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**ENTERTAINMENT & EVENT LIABILITY
INSURANCE PROPOSAL**

Period of Insurance _____ / _____ / _____ to _____ / _____ / _____ at 4.00pm

Quote No.: Cover Note No.: Policy No.:

Insured Name / ABN
(inc. all subsidiary companies)

ABN:

Postal Address

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Description of Business

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Phone & Fax No.s

Private Ph:	Business Ph:
Fax:	Mobile:

Email Address:

Location of Premises

Situation 1	State	Postcode
Situation 2	State	Postcode

Other Parties to be noted on Schedule & their interest,

Party 1
Party 2

Name of Partners/Directors

Qualifications & Experience

No of Years Business has been Operating:

Number of Staff: Full-time:	Part-time:
Actual Wages Last Year: \$	Actual Turnover Last Year: \$
Estimated Wages This Year: \$	Estimated Turnover This Year: \$

Are you a member of a professional / industry association, if so please provide details:

Insurance Cover (Please tick or complete)

Public Liability	<input type="checkbox"/> \$10M	<input type="checkbox"/> \$20M	\$ _____
Product Extensions	<input type="checkbox"/> \$10M	<input type="checkbox"/> \$20M	\$ _____
Third Party Goods in your Care Custody & Control			\$ _____
Other	_____		\$ _____

For what activities do you require Errors & Omissions? _____

Subcontractors

Do you use sub-contractors?	Yes / No
Do sub-contractors have their own insurance?	Yes / No
If yes do you sight their policy?	Yes / No

For what activities do you use Sub Contractors? _____

Concerts

Type of concert (rock, classical, jazz, country, rock, heavy metal etc):

Address(es) of Venue(s):
 (if more than 3 attach list)

1.

Est. Attendances:

Indoor/Outdoor:

No. Performances:

2.

Est. Attendances:

Indoor/Outdoor:

No. Performances:

3.

Est. Attendances:

Indoor/Outdoor:

No. Performances:

Security:

YES NO

Is security contracted out and/or supplied by venue?

YES NO

If No, Details:

What are the contractual arrangements?

Is there any organised audience participation?

YES NO

Details:

Theatre Productions / Stage Shows / Opera

Name of Production:

Address(es) of Venue(s):
(if more than 2 attach list)

1.

Est. Attendances:

Indoor/Outdoor:

Number of Performances:

2.

Est. Attendances:

Indoor/Outdoor:

Number of Performances:

Average cost of tickets:

\$

Average attendance
per show:

Is there any organised audience participation?

YES

NO

If Yes, Details:

Bands / Groups / Ensembles

How many performers?:

Est. annual turnover(income):

\$

Est. annual no. of bookings:

Booking Agents

Number of acts managed:

Est. annual turnover:

\$

Est. annual no. of bookings:

Conferences

Conference Holder

Conference Organiser Only

Location:

Type of event:

Attendance:

Duration:

Activities that occur at the event and what is the insured directly responsible for:

Dance Parties

Number of attendances:		Type of dance party (e.g. Under-18s):	
Address(es) of Venue(s): (Please supply separate layouts of the venues) (if more than 2 attach list)			
1.			
Capacity:	Indoor/Outdoor:	Is alcohol sold?	
2.			
Capacity:	Indoor/Outdoor:	Is alcohol sold?	
Security:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Is security contracted out and/or supplied by venue?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If No, Details:			

Event Co-ordinators & Managers

Type of Events:			
Breakdown of different types of events:			
Duration of events:		Average attendance of events:	
Activities the insured is responsible for:			
Do all service providers carry their own insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If No, Details:			
Is this to be an Annual Policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Exhibitions / Displays / Trade Shows

Venue:			
Duration:		No. of exhibitors:	
Type of display:		Is it static?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cost of tickets:		Start/Finish times:	

Fashion Shows / Product Launches

Venue:			
Type of event:		Estimated attendance:	
Schedule of the event:		No. of models:	

Functions (Dinners / Balls/ Charitable Functions etc)

Venue:			
Type of function:		Start/Finish times	
Est.attendances:		Est. total cost of tickets:	\$

One-Day Events

Venue:			
Type of event:		Estimated attendance:	
Activities:			
Activities contracted out:		Duration of event:	

Sound / Lighting / Staging / Artists Managers

Turnover: \$	Describe Occupation:
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Tour Managers

Turnover: \$	Event:
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Other

Turnover: \$	Event:
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CONDITIONS OF QUOTATION

Any quotation provided by Insurers as a result of this proposal will be subject to:

- final acceptance by the Proposer(s) and then Insurers prior to the acceptance date shown in the quotation, after which the resulting insurance cannot be cancelled.
- the Proposer(s) undertaking to advise Insurers of any change in the information supplied occurring prior to the inception date of any insurance cannot be cancelled
- Insurers having no obligation to accept the risks if there has been any happening or circumstance, whether advised by the Proposer(s) or otherwise, arising prior to acceptance by Insurers which increases or could increase the possibility of a loss or in any way materially alters the risk as quoted. However, Insurers at their sole discretion may decide to provide an alternative quotation.
- The Proposer(s) having declared all material facts likely to influence a reasonable Insurer in determining:
 - whether or not to accept a risk
 - the premium
 - the terms, conditions, exclusions and limitations
- any Proposer(s), who acts on behalf of others being deemed to have obtained and declared all the information provided after making inquiry of each of them; this condition only applies to any intermediary
- the Proposer(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium
- the Proposer(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Insurers' prior written approval, in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Insurers
- the Proposer(s) paying the premium with acceptance of the quotation, If Insurers do not accept the risk the premium will be returned.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

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 his business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his 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.

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate you for any loss, damage or liability which is covered by this Policy but you have agreed not to seek recovery of any monies from that person, we will not cover you under this policy for that loss, damage or liability.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you give us to quote on and insure your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under your policy.

We will not trade, sell or rent your information.

If you give us personal information about anyone else, we rely on you to notify them:

- that you will give your information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information you give us about someone else is sensitive, we rely on you to obtain their consent to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement.

For a full statement of our Privacy Policy, ask our office for a copy.

INSURANCE DECLARATION

I acknowledge that:

- 1) I have read and understood the Important Information set out in the Proposal and I/We are authorised to make this proposal.
- 2) All information given on this Proposal and any attachment is true and correct
- 3) No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract had been issued.
- 4) Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Altiora of any change in the particulars or statements contained in this proposal or in any attachments.
- 5) Although the signing of this proposal does not bind the applicants to effect insurance, the applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the Proposal and attachments will be incorporated in the Policy.

SIGNATURE(S) OF INSURED(S)

DATE

DATE