

Please provide full and detailed answers to the following questions.

If there is insufficient space to complete answers, attach a separate sheet with the additional information. Please Note: If incomplete or unclear, prior to sourcing terms, additional time will be required to obtain full details.

<p>Insured's name(s)</p> <p>(Full details required, including Trading Name if applicable)</p>	
<p>Address/situation</p>	
<p>Other interested parties</p>	
<p>Holding insurer</p>	
<p>Holding broker</p>	
<p>Due date</p>	
<p>What type of venue will the insured's activities be performed at?</p>	
<p>Full description/details of activities performed or undertaken by the insured.</p> <p>(Attach a list if space is insufficient).</p>	
<p>Number of years in this business.</p>	

<p>Previous industry experience if less than five years in business.</p>	
<p>Details of all claims in the past 5 years.</p>	
<p>Estimated annual turnover.</p>	<p>\$</p>
<p>Estimated annual payroll. Number of staff, full and part time</p>	<p>\$</p>
<p>Are you responsible for the hiring of venues?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Provide details of any indemnities or "Hold Harmless" agreements given to other parties.</p>	
<p>Do any activities involve the use of water craft, aircraft or motorised vehicles?  If yes, please supply details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do any activities involve mechanical rides or amusements?  If yes, please supply details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>Is any audience participation involved?</p> <p>If yes, please supply details of extent of such participation:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does the insured supply install or dismantle temporary seating or staging?</p> <p>Supply alcohol?</p> <p>Arrange fireworks or pyrotechnics?</p> <p>If yes, provide full details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are staff trained in first aid provision?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does the insured supply food or beverages?</p> <p>If yes, are the appropriate licences held for such provision?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>What maintenance and daily check ups are performed on mechanical or electrical equipment?</p>	
<p>Limit of indemnity</p>	<p>\$</p>

Number of Castles	
Size of Castles	
Please list each item hired out (Attach a list if space is insufficient).	

**Additional Information:** *Please list any additional information that you believe to be relevant to this application.*

### DUTY OF DISCLOSURE

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.

### PENALTY FOR NON-DISCLOSURE

If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell us anything which: reduces the risk; is common knowledge; we already know, or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

### INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions of you need to disclose something to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

### PRIVACY

DMA Insurance Brokers is committed to safeguarding our Insured's privacy and the confidentiality of their personal information.

We will collect personal information from or about the Insured, for primary purposes which are relevant to their insurance policy, including any claims they may make.

We will use the personal information in a way that they would reasonably expect.

If the Insured does not give us this information, we cannot give them insurance or deal with any claim.

We may disclose their personal information to:

- an investigator, assessor, State or Federal Health Authorities, lawyers, accountants, medical practitioners, hospitals or other professional advisers (for the purpose of investigating or assessing their claim);
- a lawyer or recovery agent (for the purpose of defending an action by a third party against the Insured or for the purpose of recovering our costs including their excess);
- an immediate family member;
- another insurer (for the purpose of seeking recovery from them or to assist them to assess insurance risks);
- our reinsurers; and
- an insurance reference bureau (to record any claims the Insured makes upon us).

We may also obtain personal information about the Insured from some of the above people or organisations. Where necessary, we will require those people or organisations to comply with our privacy requirements.

We will:

- protect the accuracy and security of the personal information we hold;
- give the Insured the opportunity to correct their personal information, or obtain access to it (some conditions may apply); and
- provide them with access to our dispute resolution procedures in respect of any complaint they may have regarding their personal information.

### DECLARATION & SIGNATURE

1. The Duty of Disclosure, Non-Disclosure, Inadequate Space to Answer and Privacy Act notices set out above have been read by me/us.
2. All answers and statements made in this Application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
3. I acknowledge you reserve the right to decline any Application.

Applicant's signature \_\_\_\_\_

Date / /

Applicant's Title \_\_\_\_\_