conference & exhibition insurance solutions
a division of Insurely Ltd.

PROPOSAL FORM CONFERENCE & EXHIBITION

Event Owner Details

1. Your company name (event owner):	2. ABN (event owner):
3. Physical Address (No PO Boxes):	
4. City / Town / Suburb:	5. State & postcode:
6. Email address:	7. Telephone no.:
8. Policy currency:	9. Name of PCO if applicable:
10. Is the PCO or Event Owner a current member of PCOA? ☐ Yes ☐ No	

Event Details

11. Event name:		
12. Type of event: ☐ Conference ☐ Trade exhibition ☐ Public exhibition ☐ Meeting ☐ Gala Dinner ☐ Awards Night		
13. Name & Address of Venue(s) (please list all):		
14. City / Town / Suburb:		15. Postcode:
16. State / Country:		
17. Event start date:	18. Event start time*:	** Event start/end time means time the actual event begins & ends, not including bump-in & bump-out*
19. Event end date:	20. Event end time*:	
21. Event location: ☐ Indoors ☐ Outdoors ☐ Under temporary structures ☐ Indoors with some outdoor elements		
22. Has this event been held before? ☐ Yes ☐ No		
23. If no, please provide details of your experience in organising events:		

Event Cancellation - Budget (excluding GST)

24. 100% Event Gross Revenue: **AUD**	25. 100% Event Costs & Expenses: **AUD**	26. 100% Event Net Profit: **AUD**

27. Please confirm the basis on which you would like to insure

☐ **100% Expenses Only**

This will cover expenses only. If the event is running at a loss, then this basis of cover is the only basis of cover available for selection.

☐ **100% Gross Revenue**

This will cover your Expenses & Net Profit. This basis of cover is not available if the event is running at a loss or running for the first time.

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General Questions

Adverse weather cover

If any part of the event takes place outdoors or under temporary structures, is adverse weather cover required? ☐ Yes ☐ No

If "Yes", please complete Appendix A

Non appearance cover

Would the non appearance of a specific key person cause cancellation of this event? ☐ Yes ☐ No

If "Yes", and cover is required for non appearance, please complete Appendix B

Event liability cover

Is liability insurance also required for this event? (If "Yes", please complete Appendix C) ☐ Yes ☐ No

General questions

(a) Will all contractual arrangements necessary for successful fulfilment of the event been made & confirmed in writing? ☐ Yes ☐ No

(b) Has the Event Owner or this Event had any prior incidents that could have resulted, or did result in a financial loss that would be covered under this proposed insurance? ☐ Yes ☐ No

(c) Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s), and might result in a loss under this insurance? ☐ Yes ☐ No

(d) Have you, or any other person to which this insurance would apply, ever been declined insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed? ☐ Yes ☐ No

Conditions of Quotation

Any terms provided by us as a result of non binding indication and any supporting information will be subject to:

1. Final acceptance by you and then us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
2. You undertaking to advise us of any change in the supporting information or additional information that should be supplied to make this non binding indication current, occurring prior to the inception date of any insurance subsequently issued.
3. Final acceptance by you and then us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
4. You having declared all material facts likely to influence us in determining:
   - (a) whether or not to accept the risk,
   - (b) the premium
   - (c) the terms, conditions, exclusions and limitations
5. You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them
   - (a) any intermediary(ies) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act
   - (b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below
6. You undertaking that no other insurance has been purchased on this specific risk and none shall be without our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non binding indication may be amended by us.
7. You paying the premium with acceptance of the non binding indication. If (in accordance with 1 and 3 above) we do not accept the risk, the premium will be returned.

Declaration

To the best of your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in your own hand or not, is true and you have not withheld any material facts. If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability in respect of any claim you make or we may be entitled to cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning, meaning that the policy would no longer be valid and we would have no liability to pay any claim.

NOTE: * A material fact is one likely to influence acceptance or assessment of this Proposal and the attached Appendices by us: if you are in any doubt as to what constitutes a material fact you should consult your Broker.

It is understood that the signing of this Proposal does not bind you to complete or us to accept this Insurance, but you agree that, should a contract of insurance be concluded, this Proposal, Appendices and any supporting information shall be incorporated into and form the basis of the contract.

Signature

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

X

Signature

Full name

Position held

Date

Appendix A - Adverse Weather

If adverse weather cover is required, please complete the following questions.

Please Note: If the event is indoors, the policy automatically covers cancellation due to adverse weather conditions. Therefore please do not complete this section. Please only complete this section if part of the event takes place outdoors or under temporary structures and if cover is required for adverse weather.

		Y	N
1.	What proportion of the event (in monetary terms) takes place outside or under temporary structures? **AUD** _____		
2.	Can the event proceed in continuous moderate rain fall and wind speeds of up to 50kmh?	☐	☐
3.	Does the event venue have any history of flooding or exposure to strong winds?	☐	☐
4.	Can the outdoor elements of the event be relocated indoors, at no additional expense, in the event of bad weather?	☐	☐
5.	If the outdoor elements of the event have to be cancelled due to weather, will the indoor elements still proceed?	☐	☐
6.	Has the event been held at the same time of year and location in the past?	☐	☐
7.	Can the event be delayed or postponed if bad weather renders it dangerous or impossible to proceed?	☐	☐

8. **Notes:** If you have any additional comments regarding the outdoor elements of the event, and it's susceptibility to bad weather, please add them here including details about the rainfall and windspeeds if you have answered NO to Q2.

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Appendix B - Non-Appearance

If non appearance cover is required, please complete the following questions.

Please Note: The policy will contain a 30 day health warranty and a full pre existing medical conditions exclusion

1. Name of key person:	2. Date of birth:
3. How will the key person travel to the event?	
4. How long before the event are they due to arrive?	

		Y	N
5.	Is the key person contracted to appear at this event?	☐	☐
6.	Does the key person have any prior commitments which may affect their ability to attend the event? If Yes, please give details _____	☐	☐
7.	Is a replacement available if the key person is unable to attend the event? If Yes, please give details _____	☐	☐
8.	Does the key person suffer from any physical, mental or medical condition? If Yes, please give details _____	☐	☐
9.	Is the key person undergoing any form of treatment, medical or otherwise? If Yes, please give details _____	☐	☐
10.	Is the key person following any prescribed regime, medical or otherwise? If Yes, please give details _____	☐	☐
11.	Does the key person have any history of non appearance? If Yes, please give details _____	☐	☐
12.	Is the key person a member of the Royal Family or a serving/former Head of State? If Yes, please give details _____	☐	☐

13. **Notes:** If you have any additional comments regarding the key person, please add them here.

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Appendix C - Event Liability

If public liability cover is required, please complete the following questions.

1. Tenancy from date:	Tenancy to date:
2. Total number of registered attendees:	

3. Limit of indemnity: ☐ AUD 20,000,000 ☐ Other (please specify): AUD

4. Does the event include any of the following activities?

☐ Bouncy Castles / Inflatables ☐ Creches / Childminding ☐ Fairground Rides ☐ None ***If None, skip to question 7.***

		Y	N
5.	If Yes to question 4, do you provide, operate or control any of these activities or equipment yourselves?	☐	☐
6.	If No to question 5, has evidence of current PL been obtained from the sub-contractors that provide, operate or control any of these activities or equipment?	☐	☐
7.	Do any other non-standard activities need to be considered (e.g. team building activities, fun runs, outdoor activities etc) If Yes, please give details _____	☐	☐
8.	Please confirm that fully insured third party sub contractor(s) will be responsible for installation of any stages, temporary seating, marquees/temporary structures and sound & light equipment. If not, please give details.	☐	☐
9.	Please confirm all third party contractors are required to hold and maintain their own valid liability insurance. If No, please give details _____	☐	☐
10.	Please confirm that the venue(s) are to retain their own liabilities as property owners. If No, please give details _____	☐	☐
11.	Will there be alcohol served or provided at the event? If Yes, provide the name of who is responsible for the sale and/or service of alcohol? _____	☐	☐
12.	Do you have any assets in the U.S.A.?	☐	☐

Declaration of Good Practice

The insured declares that they: ☐ Yes ☐ No

1. have never been prosecuted under the Health and Safety at Work Act or other statute or regulation.
2. have not been convicted of any criminal offence (other than minor driving offences not resulting in disqualification) in the last 5 (five) years
3. 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 5 years.
4. have not waived any legal rights of recovery against contractors and exhibitors.
5. have checked contracts when booking venues to ensure we are not accepting responsibility for the negligence of the venue owners.
6. require all contractors, performers and exhibitors to provide evidence of insurance against third party liability risks before they are permitted on site.
7. require all exhibitors to provide evidence of insurance against third party risks before we permit them on site.