

proposal form **conference & exhibition** event cancellation

YOUR DETAILS	1. Your company name ( <i>the Insured</i> )			2. ABN ( <i>or equivalent</i> )	
	3. Address			4. City / Town / Suburb	5. State & postcode
	6. Email address			7. Telephone no.	8. Policy currency
	9. Are you a member of an industry association?	MEA <input type="checkbox"/>	EEAA <input type="checkbox"/>	PCO <input type="checkbox"/>	AUD
	10. Are you a private individual (a person acting outside your business, trade or profession)?			write other assoc. here	
	11. Are you a business with an annual turnover below AUD 1,000,000?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
EVENT	12. Event name				
	13. Type of event	Conference <input type="checkbox"/>	Trade exhibition <input type="checkbox"/>	Public exhibition <input type="checkbox"/>	Meeting <input type="checkbox"/>
	14. Name & Address of Venue(s) (please list all)				
	15. City / Town / Suburb	16. Postcode	17. State / Country		
	18. Event start date	19. Event start time*	20. Event end date	21. Event end time*	
	22. Event location	* Event start/end time means time the actual event begins & ends, not including bump-in & bump-out			
BUDGET	25. 100% Event gross revenue	26. 100% Event costs & expenses	27. 100% Event net profit		
	AUD	AUD	AUD 0		
	28. Please confirm the basis on which you would like to insure				
100% Expenses <input type="checkbox"/>					
100% Gross revenue <input type="checkbox"/>					
100% Costs & expenses plus net profit from pre-contracted gross revenue* <input type="checkbox"/>					
GENERAL QUESTIONS	<b>Adverse weather cover</b>				<b>Yes No</b>
	If any part of the event takes place outdoors or under temporary structures, is adverse weather cover required?				<input type="checkbox"/> <input type="checkbox"/>
	If "Yes", please complete Appendix A				
	<b>Non appearance cover</b>				
	Would the non appearance of a specific key person cause cancellation of this event?				<input type="checkbox"/> <input type="checkbox"/>
	If "Yes", and cover is required for non appearance, please complete Appendix B				
	<b>Event liability cover</b>				
	Is liability insurance also required for this event? (If "Yes", please complete Appendix C)				<input type="checkbox"/> <input type="checkbox"/>
<b>General questions</b>					
a) Have all contractual arrangements necessary for successful fulfilment of the event been made & confirmed in writing?				<input type="checkbox"/> <input type="checkbox"/>	
b) Has any event(s) in which the you were involved (in managing) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance?				<input type="checkbox"/> <input type="checkbox"/>	
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?				<input type="checkbox"/> <input type="checkbox"/>	
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?				<input type="checkbox"/> <input type="checkbox"/>	

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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

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

Signature	Date
Full name	Position held

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**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.**

1) What proportion of the event (in monetary terms) takes place outside or under temporary structures?

of the event budget

	Yes	No
2) Can the event proceed in continuous moderate rain fall and wind speeds of up to 50kmh?	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the event venue have any history of flooding or exposure to strong winds?	<input type="checkbox"/>	<input type="checkbox"/>
4) Can the outdoor elements of the event be relocated indoors, at no additional expense, in the event of bad weather?	<input type="checkbox"/>	<input type="checkbox"/>
5) If the outdoor elements of the event have to be cancelled due to weather, will the indoor elements still proceed?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has the event been held at the same time of year and location in the past?	<input type="checkbox"/>	<input type="checkbox"/>
7) Can the event be delayed or postponed if bad weather renders it dangerous or impossible to proceed?	<input type="checkbox"/>	<input type="checkbox"/>

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.

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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?
- |  |                          | Yes                      | No                       |
|--|--------------------------|--------------------------|--------------------------|
| 5) Is the key person contracted to appear at this event?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Does the key person have any prior commitments which may affect their ability to attend the event?<br>If Yes, please give details | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 85%; height: 20px;" type="text"/>   |                          |                          |                          |
| 7) Is a replacement available if the key person is unable to attend the event?<br>If Yes, please give details                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 85%; height: 20px;" type="text"/>   |                          |                          |                          |
| 8) Does the key person suffer from any physical, mental or medical condition?<br>If Yes, please give details                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 85%; height: 20px;" type="text"/>   |                          |                          |                          |
| 9) Is the key person undergoing any form of treatment, medical or otherwise?<br>If Yes, please give details                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 85%; height: 20px;" type="text"/>   |                          |                          |                          |
| 10) Is the key person following any prescribed regime, medical or otherwise?<br>If Yes, please give details                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 85%; height: 20px;" type="text"/>   |                          |                          |                          |
| 11) Does the key person have any history of non appearance?<br>If Yes, please give details   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 85%; height: 20px;" type="text"/>   |                          |                          |                          |
| 12) Is the key person a member of the Royal Family or a serving/former Head of State?<br>If Yes, please give details                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 85%; height: 20px;" type="text"/>   |                          |                          |                          |

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) Number of attendees  
 Total:  Max per day:
- 3) Limit of indemnity  
 AUD 5,000,000  AUD 15,000,000  Other (please specify)   
 AUD 10,000,000  AUD 20,000,000  AUD Other
- 4) Does the event include any of the following activities?  
 Bouncy Castles / Inflatables  Creches / Childminding  Fairground Rides  None
- If None, skip to question 7.*
- 5) If Yes to question 4, do you provide, operate or control any of these activities or equipment yourselves? Yes  No
- 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, 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 available at the event? If Yes, who is responsible for the sale of alcohol?
- 12) Do you have any assets in the U.S.A.?

DECLARATION OF GOOD PRACTICE

The insured declares that they:

- 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.

**Yes No**