

# City Rural Insurance Brokers Pty Ltd

AFS Licence No: 237491 - ABN: 52 074 444 296 - Phone: 08 8100 0800 - Fax: 08 8100 0899

229 Hutt Street, Adelaide SA 5000 - PO Box 7138 Hutt Street, Adelaide SA 5000 - Email: [info@crib.com.au](mailto:info@crib.com.au)

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## **EVENT / ENTERTAINMENT INSURANCE PROPOSAL**

### **BROADFORM LIABILITY INSURANCE**

#### **Proposal Details:**

1. Name of person, company or entity seeking insurance: \_\_\_\_\_
2. Postal Address: \_\_\_\_\_
3. Situation Address of business to be insured: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
5. Period of Insurance: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4pm To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4pm
6. Limit of Indemnity Required: \$5,000,000  \$10,000,000  \$20,000,000
7. Please describe nature of organisation: \_\_\_\_\_  
If business is musician, please state style of music played: Rock/Funk/Jazz/Orchestral/Country/Blues/Other
8. Description of activities undertaken: \_\_\_\_\_  
Description of venue(s) where meetings/performances are held: \_\_\_\_\_  
\_\_\_\_\_
9. No of meetings/performances per annum: \_\_\_\_\_
10. Estimated Number of Attendees: Per Performance: \_\_\_\_\_ All Performances: \_\_\_\_\_
11. No of members, if applicable: \_\_\_\_\_
12. Do you engage Sub-Contractors and/or Service Providers? YES  NO   
If Yes, please provide full details: \_\_\_\_\_  
\_\_\_\_\_
13. Number of Tutors/Entertainers: \_\_\_\_\_ Number of Other Staff: \_\_\_\_\_
14. Turnover for last 12 months: \_\_\_\_\_ Estimated Turnover for the coming twelve months: \_\_\_\_\_
15. Are there any hazardous activities associated with your business? YES  NO   
If Yes, please provide full details. \_\_\_\_\_  
\_\_\_\_\_
16. Construction of the premises:  
Walls: \_\_\_\_\_ Floors: \_\_\_\_\_ Roof: \_\_\_\_\_ No. of Storeys: \_\_\_\_\_
17. Age of Building: \_\_\_\_\_
18. Please provide details of Fire Protection and Security: \_\_\_\_\_

#### **CONTRACTUAL LIABILITY**

Coverage for Liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products.

- Do you assume Liability under contract or hold others harmless (other than lease liability)? YES  NO   
If yes, please provide details and attach copies of all agreements (other than lease liability).
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## **GENERAL INFORMATION**

1. Are you or have you previously been insured against the risks to be insured? YES  NO   
If Yes, please provide details.

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2. Have you had any claims made against you (whether insured or not)? If Yes, please provide details. YES  NO

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3. Have you had any incident or accident occur which would have been covered by the proposed insurance policy? If YES, please provide details. YES  NO

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4. Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer? If Yes, please provide details. YES  NO

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5. Have you ever been convicted of a criminal offence? YES  NO   
If Yes, please provide details:

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6. Is there anything more you need to disclose to us? YES  NO   
If yes, please attach a separate note with this Proposal stating what it is that you think we ought to know

### **YOUR DUTY OF DISCLOSURE and UTMOST GOOD FAITH:**

*Before you enter into a contract of insurance with an insurer, you have a duty, under the Insurance Contracts Act 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 for insurance and if so, on what terms. A contract of insurance is a contract based on the utmost good faith, requiring each party to act towards the other party with the utmost good faith. You must disclose to us, facts known to you which are material to our consideration of your insurance risk.*

*Leaving out pertinent information is misrepresenting your risk which could have the effect of voiding all your cover under this Policy Pack. It does not matter whether or not the insurance risk is intentionally or unintentionally misrepresented, as either circumstance will void the insurance cover.*

I/We hereby declare and warrant that the information and answers given in this application are in every respect true and correct and I/We have not withheld any information within my knowledge likely to affect the decision of the insurer in considering the risk and I/We hereby agree that this proposal and declaration shall be the basis of the contract with the Insurer and myself/ourselves.

Signed by the Proposer: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_