

ENTERTAINMENT & EVENTS LIABILITY INSURANCE

IMPORTANT NOTICES

You must read the notices below. If you have any queries please contact your insurance broker.

Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know or
- We have indicated we do not want to know

If you do not comply with your duty of disclosure, we may be entitled to:

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

Privacy Statement

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden authorises Arena to collect this information on Calliden's behalf and to use it for Arena's purposes. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au.

- by phone 02 9551 1111.
- by email to privacy@calliden.com.au.
- by letter to Privacy Officer, PO Box 348 Milsons Point NSW 1565

Taxation Information

The amount of cover you choose excludes Goods and Services Tax (GST). If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay. The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you have paid, you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the premium. If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess. If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

Don't Prevent Our Right of Recovery

The Liability policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

PLEASE ANSWER QUESTIONS FULLY, USE BLOCK LETTERS AND TICK APPROPRIATE BOXES

Details of the Insured

Insured Name:	<input style="width:100%;" type="text"/>		
Trading Name:	<input style="width:100%;" type="text"/>		
Tax Registered Business:	Yes <input type="checkbox"/>	ABN No:	<input style="width:50%;" type="text"/>
	No <input type="checkbox"/>	Input Tax Credit:	<input style="width:50%;" type="text"/> %
Situation Address:	<input style="width:90%;" type="text"/>		Postcode: <input style="width:10%;" type="text"/>
Postal Address:	<input style="width:90%;" type="text"/>		Postcode: <input style="width:10%;" type="text"/>
Business Phone No.:	<input style="width:40%;" type="text"/>	Fax No.:	<input style="width:40%;" type="text"/>
E-mail:	<input style="width:100%;" type="text"/>		
Period of Insurance:	From: / /	at 4 pm	To: / / at 4 pm

Your General History

1. Has any Insurer ever declined to insure You? Yes No
2. Has any Insurer ever declined to renew any of Your insurances? Yes No
3. Has any Insurer ever required special terms before insuring you? Yes No
4. Name of Your previous public/products liability insurer: _____
5. Expiry date of previous policy: ____/____/____

If 'Yes' to any of the above questions, please provide full details. For claims or uninsured losses, please detail the total cost of the claim, date of loss, how the loss occurred, the name of Insurer and the policy number.

Claims History

6. Have any claims been made against You in respect of Your legal liability for injury or damage in the past 5 years? Yes No

If yes, please provide the following details:

Date of Incident	Nature of Injury/Damage	Amount of Claim \$

7. Are you aware of any circumstances which may give rise to a claim in the future? Yes No
If yes, please provide details.

Details of the Business

8. Please provide the address or location of where you will be predominantly carrying out your business activities:

9. Do you carry out any activities outside of Australia Yes No
If yes, please provide names of countries

10. Please describe all your business activities to be insured:

11. Please tick one or more of the following to best describe your business activities:

- Entertainer/performer/musician/band etc
- Theatre/performance group
- Drama/ dance school
- Booking agency
- Event organiser/ Concert promoter
- Market organiser
- Community group/non-profit organisation
- Film or Video production
- Public Address, Lighting, Audio Visual, Staging or Rigging

12. How many years experience do you have in this field and/or how long has your business been operating?

13. Will your activities include the use of any of the following:

- Registered motor vehicles Yes No
- Watercraft Yes No
- Aircraft or hovercraft Yes No

14. Will you be directly responsible for the supply and set up of staging systems? Yes No

15. Will you be conducting any rigging activities which require a rigger's ticket? Yes No

16. Do you use contractors/ sub-contractors? Yes No
If so, what activities will your contractors carry out?

17. Do you insist on your contractors / sub-contractors carrying their own public liability insurance? *(This will be a condition of cover)* Yes No

Do you obtain evidence of same? Yes No

18. Please advise the estimated:

(a) wages / turnover of your business for the next 12 months: \$ _____

(b) payments to contractors / subcontractors for the next 12 months: \$ _____

(c) number of employees: _____

(e) total number of members (if you are a non-profit organisation) _____

19. Have you entered into any Contracts or Agreement under which You have assumed liability for which You would not otherwise be liable, or under which You have waived Your legal rights of recovery (e.g.: Hold Harmless or Indemnity Agreements)? Yes No

If yes, please provide copies of the Contracts or Agreements.

Note – a hold harmless or indemnity agreement is whereby one party assumes the liability risks of another party under contract. Your public liability policy is to cover your legal liability & no one else's, therefore claims arising from these agreements are excluded. In some circumstances, your policy can be amended to include cover for these agreements providing your Insurer can review them & agree to their content. If you sign these agreements without first referring them to your Insurer, you may not be covered in the event of a claim.

20. Will you require cover for liability claims arising from loss or damage to other people's property whilst in Your Care, Custody or Control? Yes No

If Yes, please advise the Limit of Liability required for any one period of insurance? \$ _____

Note – the above extension only operates if you are negligent in causing the loss or damage to the property in your care, custody or control. There can be situations where you have hired or borrowed other people's property, & such property is lost or damage not as a result of your negligence. However, you may still be responsible for compensating the owner for their loss. In these circumstances, it would be prudent not to rely on the above extension on it's own but also insure the hired or borrowed property under a General property insurance policy, which will operate regardless of fault or negligence.

Insurance Required

21. Please tick the limit of indemnity required:

- \$5,000,000
- \$10,000,000
- \$20,000,000

22. Period that cover is required for:

Annual period Dates: From _____ To _____

OR

Short Term period Dates: From _____ To _____

ONLY COMPLETE THIS SECTION IF YOU ARE A MUSIC GROUP, BAND, ENTERTAINER, PERFORMING GROUP, DANCE OR DRAMA SCHOOL

For dance, drama, performing arts tuition, please answer the following:

23. Please provide the following details:

- (a) Total number of registered students? _____
- (b) Number of students per class? _____
- (c) How many classes per week? _____

(d) How many teachers/supervisors? _____

24. Do student participate in hazardous, strenuous or physical activities? Yes No
If yes, please describe the nature of the activities? _____
-
-

For all bands, entertainers, performing groups, dance & drama schools please answer the following questions:

25. Please provide the following details:
(a) Total number of musicians / performers? _____
(b) Estimated number of performances during an annual period? _____
(c) Estimated attendance at each performance? _____
26. Do you hire the venue to stage your performances or are you just booked to turn up and perform? _____
-

ONLY COMPLETE THIS SECTION IF YOU ARE INVOLVED IN FILM OR VIDEO PRODUCTION ACTIVITIES

27. What type of productions will you be filming?
- | | | |
|---|------------------------------|-----------------------------|
| Feature films | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Documentaries | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| TV productions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Corporate videos | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Private & public events or occasions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| TV Commercials | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Music video clips | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other productions (please describe) _____ | | |

28. If annual cover required, please advise estimated number of productions during next 12 month period? _____
-

29. Estimated number of filming days? _____

30. Please advise the estimated production budget:
- | | |
|----------------------------------|----------|
| For annual period if required | \$ _____ |
| For one off or short term period | \$ _____ |

31. Will your productions involve the use of any of the following:
- | | | |
|--|------------------------------|-----------------------------|
| Fire, fireworks, pyrotechnics | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stunts or explosions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Dangerous activities (please describe) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Aircraft, watercraft or motor vehicles | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

ONLY COMPLETE THIS SECTION IF YOU ARE STAGING AN EVENT OR CONCERT

35. Name of event _____

36. Date of event _____

37. Event times: From _____ To _____
38. Please describe nature of event _____
39. Estimated ticket price (if applicable) _____
40. Estimated attendance at your event / events _____
(Please provide a total estimate if insuring more than one event)
41. Please advise if your event will involve any of the following activities (please attach an event program or schedule):
- Live music/theatrical/dance/artistic performances: Yes No
- Will any members of the public or audience members participate in any sporting, acrobatic, physically strenuous or hazardous activities? Yes No
- Camping facilities available to patrons: Yes No
- Motor-sport activities or displays: Yes No
- Food or market stalls Yes No
- Amusement rides, devices or animal rides:
Please ensure that all amusement / animal ride contractors carry their own public liability insurance.
- Fireworks or pyrotechnic displays: Yes No
- Name of fireworks operator _____
- Use of watercraft in your event: Yes No
- Use of aircraft in your event: Yes No
42. Location where event is to be held _____
43. Is the event being held: Indoors OR Outdoors
(For larger outdoor events, please provide layout plan of the venue etc.)
44. Is there any temporary seating structures being used? Yes No
If yes, please ensure that the contractor responsible for supplying and setting up these structures carries their own public liability insurance.
45. Artists performing (if applicable) _____
-
46. If your event is a concert or performance, what style of music or performance is being performed?

47. Do you require annual cover for all events staged during annual period? Yes No
If yes, please advise the number of events, concerts or performances to be covered? _____
(Please supply a separate schedule of events if possible)
48. Do you have a risk management plan or safety procedures for your event/events? Yes No
(Please provide a copy of the plan if applicable)
49. Who will be responsible for security? _____
(Please ensure that the contracted security company carries their own public liability insurance)
50. Will you be serving, selling or supplying alcoholic beverages at your event? Yes No
If yes, please advise:-
- a) Who is actually selling or serving the beverages? _____
- b) Do they carry their own liability insurance for this activity? Yes No
- c) Who has signed the liquor license? _____
51. If your event is an exhibition or market, please provide number of stalls? _____
Will all stall holders or exhibitors carry their own liability insurance? Yes No
(It is recommended that you insist on all stall holders or exhibitors to carry their own public and products liability insurance)

52. What type of products or services do the stall holders or exhibitors sell or display at your event?

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Declaration
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This declaration must be completed and signed by or on behalf of all parties applying for insurance.

I/We declare that:

- (i) the answers and information given by me/us in this proposal are true and correct in all respects and that no information has been withheld which would affect Calliden's decision about accepting this insurance and
- (ii) where answers in this Proposal are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct
- (iii) I/we have read and understood the clauses detailed under the Important Notices section at the front of this proposal
- (iv) if there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required
- (v) I/we authorise Calliden to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances
- (vi) I/we understand that if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Arena Entertainment & Event Liability Policy
- (vii) I/we further acknowledge that Calliden, their agents or employees reserve the right to decline this proposal.

Proposer's Signature: _____

Date: _____ / _____ / _____

Proposer's Name: _____

Proposer's Title: _____