

# Event Cancellation and Liability Proposal Form

## Important Information

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Information, please contact us or your insurance broker before signing the Declaration at the end of this document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

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## Agent of Insurers

Cinesure Global Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document, please read it carefully.

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## Duty of Disclosure

Before You enter into an insurance contract, You have a duty to tell Us of anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary, or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for;
- is of common knowledge;
- We know or should know as an insurer; or
- We waive Your duty to tell us about.

### If You do not tell Us something

If You do not tell Us anything You are required to, we may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

## Privacy

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document, you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs. A copy of our Privacy Policy is located on our website at [www.sura.com.au](http://www.sura.com.au).

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us. If you wish to access your file, please ask Cinesure Global Pty Ltd.

1. Insured Details

Insured Business Name

Address

Telephone number

Facsimile number

Email address

Please advise the usual business of the Insured

2. Event Details

Event type

Event Name

Event Dates

Venue

Is the Event taking place

☐

Indoors

☐

Outdoors

☐

Under Temporary Structures

Has this Event been held before?

☐

Yes

☐

No

If yes, please provide full details

Is this event part of a larger production, series or tour?

☐ Yes ☐ No

If yes, please provide full details

Have all contractual arrangements for the successful fulfilment for the event been made and confirmed in writing?

☐ Yes ☐ No

## Budget Details

Please attach a current event budget in respect of your Expenses and Gross Revenue, and provide a summary as follows

100% Costs and Expenses

100% Gross Revenue

Please indicate the basis of cover required

☐ 100% Costs and Expenses ☐ 100% Gross Revenue\*

\* First time events can only be insured on the basis of Pre-Contracted Gross Revenue, which is revenue received in advance of the event (i.e., pre-sold tickets and sponsorship) and does not include revenue generated on the day.

Policy Currency

☐ AUD ☐ NZD ☐ USD ☐ Other

Do these sums represent the full extent of your financial responsibilities?

☐ Yes ☐ No

If no, please provide full details

Do you have a Ticket Refund Policy in place?

☐ Yes ☐ No

If yes, please provide full details

Are there any additional Loss Payees required?

☐ Yes ☐ No

If yes, please provide full details

#### 4. Loss history

Does the Event location have any history of bushfire over the past 5 years?

☐ Yes ☐ No

If yes, please provide full details

Has any Event in which you managed had any incident that could have resulted, or did result, in financial loss that would have been covered under the proposed insurance?

☐ Yes ☐ No

If yes, please provide full details

Have You, or any other person to which this insurance would apply, ever be declined insurance, had any such insurance cancelled, renewal refused, or had special terms imposed?

☐ Yes ☐ No

If yes, please provide full details

Are You aware of any matter, fact, incident or circumstance existing or threatened that could possibly affect the Event, and might result in a loss under this Insurance?

☐ Yes ☐ No

If yes, please provide full details

#### 5. Adverse weather (to be answered only when adverse weather cover is required)

Is adverse weather cover required for 100% of the event budget?

☐ Yes ☐ No

If no, please provide the portion of the budget that cover is required (% or \$)

Can the event proceed in continuous moderate rainfall and windspeeds?

☐ Yes ☐ No

If no, please advise the degrees of adverse weather that would result in the necessary cancellation of the Event

Has the Event previously been held at the same location and time of year?

☐ Yes ☐ No

Does the venue have any history of wind exposure, flooding or waterlogging?

☐ Yes ☐ No

If yes, please provide full details

Will all stages be covered three sides and above, and all electrical equipment be protected to the required industry standard?

☐ Yes ☐ No

If no, please provide full details

Is there any ability to delay or postpone the Event if required?

☐ Yes ☐ No

If yes, please provide full details

Are there any contingency plans in place in the event of adverse weather?

☐ Yes ☐ No

If yes, please provide full details

If you have any additional information regarding the Event, please provide your comments here

## 6. Non appearance (to be answered only when non-appearance cover is required)

Please provide details of the Person(s) to be Insured

Name	Date of birth	Role at the Event
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Where will the Person(s) listed above be travelling from to get to the Event

How far in advance are the Person(s) listed above due to arrive?

Are there any contingency plans in place in respect of travel delay of the Person(s) listed above?

Are the Person(s) listed above contracted to appear at the Event?

☐ Yes ☐ No

Does any of the Person(s) listed above have any prior commitments that may impact their ability to attend the Event?

☐ Yes ☐ No

If yes, please provide full details

Does any of the Person(s) listed above have a history of non-appearance?

☐ Yes ☐ No

If yes, please provide full details

Are any of the Person(s) listed above suffering from any physical, medical or mental condition, or undergoing any form of treatment, medical or otherwise?

☐ Yes ☐ No

If yes, please provide full details

Are any of the Person(s) listed above following any prescribed regime, medical or otherwise?

☐ Yes ☐ No

If yes, please provide full details

Are there any stunts or hazardous aspects that form part of the performance?

☐ Yes ☐ No

If yes, please provide full details

## 7. Public liability (to be answered only when public liability cover is required)

Tenancy From Date

/ /

Tenancy To Date

/ /

Number of Attendees

in total not exceeding

per day.

Limit of indemnity required

☐ \$2,000,000 ☐ \$5,000,000 ☐ \$10,000,000 ☐ \$20,000,000

Does the event include any dangerous\* activities?

☐ Yes ☐ No

\* Dangerous activities include, but not limited to: Fireworks, bonfires, pyrotechnical devices, inflatable play equipment, fairground rides or mechanically propelled rides of any kind, ballooning, quad bikes, go-karts or motor sport of any kind, trampolines or gymnastic apparatus of any kind, circus acts or stunt acts, shooting ranges for guns or archery.

Bouncy castles, inflatable play equipment, slides or rides (mechanical or otherwise) which are set up, operated and taken down by a bona fide sub-contractor who has provided you with evidence of their current public liability insurance, shall not be classed as dangerous activities.

If yes, do you provide, supply, operate, manage or control any of these activities or equipment yourselves?

☐ Yes ☐ No

If no, has evidence of current Public Liability Insurance been obtained from the third party sub-contractors that provide or operate any of these activities or equipment?

☐ Yes ☐ No



Do any other activities need to be considered?

☐ Yes ☐ No

If yes, please provide full details

Will there be alcohol available at the event?

☐ Yes ☐ No

If yes, who will be responsible for the sale of alcohol

The Named Insured affirms that they:

- a) have never been prosecuted under the Health and Safety at Work Act or other statute or regulation. ☐ Yes ☐ No
- b) have not been convicted of any criminal offence (other than minor driving offences not resulting in disqualification) in the last 5 (five) years. ☐ Yes ☐ No
- c) 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. ☐ Yes ☐ No
- d) have not waived any legal rights of recovery against contractors and exhibitors. ☐ Yes ☐ No
- e) have checked contracts when booking venues to ensure we are not accepting responsibility for the negligence of the venue owners. ☐ Yes ☐ No
- f) require all contractors, performers, suppliers, exhibitors and stallholders to provide evidence of insurance against third party liability risks before they are permitted on site. ☐ Yes ☐ No
- g) have carried out and implemented/will implement a written risk assessment in respect of the Event. ☐ Yes ☐ No
- h) has a written health and safety policy detailing procedures applied to the Event that all contractors and/or exhibitors are made aware of and are required to comply with. ☐ Yes ☐ No

## Declaration and Authorisation

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein.

I/We undertake to inform Cinesure Global Pty Limited of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that Cinesure Global Pty Limited is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that Cinesure Global Pty Limited may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

Name of Named Insured

Signature

This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured

Title of signatory

Full name

Date