

Conference & Exhibition Event Cancellation and Abandonment

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BROKER  
DETAILS

Broker Company Broker Contact Name  
Broker Email Broker Phone

THE INSURED

Full name of proposed Insured including subsidiaries:  
1. Your (company) name  
2. Are you currently registered for gst? Yes No  
3. ABN Number  
4. Contact Name 5. Contact Number  
6. Email Address 7. Mobile Contact Number  
Business Address  
8. Address 9. Suburb 10. State 11. Postcode

THE EVENT

15. Event Name 16. Type of Event  
17. Venue Name  
18. Venue Address 19. Suburb 20. State 21. Postcode  
21. Event start date (DD/MM/YYYY) 22. Event end date (DD/MM/YYYY)  
/ / / /  
23. Event start time\* (12 HOUR CLOCK) 24. Event end time\* (12 HOUR CLOCK)  
: AM PM : AM PM  
\* Event start/end time means time the actual Event begins & ends, not including bump-in & bump out.  
25. Event Location  
Indoor Outdoor Under Temporary Structures Indoor, with some outdoor elements  
26. Has this Event been held before? Yes No  
If no, please provide the details of the Proposer's experience in organising Events

27. Will all contractual arrangements necessary for the successful fulfilment of the Event will be made and confirmed in writing in a timely manner prior to the Event? Yes No

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THE BUDGET

Budget / Sum Insured:

- |   |                    |  |
|---|--------------------|--|
| 28. 100% Event Gross Revenue                                    |                    | AUD \$   |
| 29. 100% Event Costs & Expenses                                 |                    | AUD \$   |
| 30. 100% Event Net Profit                                       |                    | AUD \$   |
| 31. Please confirm the basis on which you would like to insure: |                    |  |
| 100% Costs & Expenses Only                                      | 100% Gross Revenue | 100% Costs & Expenses Plus Net Profit<br>From Pre Contracted Gross Revenue * |

\* Pre Contracted Gross Revenue is revenue which is received in advance of the Event (e.g from pre sold tickets, sponsorship, advertising) and does not include revenue generated on the day of the Event such as ticket sales at the door, merchandising, refreshments etc

EXTENSIONS TO COVER

- |   |     |    |
|---|-----|----|
| 32. If any part of the Event takes place outdoors or under temporary structures, is adverse weather cover required? | Yes | No |
| 33. Would the non appearance of a specific Key Individual or group of individuals cause cancellation of this Event? | Yes | No |
| 34. Is liability insurance also required for this Event?  | Yes | No |

CLAIMS AND/OR LOSS EXPERIENCE

- |  |     |    |
|--|-----|----|
| 35. Has any Event(s) in which the You were involved (in managing) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance?  | Yes | No |
| 36. Are You aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or Event(s), and might result in a loss under this insurance? | Yes | No |
| 37. Have You, or any other person to which this insurance would apply, ever been declined insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed?        | Yes | No |

DUTY OF DISCLOSURE

- |  |     |    |
|--|-----|----|
| a. In the past 10 years have you or any Insured person/business/corporation/director had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed special conditions? | Yes | No |
| b. In the past 10 years have you or any Insured person/business/corporation/director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year?                 | Yes | No |
| c. In the past 10 years have you or any Insured person/business/corporation/director been convicted or have charges pending, for any criminal offence, including arson, or involving dishonesty of any kind?                         | Yes | No |
| d. Have you ever had a non-motor vehicle loss, whether insured or not, in excess of \$20,000?<br>If Yes, Please provide details  | Yes | No |
| e. Do you authorise us to give to, or obtain from, other insurers or any reference service, any information relating to insurance held by you or any claim in relation thereto?  | Yes | No |
| f. Are you aware of any matter, not covered above, that may be relevant to the insurers decision whether to insurer you, & if so, on what terms?<br>If Yes, Please provide details   | Yes | No |

DECLARATION

To the best of Your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that non-disclosure or misrepresentation of a \*material fact will entitle Us to void the Insurance.

NOTE: \* A material fact is one likely to influence acceptance or assessment of this Proposal by Us: if You are in any doubt as to what constitutes a material fact You should consult your Broker.

It is understood that the signing of this Proposal does not bind You to complete or Us to accept this Insurance, but You agree that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

PRIVACY NOTICE AND  
CLIENT ACKNOWLEDGEMENT / SIGNATURE

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). Where required, we will provide you with a Collection Notice which outlines how we collect, disclose and handle your personal information. You can also refer to our Privacy Policy available on our website [www.insuranceadviser.net](http://www.insuranceadviser.net) or by contacting us for more information about our privacy practices including how we collect, use or disclose information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled.

**I/We Acknowledgement that:**

- All answers and statements made in the coverage summary forming part of this Insurance Proposal are true and accurate in every respect. **Full name**
- No information has been withheld which is likely to affect an insurer's decision about rating or accepting my/our insurances. **Position held**
- The Insurer reserves the right to decline my application. **Date**
- This acknowledgement will be relied upon by the insurer and/or Able Underwriting Pty Ltd. **Signature**

**If Adverse Weather cover is required (and the Event takes place outdoors or under temporary structures such as a marquee) please complete the following questions:**

- |  |        |     |    |
|--|--------|-----|----|
| 1. What proportion of the Event (in monetary terms) takes place outside or under temporary structures? | AUD \$ |     |    |
| 2. Can the Event proceed in continuous moderate rainfall and wind speeds of up to 50kmh?               |        | Yes | No |
- If No, please advise what weather conditions it can proceed in

3. What contingency plans are in place to deal with adverse weather conditions during the Event and/or setup?

- |  |  |     |    |
|--|--|-----|----|
| 4. Does the Event venue have any history of flooding or exposure to strong winds? If Yes, please provide details |  | Yes | No |
|--|--|-----|----|

- |   |  |     |    |
|---|--|-----|----|
| 5. Can the outdoor elements of the Event be relocated indoors, at no additional expense, in the Event of bad weather? |  | Yes | No |
|---|--|-----|----|

- |  |  |     |    |
|--|--|-----|----|
| 6. If the outdoor elements of the Event have to be cancelled due to weather, will the indoor elements still proceed? |  | Yes | No |
|--|--|-----|----|

- |   |  |     |    |
|---|--|-----|----|
| 7. Has the Event been held at the same time of year and location in the past? |  | Yes | No |
|---|--|-----|----|

- |   |  |     |    |
|---|--|-----|----|
| 8. Is the Event location within 100 metres of a lake, river or watercourse? |  | Yes | No |
|---|--|-----|----|

- |  |  |     |    |
|--|--|-----|----|
| 9. Can the Event be delayed or postponed if bad weather renders it dangerous or impossible to proceed? |  | Yes | No |
|--|--|-----|----|

- |   |  |     |    |
|---|--|-----|----|
| 10. Will any stages, marquees or temporary structures be covered on three sides and above, with all electrical equipment protected from weather?<br>If No, please provide details of the setup and weather resilience of these structures |  | Yes | No |
|---|--|-----|----|

**Notes:** *If you have any additional comments regarding the outdoor elements of the Event, and it's susceptibility to bad weather, please add them here.*

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Appendix B Non-Appearance

**If individual Non-Appearance Cover is required, please complete the following questions.**

**Please Note: The policy will contain a 30 day health warranty and a full pre existing medical conditions exclusion**

- |   |                  |    |  |
|---|------------------|----|--|
| 1. Name of Key Individual(s)  | 2. Date of birth |    |  |
| 3. How will the Key Individual(s) travel to the Event? 4. How long before the Event are they due to arrive?   |                  |    |  |
| 5. Is the Key Individual(s) contracted to appear at this Event?   | Yes              | No |  |
| 6. Does the Key Individual(s) have any prior commitments which may affect their ability to attend the Event?<br>If Yes, please give details   | Yes              | No |  |
| 7. Is a replacement available if the Key Individual(s) is unable to attend the Event?<br>If Yes, please give details including likely additional cost (\$) to replace the Key Individual(s) | Yes              | No |  |
| 8. If the Key Individual(s) cannot be replaced, would the entire Event be cancelled / abandoned?<br>If No, please advise what the likely maximum loss (\$) would be                         | Yes              | No |  |
| 9. Does the Key Individual(s) suffer from any physical, mental or medical condition?<br>If Yes, please give details   | Yes              | No |  |
| 10. Is the Key Individual(s) undergoing any form of treatment, medical or otherwise?<br>If Yes, please give details   | Yes              | No |  |
| 11. Is the Key Individual(s) following any prescribed regime, medical or otherwise?<br>If Yes, please give details  | Yes              | No |  |
| 12. Does the Key Individual(s) have any history of non appearance?<br>If Yes, please give details   | Yes              | No |  |
| 13. Is the Key Individual(s) a member of the Royal Family or a serving/former Head of State?<br>If Yes, please give details   | Yes              | No |  |

APPENDIX B - NON-APPEARANCE

**Please Note: Cover is an extension for simultaneous catastrophic non appearance of 25% or more of Participants due to a Common Accident or Common Illness**

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|--|-----|----|--|
| 14. Please confirm there are 20 or more Participants in total<br>If No, please advise the number of participants | Yes | No |  |
|--|-----|----|--|

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Appendix C Liability

If public liability cover is required, please complete the following questions.

- |   |                                  |
|---|----------------------------------|
| 1. Tenancy Start date (DD/MM/YYYY)  | 2. Tenancy End date (DD/MM/YYYY) |
| / /   | / /                              |
| 3. Number of Attendees (total)  | 4. Max Per day                   |
| 5. Limit of Indemnity Required  |                                  |
| <input type="checkbox"/> \$10 million <input type="checkbox"/> \$20 million <input type="checkbox"/> Other \$ |                                  |

- |  |     |    |
|--|-----|----|
| 6. Does the Event include any dangerous activities*? | Yes | No |
|--|-----|----|

\* Dangerous activities include, but are 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.

APPENDIX C - EVENT LIABILITY

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|---|-----|----|
| 7. If Yes, Do You provide, Supply, operate, manage or control any of these activities or equipment Yourself?  | Yes | No |
| 8. If No, has evidence of current Public Liability Insurance been obtained from the third party Sub -Contractors that provide, operate or control any of these activities or equipment? | Yes | No |
| 9. Do any other non-standard activities need to be considered (.g. team building activities, fun runs, etc)<br>If Yes, please give details  | Yes | No |
| 10. Will there be alcohol available at the Event?<br>If Yes, who is responsible for the sale of alcohol?  | Yes | No |
| 11. Do you have any assets in the U.S.A.?   | Yes | No |
| 12. Do you use Volunteers?<br>If so, please provide details of Volunteer Activities   | Yes | No |

The insured declares that they:

DUTY OF DISCLOSURE

- a. have never been prosecuted under the Health and Safety at Work Act or other statute or regulation.
- b. have not been convicted of any criminal offence (other than minor driving offences not resulting in disqualification) in the last 5 (five) years
- 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.
- d. have not waived any legal rights of recovery against contractors and exhibitors.
- e. have checked contracts when booking venues to ensure we are not accepting responsibility for the negligence of the venue owners.
- f. require all contractors, performers and suppliers to provide evidence of insurance against third party liability risks before they are permitted on site.
- g. require all exhibitors and stallholders to provide evidence of insurance against third party risks before we permit them on site.
- h. have carried out and implemented/will implement a written risk assessment in respect of the Event.
- i. has a written health and safety policy detailing procedures applied to the Event that all contractors/ exhibitors are made aware of and are required to comply with.

Yes	No
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