

# ENTERTAINMENT LIABILITY PROPOSAL FORM NZ

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## IMPORTANT NOTICES

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

When you apply for insurance, you have a legal duty of disclosure. This means you or anyone on your behalf must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

1. to accept or decline your insurance, and/or
2. the cost or terms of the insurance, including the excess.

You also have this duty every time your insurance renews and when you make any changes to it. If you or anyone on your behalf breaches this duty, we may treat this Policy as being of no effect and to have never existed. Please ask us or your broker if you are not sure whether you need to tell us about something.

## PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information.

SURA Film and Entertainment has developed a Privacy Policy, which explains what sort of personal information we hold about you and what we do with that information.

To obtain a copy of our Privacy Policy, please contact your insurance broker or visit our website at [www.sura.com.au](http://www.sura.com.au)

## FAIR INSURANCE CODE

This policy is not subject to the protections afforded by the Insurance Council of New Zealand's Fair Insurance Code.

For more details please contact Us.

1. Name of Proposer

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2. Address

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3. Telephone Facsimile

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Email Address

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4. Proposer is  (A) Individual  (B) Partnership  (C) Company

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5. Number of Employees

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6. Is the proposer registered for GST?  Yes  No

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GST Registration No.

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7. Occupation

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8. Experience of Proposer (Examples)

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9. Basis of Cover  Annual  Short term

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10. This question relates to short term policies only.

a) Title of Production (if applicable)

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b) Production Type

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11. Period of Cover From / / To / /

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12. Period of Shoot From / / To / /

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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)? \$

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14. Business Description:

a) Do you require cover for:

i) Annual Event Liability  Yes  No

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ii) Performers Liability  Yes  No

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iii) Sound/Lighting Liability  Yes  No

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iv) Special Event Liability  Yes  No

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v) Filming Liability  Yes  No

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vi) Other (please specify)  Yes  No

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15. Limit of Indemnity Required  \$10,000,000  \$20,000,000

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16. Currency Required  AUD  NZD

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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

f) Bump In Date                      Bump Out Date

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?  Promoter  Principal

Event Organiser  Event Coordinator

Production Manager

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

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t) Is the stage a temporary structure?  Yes  No

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

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

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26. Risk Management

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a) Are you aware of all industry rules, regulations and standards applicable to your business activities?  Yes  No

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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.

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

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

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If Yes, please provide full details

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30. Have any of the Proposers:

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a) Ever had any insurance declined, cancelled or made the subject of special terms or conditions?  Yes  No

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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

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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

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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

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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

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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

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

a) Ever been declared bankrupt?  Yes  No

If Yes, please provide full details

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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

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Please note: Questions 29 to 32 apply to any person identified in answers to Questions 27 and 28.

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## 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**

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**SIGNATURE**

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

**TITLE OF SIGNATORY**

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**FULL NAME**

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**DATE**

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