

## IMPORTANT NOTICES

### DUTY OF DISCLOSURE

Before you enter into a contract of general insurance, you have a duty under the Insurance Contracts Act 1984 to disclose everything you know, or could reasonably be expected to know, that is relevant to the decision to insure you and the terms of the insurance.

It applies to each person and/or party insured. You have to fulfil your duty by checking that all questions are answered honestly and tell us about everything else you think may affect our decision to accept your proposal.

If you are not sure if something is relevant to this insurance, you should tell us anyway. But you don't have to tell us about things that reduce the risk; are common knowledge; we already know; we ought to know in the course of our business or we indicate we don't want to know.

If you fail to tell the insurer everything you know is relevant to this insurance then the insurer may refuse or reduce a claim, cancel your policy or in the event of fraud, treat your policy as never having operated.

If you are registered for GST purposes, you must tell us to what extent you are entitled to input tax credits on your insurance premium. You should tell us your Australian Business Number (ABN).

You should have provided this information in the application form. If you do not tell us your entitlement to input tax credits on your insurance premium, or you tell us the incorrect entitlement you may be liable to pay GST on any claims settlements.

### CLAIMS MADE CONTRACT (PROFESSIONAL INDEMNITY ONLY)

If we accept your application, any Professional Indemnity component of your policy will be on a claims made basis. This means that the policy will respond to:

- a) Claims that are made against you and reported to us during the period of insurance
- b) Any circumstances of which you become aware during the period of insurance which could or does give rise to a future claim that you inform us of in writing, as soon as possible and within the period of insurance.

The policy will not cover you for liability resulting from any claim, matter or occurrence or circumstance that arises from any act, error or omission:

- a) Committed, or alleged to have been committed prior to the retroactive date, if any specified in the schedule; or
- b) Which you were aware before the commencement of the period of insurance; or
- c) That is excluded in the policy wording.

### SUBROGATION AGREEMENTS

When another party would be liable to compensate you for any loss or damage otherwise covered by the policy but you have agreed with that party, either before or after the loss or damage occurred, that you would not seek to recover any monies from that party, we will not cover you under the policy for any such circumstance.

### CONTRACTUAL OBLIGATIONS

Take care to avoid entering into contracts in which you assume obligations above and beyond what the law would otherwise impose upon you. We may not cover you for any claims in such circumstances.

### GENERAL INSURANCE CODE OF PRACTICE

JUA Underwriting Agency Pty Ltd and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

## EVENT ORGANISER LIABILITY APPLICATION

- Please answer all questions in full and where appropriate tick the YES or NO box that best indicates your reply
- If there is insufficient space provided, please provide further information and attach to this proposal
- All attached documents form part of this proposal / application

SECTION 1 – INSURED DETAILS					
INSURED NAME (LEGAL ENTITY)					
TRADING NAME					
ABN					
GST REGISTERED	<input type="checkbox"/> YES <input type="checkbox"/> NO		INPUT TAX CREDIT	%	
REGISTERED BUSINESS ADDRESS					
	SUBURB		STATE		POSTCODE
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)					
	SUBURB		STATE		POSTCODE
CONTACT PERSON					
PHONE				FAX	
EMAIL					
PERIOD OF INSURANCE	From:		at 4 pm	To:	
					at 4 pm

SECTION 2 – INSURANCE & CLAIMS HISTORY		
1. Has any Insurer declined to insure you or your business?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Has any Insurer ever declined to renew any of your insurances?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Has any Insurer every required special terms before insuring you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES to any of the above, please provide details		
4. Have any claims been made against you in respect of your legal liability for injury or damage in the past 5 years? If Yes, please provide details below.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Date of Incident</b>	<b>Nature of Damage</b>	<b>Amount Claimed (\$)</b>
5. Are you aware of any circumstance which may give rise to a claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, please provide details		
6. Have you previously held Liability insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, please advise name of Insurer & Expiry Date		

SECTION 3 – BUSINESS DETAILS					
TYPE OF EVENTS ORGANISED					
ACTIVITIES YOU (THE INSURED) IS RESPONSIBLE FOR					
ANNUAL TURNOVER (\$)					
NUMBER OF EVENTS PER ANNUM					
AVERAGE NO. OF ATTENDEES					
MAXIMUM NO. OF ATTENDEES					
DO YOU SUPPLY ALCOHOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO      If YES, please complete questions below				
	Who is designated to handle the following:-				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Impaired patrons</td> <td></td> </tr> <tr> <td>Patrons who become disruptive &amp; abusive</td> <td></td> </tr> </table>	Impaired patrons		Patrons who become disruptive & abusive	
Impaired patrons					
Patrons who become disruptive & abusive					

SECTION 4 – GENERAL QUESTIONS	
1. Do you arrange any fireworks or pyrotechnics?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you arrange any audience participation in any event(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you ensure that all of your service providers (Contractors, Sub-Contractors, Stall Holders Etc) carry their own insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you responsible for any grandstands or temporary seating to be used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you complete Risk Assessments for the planned events?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. What experience and qualifications to you have in organising these events?	
7. What protection is in place for spectators safety?	
8. Describe the safety measures for:	
a) Parking	
b) Traffic	
c) Security	
d) First Aid	

SECTION 5 – INSURANCE COVER				
Please select the Limit of Liability required:				
Public Liability	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> Other:
Products Liability	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> Other:
Do you require the "Liquor Liability Extension"?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Only when the "Liquor Liability Extension" is shown as being insured or included on the policy schedule, underwriters agree, subject to the terms and conditions of this policy pay on the Insured's behalf all sums in respect of liability incurred arising out of the sale or serving of liquor in the course of the running of the insured business, unless intentionally being in breach of licensing requirements, including but not limited to serving persons under the legal age, operating outside of license conditions and deliberately not complying with responsible service of alcohol requirements.				

SECTION 6 – DECLARATION	
I / we acknowledge and declare that:	
<ul style="list-style-type: none"> <li>I / we have read and understood the Important Notices which included the Duty of Disclosure and all questions in this application.</li> </ul>	
<ul style="list-style-type: none"> <li>I / we understand this is an application for insurance only and does not constitute an insurance policy.</li> </ul>	
<ul style="list-style-type: none"> <li>I / we understand that if this application is accepted the insurance will be subject to the terms and conditions set out in the policy wording and the most current schedule or as otherwise varied underwriters in writing and agreed by me/us.</li> </ul>	
<ul style="list-style-type: none"> <li>The information contained in this application (including any attachments) is true and correct in every particular and underwriters will rely on this information in deciding whether to provide cover and on what terms.</li> </ul>	
<ul style="list-style-type: none"> <li>All answers not in my own handwriting have been checked by me/us and are correct.</li> </ul>	
<ul style="list-style-type: none"> <li>I / we authorise and direct JUA Underwriting Agency Pty Ltd to obtain or provide information or documents in relation to insurance, related matters or claims history from or to another insurance company or an insurance reference bureau or similar organisation.</li> </ul>	
SIGNATURE	
PRINTED NAME	
POSITION	
DATE	

PLEASE RETURNED COMPLETED PROPOSAL FORMS TO:

JUA Underwriting Agency Pty Ltd  
 Schemes Division  
 Email: [juadirect@jua.com.au](mailto:juadirect@jua.com.au)  
 Fax: 02 9247 2411