Email Address

4. Proposer is

(A) Individual

(B) Partnership

(C) Company

5. Number of Employees

6. Is the proposer registered for GST?

Yes No

ABN

ITC

%

7. Occupation

8. Experience of Proposer (Examples)

9. Basis of Cover

Annual

Short term

10. This question relates to short term policies only.

a) Title of Production (if applicable)

b) Production Type

11. Period of Cover

From / / To / /

12. Period of Shoot

From / / To / /

13. Proposers estimate of total annual gross production costs/turnover (if annual policy) or the gross production cos/turnover for a short term period (if short term policy)?

\$

14. Business Description:

a) Do you require cover for:

i) Annual Event Liability

Yes No

ii) Performers Liability

Yes No

iii) Sound/Lighting Liability

Yes No

iv) Special Event Liability

Yes No

v) Filming Liability

Yes No

vi) Other (please specify)

Yes No

15. Limit of Indemnity Required

\$10,000,000

\$20,000,000

16. Currency Required

AUD

NZD

17. List locations and exact dates spent at each location (short term policies only). Please attach a list if space is not sufficient.

18. Do you use Volunteers?

Yes No

If Yes, please provide details of Volunteer Activities below

19. Describe stunts, involvement of animals, motor cycles, special vehicles, watercraft, aircraft, explosives, pyrotechnics, use of trains/railroad or any other hazardous activities (Attach copy of safety report)

20. Details of any contracts entered into with third parties

21. Geographical Limits Required

New Zealand wide

Australia wide

Australia and New Zealand

Worldwide

22. Annual Event Liability (if applicable, please fill out below)

a) Number of annual events

b) Estimated maximum attendance of any single event?

c) Type of events you are involved with?

d) What is your role in the event?

Promoter

Principal

Event Organiser

Event Coordinator

Production Manager

Other (please specify)

23. Performers Liability (if applicable, please fill out below)

a) Number of Entertainers/Musicians/Performers?

b) Will you promote your own performances/comcerts/shows?
(i.e. pay a fee to hire the venue and in turn sell tickets to the event)

Yes No

c) Will there be any audience participation?

Yes No

If Yes, please provide details below

24. Sound/Lighting Liability (if applicable, please fill out below)

a) Please indicate % of Turnover (must add up to 100%)

i) Hire of sound/lighting equipment with employees operating % of Turnover

ii) Relating to dry hire of sound/lighting % of Turnover

iii) Sale of sound/lighting equipment % of Turnover

iv) Installation of sound/lighting equipment % of Turnover

v) Repairs to sound/lighting equipment % of Turnover

vi) Hire/set up/installation of portable staging % of Turnover

vii) Other (please describe) % of Turnover

Total Turnover %

b) Do you hire equipment in?

Yes No

If so, please describe below

c) Maximum Value of hired equipment?

\$

25. Specific Event Liability (if applicable, please fill out below)

a) Name of Event

b) Type of Event to be insured

Festival/Fair

Dance Party

Ball/Dinner

Product Launch

Conference/Exhibition

Concert

Other (please specify)

c) Name of address of Venue

d) Full description of the event (Please attach itinerary/programme of the event including artists/performers/times etc.)

e) Start Date	Start Time	Finish Date	Finish Time
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f) Bump In Date	Bump Out Date
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g) Where is the event being staged? (Please attach a layout/diagram of the set-up of the events)

h) Licensed capacity of the venue

i) Have you signed a venue contract? Yes No

If Yes, please provide a copy

j) What is your role in the event?

<input type="checkbox"/> Promoter	<input type="checkbox"/> Principal
<input type="checkbox"/> Event Organiser	<input type="checkbox"/> Event Coordinator
<input type="checkbox"/> Production Manager	
<input type="checkbox"/> Other (please specify)	

k) What is the estimated attendance for the event?

l) Will alcohol be sold/supplied during the event? Yes No

m) Are you responsible for the sale/supply of food and drink? Yes No

n) Do you hold the appropriate licenses for such activities? Yes No

o) How many market stalls will be at the event?

p) Details of stall holders and the type of products they will be selling?

q) Do you ensure stall holders carry their own liability insurance? Yes No

r) Will the event involve the use of amusement rides/devices, animals? Yes No

s) Will a stage/s be used at any time during the event? Yes No

Please provide dimensions:	Height	Width
	Length	

t) Is the stage a temporary structure? Yes No

u) Who will provide and set up the stage/s?

v) Have you staged similar events in the past? Yes No

26. Risk Management

- a) Are you aware of all industry rules, regulations and standards applicable to your business activities? Yes No
- b) Are you compliant with existing industry rules, regulations and standards applicable to your business activities? Yes No
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27. If the Proposer is a partnership, please provide the names and addresses of each partner.

28. If the Proposer is a company or private business venture, other than a partnership, please supply the names and addresses of each director.

29. Have any of the Proposers ever been convicted of a criminal offence relating to arson, fraud or otherwise involving dishonesty? Yes No

If Yes, please provide full details

30. Have any of the Proposers:

- a) Ever had any insurance declined, cancelled or made the subject of special terms or conditions? Yes No
- b) Lodged a claim on an insurance policy (other than for a motor vehicle or a life policy) during the past five (5) years? Yes No
- c) Ever had a claim declined by an insurance company? Yes No
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If yes to a), b) or c), please provide full details

31. Have any of the Proposers arranged any other insurance through SURA Film and Entertainment or with any other insurer, which covers the subject matter of this Proposal? Yes No

If yes, please provide full details

32. Have any of the Proposers entered into any agreement which would affect your right to make a claim against a responsible Third Party in the event of a claim under the insurance now being proposed? Yes No

If yes, please provide full details

33. Is the financial interest of any other person or organisation (for example, a mortgage or other financier, lessor or principal), to be noted on the policy?

Yes No

If yes, please provide full details

34. Have you or any Partner or Director of the business

a) Ever been declared bankrupt?

Yes No

If Yes, please provide full detail

b) Been involved in a company or business which became insolvent or subject to any form of solvency administration?

Yes No

If Yes, please provide full details

Please note: Questions 29 to 33 also apply to any person identified in answers to Questions 27 and 28.

DECLARATION AND AUTHORISATION

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a company, partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be the one authorised to sign on behalf of all persons/entities identified as the intending insured.

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

I/We understand that SURA Film and Entertainment Pty Ltd are relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/ We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal Form. This consent remains valid until I/We alter or revoke it by written notice.

I/We also undertake to advise any changes to my/our personal information.

NAME OF FIRM

SIGNATURE

(This Proposal is be signed by a Principal, Partner or Director of the Proposed Insured)

TITLE OF SIGNATORY

FULL NAME

DATE
