

# **LIABILITY INSURANCE EVENTS LIABILITY PROPOSAL FORM**

## **IMPORTANT NOTICES**

The information provided in the proposals together with other information you provide to the insurer will form the basis of any contract of insurance entered into.

### **Your Duty of Disclosure**

Before you enter into a contract of insurance, you have a duty under the *Insurance Contracts Act 1984 (Cth)* to disclose to your insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept this risk and, if so, on what terms.

This includes but is not limited to every fact and matter that you know, or could reasonably be expected to know that might give rise to a claim against you. This may also include disclosure of information which is additional to the questions asked in this proposal form.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. This means that as well as advising new information you also need to advise the insurer of any changes to the facts previously notified.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Your duty continues after the proposal form has been completed until the policy inception.

### **Non-Disclosure**

If you fail to comply with your duty of disclosure or make a material misrepresentation, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning and therefore decline to pay any claim.

If you have any questions or concerns about whether information needs to be disclosed, please discuss these with your general insurance broker or advisor.

### **Claims Made Policies**

Some of the insurance that may be provided in conjunction with this Proposal will be issued on a "claims made" basis.

Policies, or Policy Sections, issued on a "claims made" basis means that the policy provides indemnity in relation to:

- Claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- Written notification pursuant to section 40(3) of the *Insurance Contracts Act 1984 (Cth)* of facts which might give rise to a claim against you. If you give written notification of facts as soon as reasonably practicable after you become aware of the facts prior to the expiry of the policy period, the policy will respond even though a claim arising from those facts is made against you after the policy has expired.



COVERSURE PTY LTD  
ABN 84 413 814 665  
AFS 407505  
Phone: 0450 490 950

## Events Liability Insurance Proposal (Short Term/Annual)

After your “claims made” policy has expired no new claims can be made on the expired policy even though the act error or omission giving rise to the claim may have occurred during the expired policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to insurers during the policy period, the insurers may not cover you under a subsequent policy for any claim which arises from these unreported circumstances.

When completing the proposal you are obliged to include full details of all circumstances of which you are aware or which a reasonable person in your position would consider may give rise to a claim.

### Retroactive Date

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission first occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

### Average Provisions

One of the insuring provisions of the proposed policy provides that where the amount required to dispose of a claim exceeds the limit of indemnity, the insurer shall be liable only for a part of the total costs and expenses which shall be the same proportion of the total expenses as the limit of indemnity bears to the total amount required to dispose of the claim.

### Liability Assumed Under Contract

Indemnity provided by your policy may not include additional liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

### Privacy Notice

Coversure is committed to compliance with the provisions of the Australian Privacy Principles and the Privacy Act 1988 (Commonwealth) and protecting your privacy.

In order for Coversure to assess your insurance proposal, provide you with insurance and manage any claims under those policies, it is necessary to obtain personal information from you.

If you do not provide us with this information it may prevent Coversure from providing you with the insurance or services requested.

If you provide us with information about someone else, you must obtain their agreement to do so.

Coversure may disclose your information to insurers, their reinsurers, and insurance reference service or other advisers used by Coversure and insurers such as loss adjusters, lawyers or others who may be engaged to assist in claims handling, underwriting or for the purpose of fulfilling compliance and/or regulatory requirements. These third parties will all be required to adhere to privacy obligations.

Our privacy policy contains information about how you can access the information we hold about you, ask us to correct and how you may make a privacy related complaint. You can obtain a copy of our privacy policy at [www.coversure.com.au](http://www.coversure.com.au).

### When completing this Proposal Form:

- Please answer **all** questions giving full and complete answers
- If the space required on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer.
- It will be necessary to provide additional supporting documents with the proposal.
- **Please ensure that this Proposal Form declaration is properly signed and dated.**
- **Signing the proposal does not form a contract of insurance.**

## SUBMISSION CHECKLIST

	New Submissions	Renewals
A signed and dated proposal	Required	Required
<b>Risk Assessment documentation</b> A risk matrix including issues arising from WH&S, weather, regulatory compliance, Australian Standards compliance, staff training, emergency and evacuation protocols, access to first responders, crowd control, drugs, and alcohol.	Required	If updated
<b>Business Management or Operation Plan</b> Description on how the Business activity will be conducted and include: <ul style="list-style-type: none"> <li>▪ the operational plan and processes</li> <li>▪ the staffing plan</li> <li>▪ a list of leisure/entertainment equipment used (photos of equipment will assist in the underwriting process)</li> <li>▪ clear description and detail of all business activities</li> <li>▪ a location map or diagram</li> <li>▪ assessment of risk from contractual obligations</li> <li>▪ details of any waivers or terms of service used by the Proposer</li> </ul>	Required	If updated
Schedule/List of Leisure or Amusement equipment used in the Business (if applicable)	Required	Required
<b>Staff Training Register, including evidence of:</b> <ul style="list-style-type: none"> <li>▪ specific WH&amp;S, business policy and procedures training</li> <li>▪ toolbox meetings</li> <li>▪ induction training and</li> <li>▪ ongoing staff training</li> <li>▪ evacuation drills &amp; training</li> </ul>	Required	If updated with refresher or new training
Adverse weather policy noting operational weather parameters	Required	If updated
<b>Minimum 5 years documented claims history on an underwriter or TPA's letterhead including paid and reserve amounts</b> For any risk with a claim or notification, it is important to provide clear details of the steps that have been taken to avoid similar losses in the future. This review process is usually evident in the Risk Assessment and Operational Plan updates and training or maintenance schedules submitted for consideration.	Required	Required if any open claims in last disclosure



COVERSURE PTY LTD  
 ABN 84 413 814 665  
 AFS 407505  
 Phone: 0450 490 950

**Events Liability  
 Insurance Proposal  
 (Short Term/Annual)**

**INSURED DETAILS**

1. Proposed Insured: (Please provide full legal name of <b>all entities</b> to be insured, subsidiaries are not included automatically)			
2. Trading name: (Please provide all trading names of the Insured)			
3. ABN of each proposed Insured:			
4. Address of Proposer(s):			
5. Contact Details	Business Phone:		
	Email Address:		
Interested Party(s) The Policy provides for a defined entities to be included automatically. Please use an addendum to list the full legal name additional required entities.			

6. Period of Insurance		to		at 4:00 pm
7. Current Insurer				
8. Limit		Annual Premium		Excess

**GENERAL INFORMATION**

9. Full description of the event and any other activities to be insured:									
10. Proposer's industry experience:									
11. If (10.) is less than 3 years outline the Proposer's previous experience relevant to running the event to be insured:									
12. Name & qualifications of the person responsible for risk management and work health & safety compliance for the event.									
13. Please provide the following details for the event managers / co-ordinators and organising group:									
Name of all directors/committee		Qualifications/Experience		Years involved in this event					
14. Please advise the number of people engaged in planning and operating the event:									
	Full time		Part time		Casual				
Event managers / co-ordinators /organising group									
Operational staff									
Operational volunteers									
Administration / other staff / volunteers									
15. If You a member of a professional / industry association and comply with its code of conduct please provide details below:									
16. Total Event Turnover	Last 12 months	\$	Next 12 months estimate	\$					
17. Total Event Turnover	Last event	\$	Next event	\$					
18. If turnover has changed by more than 20%, please provide explanation to support the change?									
19. Please provide a percentage breakdown of turnover by location as follows:									
NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S	TOTAL
									100%



SUBCONTRACTORS				
20. Do You engage subcontractors or labour hire workers? If not, please proceed to Section 1				Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Which of Your event activities are completed by subcontractors or labour hire workers?				
b) How do You ensure that subcontractors or labour hire workers operate in the event to Your required procedures and systems?				
c) Do You ensure all sub-contractors and labour hire workers are indemnified by their own insurance, similar to this proposed policy, for all the activities they do for you, or on your behalf?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide subcontractor or labour hire turnover:				
Subcontractor Payments	Last 12 months	\$	Next 12 months estimate:	\$
Labour Hire Payments	Last 12 months	\$	Next 12 months estimate:	\$
Sub-contracting by You to others	Last 12 months	\$	Next 12 months estimate:	\$

SECTION 1 – LIMITS OF LIABILITY			
21. Limit of indemnity required			
a) Policy Section 1: Limit required	\$10M <input type="checkbox"/>		\$20M <input type="checkbox"/>
b) Property Owners Liability Extension (Owner Occupied Only)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Number of Premises	
c) Third party goods in Your care, custody, and control:	\$50,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>	Other <input type="checkbox"/> \$

SECTION 2 – ERRORS AND OMISSIONS (Complete only if required)			
22. Do you require Errors & Omissions insurance? Please note indemnity may not be available for all requests for insurance in Section 2 If not please proceed to Section 3			Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Limit required:	\$1M <input type="checkbox"/>		Other:
b) Please provide details of technical services and/or professional design or advice provided?			
c) Do you have a current Errors & Omissions policy?			Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Current insurer:			
e) Retroactive date: (attach copy of your current policy CoC)			

SECTION 3 – WORKCOVER & CRIMINAL DEFENSE (Complete only if required)				
23. Do you require WorkCover & Criminal Defence insurance? Please note indemnity may not be available for all requests for insurance in Section 3				Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Limit required:	\$10,000 <input type="checkbox"/>	\$20,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>
b) Do you have a workplace health a safety program that includes documented safe work method statements, operating polices and a safety training and compliance program?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) b) Have you had any personal injury, compliance breaches, notices, investigations, or proceedings that may result in a criminal charge or conviction in the last 5 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Fine	Amount	Offence		

**CANCELLATION & ABANDONMENT COVER**

Have you considered the loss of income from either direct costs & expenses or gross revenue associated with your event having to be cancelled or postponed or the impact on ticket sales from due to non-appearance?  
 If you would like to know more, please discuss this exposure with your broker.  
 Our website [www.coversure.com.au](http://www.coversure.com.au) contains some additional information and copies of our proposal forms.  
 We suggest you consider professional insurance advice on the policies that are most appropriate for you.

**SPECIFIC DETAILS OF EVENT(S)**

**24. IMPORTANT NOTE: Please attach copies of the Event Operations Plan, Risk Assessment, Event Itinerary and Site map. Please attach an Event Schedule if the number of events exceed the proposal form. If you have submitted a formal document to Local Government for approval of the event this may contain adequate information.**



Event Details				
Event No.	Event Description	Date & Duration	Address of Venue	Estimated Attendees
1				
2				
3				
4				
5				






Event Operations (continued from table above)			
Event No.	Indoor/Outdoor	Number of Performers	Who is responsible to provide security: The venue, the Proposer or other?
1			
2			
3			
4			
5			



Please note that some activities are excluded from indemnity even if disclosed within the Proposal.  
 Other activities may be considered if full details and compliance requirements are documented.

Do the event(s) involve any of the following?

25. Alcohol	
a) Do you Sell, Supply, or allow BYO alcohol, to be consumed at your event(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Do all staff associated with alcohol sale or supply comply with legislative requirements in respect to Responsible Service of Alcohol (RSA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Do You have a liquor licence for the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) If Yes, please provide details of any conditions or restrictions to the liquor license. If not, who holds the liquor licence & provide details?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Does the event allow BYO alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) If Alcohol is allowed, how do you manage intoxicated, aggressive patrons or those in breach of RSA guidelines giving consideration in Your response to the location or isolation of the event?	



g) If the event has been run previously, how many alcohol or behaviour-related evictions or restrictions were made?		
h) Were any of these evictions made forcibly?		Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Do You have a "no glass" policy? If yes, how is this enforced?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>26. Amusements</b>		
a) Do any mechanical amusement rides or inflatable apparatus operate at the event(s)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Do You hire or subcontract supply of amusement rides or inflatable apparatus?		Yes <input type="checkbox"/> No <input type="checkbox"/>
i. If yes, provide details:		
c) Do You check both that the sub-contractor maintains valid liability insurance with an Australian licensed insurer that does not exclude the services provided at your event?		Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Do You check both that the sub-contractor maintains any statutory registration and engineering certification of the amusements prior to them being granted access to your event?		Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Sub-Contractors and Suppliers Do You execute written contracts of engagement with amusement subcontractors and suppliers?		Yes <input type="checkbox"/> No <input type="checkbox"/> 
<b>27. Camping</b>		
a) Does your event include provision of camping or caravan accommodation?		Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Are all ablution areas cleaned and sanitised regularly in accordance with Australian Standards?		Yes <input type="checkbox"/> No <input type="checkbox"/> 
c) Is there adequate all-night lighting and directional signage at the camping venue?		Yes <input type="checkbox"/> No <input type="checkbox"/> 
d) Do You allow the use of open fires?		Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Do You have emergency evacuation procedures in place together with public evacuation notices?		Yes <input type="checkbox"/> No <input type="checkbox"/> 
<b>28. Exhibitions or Market/Vendor Stalls</b>		
a) Do You execute written contracts of engagement with the stallholder/s & vendors? If so, please provide a copy of the indemnity clause.		Yes <input type="checkbox"/> No <input type="checkbox"/> 
b) Do You evidence stallholder/s & vendors liability insurance with an Australian licensed insurer and does not exclude services provided at your event?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>29. Watercraft, Aircraft, or mechanical vehicles</b>		
a) Are watercrafts, aircraft (including UAV's) or mechanical vehicles use at your event?		Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Are the mechanical land vehicles registered and licensed for use on public roads?		Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Do these vehicles have separate third party bodily injury insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Are the watercraft, Aircraft or mechanical vehicles for static display only?		Yes <input type="checkbox"/> No <input type="checkbox"/>

e) If not, what purposes are they used for during the event, provide details:	
<b>30. Sporting and athletic activity: Note Participation exposure may be limited, or excluded, depending on the activity conducted.</b>	
a) Are any sporting or athletic activities conducted at your event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If Yes, please provide details of any sporting or athletic activities will take place.	
c) Are the sporting events competitive in nature or include racing or time trials?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Does Your event allow audience participation in sporting or athletic activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>31. Performances</b>	
a) Do You use stages, marquees, temporary seating, other temporary structures or rigging?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Are You directly responsible for the supply and set up stages, marquees, temporary seating, other temporary structures or rigging?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) If yes, provide Your credentials and rigging qualifications & attach confirmation of compliance with Australian Standards.	
d) If no, who is responsible? Provide details of their certification.	
e) Do You check that all performers maintain liability insurance with an Australian licensed insurer and does not exclude services provided for your event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) If no, provide details:	
g) Do any of the performances involve the use of fire and/or pyrotechnics?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) Is there any form of audience participation in any performances or exhibits at Yor event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>32. Animals, Insects, and Reptiles</b>	
a) Provide details of the animals and/or reptiles that will be present, including numbers, age, whether the animal, insect, and/or reptiles are venomous.	
b) Do patrons come into direct contact with the animals, insects, and/or reptiles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) If yes, provide details of activities:	
d) Are patrons allowed to ride any of the the animals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) If yes, what are the safety controls and practices in place?	

**33. Other Activities**  
 a) Please list and provide details of any other event activities not disclosed above.

**RISK MANAGEMENT**

**Our underwriting criteria places a significant focus on risk analysis, management and planning together with documented business operations and compliance to WH&S.**





**Staff induction checklists & training is considered integral to WH&S compliance.**

**CCTV is considered to have a significant influence on claim outcomes. Incidents can become first known to operators many months or years after they occurred CCTV data can form critical evidence in managing these reports.**


**34. Do You:**

a) have CCTV and data recording operating over the event site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If Yes, how many months do You maintain the data recordings from CCTV?	
c) If Yes, are the data recordings secured to ensure compliance to the Privacy Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**35. Do You, or have You:**


a) have documented business and WH&S policies use for training staff and volunteers? If so, please provide a copy.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) ensure all staff and volunteers are trained on these policies prior to the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) completed a risk management assessment for the event (see Q24 above) If so, please provide a copy as requested in Q24.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d) keep and maintain incident reports and logs for personal injury and property damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
e) or, will you have conducted prior to the event, actual emergency or evacuation drills? If so, please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
f) or, will you have conducted prior to the event, toolbox meetings with staff, volunteers, and sub-contractors? If Yes, please provide a copy of two recently completed meeting minutes or the template to be used.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
g) have appropriate first aid kits or emergency first aid providers available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
h) have staff or volunteers that are appropriately trained in administering first aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
i) conduct a site safety inspection and documented checklist before the event is open to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**36. Do You utilise an online or computer-based system for:**

a) training for WH&S awareness and business policies	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) compliance management systems	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) maintenance reporting and recording	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) If so, please provide details and example screens.	

**37. Do You utilise any standard form of engagement service contract or terms of trade other than reliance on membership to an association or co-operative to limit Your legal liability?**

Yes  No

38. Do You execute written contracts of engagement with venues where You operate events? If so, please provide details below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
39. Do You provide, or enter into, any "hold harmless" agreements with other people, businesses, organisations or associations? If Yes, please provide details below or a copy of the contract indemnity provisions.	Yes <input type="checkbox"/> No <input type="checkbox"/>
40. Do You use legal disclaimers or waivers for attendance at or participation in the event? If No, please proceed to Q36.	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) if so have they been reviewed by an Australian Legal Practitioner to ensure reference to, and compliance with, Australian Consumer Law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
41. Do You use pict-o-grams in addition to written warning and conditions of entry signs? If Yes, Please provide examples of images.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	
42. Who is responsible for the following at each event:	
a) RSA enforcement?	
b) Rubbish collection and off-site waste disposal?	
c) Road closures and traffic management	
d) Temporary parking	
43. Are single-use plastics ever used at Your events? (This includes plastic straws, cutlery, plates etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
44. What updates or changes have You made to risk management or risk mitigation in the last 12 months?	



ADVERSE WEATHER & NATURAL CONDITIONS		
45. Do You maintain an Adverse Weather Policy that outlines the weather and other variable conditions that may impact the operation of Your event? If Yes, please attached a copy of Your Adverse Weather Policy. If No, Coversure can assist by providing a template example of an Adverse Weather Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
a) Do You periodically measure and record details of weather and other observations during the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

INSURANCE HISTORY	
46. Have You in the past 5 years, in this business or any other or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:	
a) Had an insurance proposal declined, renewal refused, or insurance terminated, for any reason including for non-payment of premium?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Had any special conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Ever been bankrupt or involved with a business that has become liquidated, bankrupt, insolvent or had administrators appointed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Been charged with or convicted of any civil or criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If You answered "Yes" to any of the above, please give details (or attach a separate sheet if there is insufficient space):	

CLAIMS HISTORY			
<b>(These questions apply to all sections of the policy)</b>			
47. Has any claim occurred or been reported in the last 5 years against any Insured or any principal, partner or director (either as a principal, partner or director of the Insured or any other business or any previous business), consultant or employee in respect of the risks to which this proposal relates?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
48. Is the Insured or any principal, partner, director, consultant or employee aware of any other incident(s) that have occurred or been reported in the last 5 years that may give rise to a claim against You, whether the subject of insurance or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If You have answered yes to either of the above questions, please complete the table below:			
Date of Claim or Loss	Nature of each Claim or Loss	Estimated Outstanding Loss	Name of Insurer
What action has been taken to prevent a recurrence of the situation which gave rise to each incident, claim or loss?			



COVERSURE PTY LTD  
 ABN 84 413 814 665  
 AFS 407505  
 Phone: 0450 490 950

**Events Liability  
 Insurance Proposal  
 (Short Term/Annual)**

**INSURANCE DECLARATION & AGREEMENT**

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorised by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Business:	
Signature/s:	
<i>(This Proposal should be signed by a Partner or Director of Proposed Insured)</i>	
Title of Signatory:	
Full Name:	
Date of Signing:	

**INSURANCE DECLARATION & AGREEMENT – BROKER SIGNED PROPOSAL**

At Coversure we understand and recognize that brokers are required to have completed a “know your client assessment” and have a close relationship with their clients.

We have noted that in preparing the submission for this insurance, you have completed the documentation on behalf of your client. Coversure understands that this would have been done with the express agreement and instruction from your client.

Coversure, and its underwriters, rely on the accuracy of all information and declaration provided to us. In doing so, we are also relying that there are no omissions made in the information provided. Your attention is drawn to Your Duty of Disclosure outlined in the Important Notices provided in the Coversure proposals and policy documents.

Coversure strongly suggests that all information provided to us as part of the insurance submission is verified by your client to avoid any of the consequences of non-disclosure. Coversure has a commitment to provide contact certainty to all of its customers and we ask your assistance in helping us achieve this outcome. Coversure does accept digitally time stamped electronic signatures executed through PDF in addition to handwritten signatures to expedite the declaration process.

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorized by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Authorised Representative Group:	
Full Name of Broker signing on behalf of their client:	
Broker’s Signature/s:	
Title of Signatory:	
Date of Signing:	