

ENTERTAINMENT & EVENTS LIABILITY INSURANCE PROPOSAL

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. Before you enter into a contract of general 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 complete with your duty of disclosure, we and/or the Insurer 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 services in accordance with our privacy policy. Berkley Insurance Australia (BIA) authorises Arena Underwriting Pty Ltd (Arena) to collect this information on BIA's behalf and to use it for Arena's purposes. In addition BIA 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, BIA may not be able to provide you with insurance or may impose additional condition on any cover provided. In accordance with BIA's privacy policy you may obtain access at any time to information that BIA or its service provided hold on you. If you would like to contact BIA about our privacy, or would like to obtain a copy of the privacy policy you may do so online at www.berkleyinaus.com.au

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 of your entitlement (or correct entitlement) to an input tax credit on the premium. If you are liability 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.

1. General Information

Insured Name(s) Including trading names:			
ABN:			
Tax Registered Business:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Input Tax Credit:	%
Situation Address:			
Business Phone No:			
Website Address:			
Email Address:			

2. Period of Insurance

Dates of cover required:	From:	To:
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3. Business Details

Please describe business activities to be Insured in as much detail as possible:	
Please indicate which best describe your business activities:	<input type="checkbox"/> Entertainer / Performers / Musician / Band etc <input type="checkbox"/> Theatre / Performance Group <input type="checkbox"/> Drama / Dance School <input type="checkbox"/> Circus / Aerial Tuition <input type="checkbox"/> Event Manager / Coordinator / Wedding &/or Party Planner <input type="checkbox"/> Event Promoter / Event Owner / Event Principal <input type="checkbox"/> Market Organiser <input type="checkbox"/> Individual Stallholder / Exhibitor at third party event <input type="checkbox"/> Community Group / Not-for-Profit Organisation <input type="checkbox"/> Booking Agency - Please advise number of bookings per month _____ <input type="checkbox"/> Public Address, Sound, Lighting, Audio Visual, Staging or Rigging activities – Please advise number of jobs/events worked on per month _____ <input type="checkbox"/> Film & Video Production <input type="checkbox"/> Photographer <input type="checkbox"/> Other – Please describe _____

Address(es) of where you will be predominately carrying out your business activities:			
Estimated Gross Turnover for the next 12 months:			
<i>If cover is only required for a short-term period or one-off event, please provide estimated turnover or budget for the short-term period or one-off event.</i>			
Estimated Wages Paid for the next 12 months:		Number of Employees:	
Do you engage contractors / sub-contractors?	<input type="checkbox"/> Yes - <i>Please complete the following four (4) questions</i> <input type="checkbox"/> No		
What activities will your contractors/sub-contractors carry out?			
Estimated payments to contractors / sub-contractors?		Do you insist all contractors / sub-contractors have their own liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you engage voluntary / unpaid workers?	<input type="checkbox"/> Yes – <i>please complete the following question</i> <input type="checkbox"/> No		
What activities will your volunteers carry out?			
Do you require cover for any activities outside of Australia?	<input type="checkbox"/> Yes – <i>Please complete the following 4 questions</i> <input type="checkbox"/> No		
Which countries will you be working in?		Dates of travel / time spent in each country?	
Details of activities to be conducted overseas?		Turnover derived from overseas activities?	
Number of years' your business has been in operation or how many years' experience do you have in this field?			

Will you be signing any contracts that contain hold harmless or indemnity agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Note – a hold harmless or indemnity agreement is whereby one party assumes the liability risks of another party under contract. Your public liability is to cover your legal liability and 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 and 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.

Will you require cover for liability claims arising from loss or damage to other people’s property whilst in your care, custody or control?	<input type="checkbox"/> Yes – Automatic \$ 250,000 included. <input type="checkbox"/> No
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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, and such property is lost or damaged not as a result of your negligence. However, you may still be responsible for compensating the owner for the loss. In these circumstances, it would be prudent not to rely on the above extension on its own but also insure the hired or borrowed property under a General Property insurance policy, which will operate regardless of fault or negligence. Please speak to your Broker for a General Property quotation.

Please complete if you require Professional Indemnity and/or Management Liability

Valuation of assets:	\$	Valuation of total liabilities:	\$
Gross Consolidated turnover for the current financial year?		\$	
Gross consolidated turnover for the prior financial year?		\$	

4. Sums Insured

Public Liability	<input type="checkbox"/> \$ 10,000,000 <input type="checkbox"/> \$ 20,000,000
<i>The following sections are only available on an annual policy</i>	
Professional Indemnity	<input type="checkbox"/> \$ 1,000,000 <input type="checkbox"/> \$ 2,000,000 <input type="checkbox"/> \$ 5,000,000
Management Liability	<input type="checkbox"/> \$ 1,000,000 <input type="checkbox"/> \$ 2,000,000 <input type="checkbox"/> \$ 5,000,000

5. Only complete this section if you are a an Entertainer, Performer or Performing Group (including Musicians, Theatre Groups, Dance Groups, Bands etc)

Number of Performers to be covered under this policy?	
What is the style of your performance or entertainment?	<input type="checkbox"/> Band <input type="checkbox"/> Children’s Entertainer <input type="checkbox"/> Theatrical / Street Theatre <input type="checkbox"/> Classical / Folk / Opera

	<input type="checkbox"/> Circus / Aerial / Trapeze <input type="checkbox"/> Mobile DJ / Karaoke Host <input type="checkbox"/> Spruiker / MC / Event Host (not organiser) <input type="checkbox"/> Music Teacher <input type="checkbox"/> Other – please describe _____
Are you booked to turn up and perform (or booked through an agent or by the venue)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you ever hire out a venue to stage your own show (i.e. self-promote)?	<input type="checkbox"/> Yes – <i>Please complete Event Promoters section</i> <input type="checkbox"/> No
Do you require crew members to be covered under your policy?	<input type="checkbox"/> Yes – <i>Please complete the following 2 questions</i> <input type="checkbox"/> No
How many crew members to be included?	
Role / Activities of crew members?	

6. Only complete this section if your activities involve Running Workshops, Classes or Tuition activities.

Please describe what activities are being taught?	
What is the total number of registered students / participants?	
Estimated number of classes per week?	
Estimated number of students per class?	
Estimated number of workshops per annum?	
Estimated number of participants per workshop?	
Number of teachers/supervisors per class or workshop?	
Do students participant in hazardous, strenuous or physical activities?	<input type="checkbox"/> Yes – <i>Please complete following question</i> <input type="checkbox"/> No
Please describe the nature of the activities?	
Will you be staging any end of term/semester/year performances, concerts or shows?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If so, please advise number of performances, concerts or shows? And estimated attendance at each?</p>	
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7. Only complete this section if you are contracted as an Event Manager, Event Coordinator, Event Planner for third party events

<p>Are you paid a fee to organise the event on behalf of a third party?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please define your role, responsibilities and duties?</p>	
<p>Please advise the types of events you are involved in?</p>	
<p>Please advise the number of events you are involved in?</p>	
<p>Please provide examples of the types of venues where the events will be held?</p>	
<p>Estimated attendance at each of the events?</p>	
<p>Please advise if any of the events will involve people participating in sports activities, hazardous, adventurous or dangerous activities? And if so, please provide details.</p>	
<p>Will the Event Owner / Promoter / Principal arrange their own Public Liability insurance for the events?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – <i>Please complete the Event Promoter section of this proposal</i></p>

8. Only complete this section if you are an Event Promoter, Event Principal, Event Owner including Staging of Event such as Concerts, Festivals, Markets, Cultural Events, Community Events, Fundraisers, Parties and including Performers &/or Bands who Self-Promote.

<p>Are you paid a fee to organise the event on behalf of a third party?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please provide an estimated number of events you will organise/promote for the next 12 months?</p>	

<p>Please give examples of the types of events (i.e. Concerts, Corporate Events, Outdoor Festivals, Theatre Productions etc) that you will organise, manage, promote and/or coordinate for the next 12 months?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Outdoor Music Festivals <input type="checkbox"/> Indoor Music Concerts <input type="checkbox"/> Dance Parties <input type="checkbox"/> Outdoor Events <input type="checkbox"/> Community Events <input type="checkbox"/> Film Festivals / Screenings <input type="checkbox"/> Cultural Events <input type="checkbox"/> Sporting Events/Activities <input type="checkbox"/> Corporate Events/workshops <input type="checkbox"/> Other – Please describe <p>_____</p>		
<p>Please provide details of activities carried out at the event, including genre/style of music?</p>			
<p>Please provide an estimated attendance at each of the events to be held over the next 12 months?</p>			
<p>Note: If any one event has an attendance of 2,000 or above, we will require a copy of your Risk Management Plan(s).</p>			
<p>Location/Address of where events are to be held?</p>			
<p>Will events be held indoors or outdoors?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Predominately indoors, with outdoor component 		
<p>Note: For larger outdoor events, please provide a layout/site map of the venue/event.</p>			
<p>Please advise if any of the events will involve people participating in sports activities, hazardous, adventurous or dangerous activities? And if so, please provide details.</p>			
<p>Will any of the events include camping activities?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes – Please complete the following 3 questions <input type="checkbox"/> No 		
<p>Number of nights camping is available:</p>		<p>Number of campers per night:</p>	
<p>What facilities are provided for the campers?</p>			
<p>Please advise if any of your events include the following:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Live Music / Theatrical/ Dance / Artistic Performances <input type="checkbox"/> Water based activities / swimming <input type="checkbox"/> Fireworks / Pyrotechnics / Fire pits / Bonfires or other Fire related activities <input type="checkbox"/> Amusement Rides / Jumping Castles 		

	<input type="checkbox"/> Audience participation in sports, novelty events or physical challenges? <input type="checkbox"/> Use of motor vehicles including Motorsports or Static displays (other than transport of personnel or equipment) <input type="checkbox"/> Use of boats / watercraft exceeding 8 metres in length <input type="checkbox"/> Use of aircraft, helicopters or UAVs / Drones (other than commercial flights for travel) <input type="checkbox"/> Animals <input type="checkbox"/> Other activities that may be deemed hazardous – Please describe _____		
Please advise the names of Performers or Artists at your event? (If applicable)			
Estimated ticket price			
Do you have a risk management plan or safety procedures for your event/s?	<input type="checkbox"/> Yes – Please provide copies <input type="checkbox"/> No		
Who will be responsible for security?			
<i>Please ensure that the contracted security company carry their own public liability insurance.</i>			
Will you be serving, selling or supplying alcoholic beverages at your event?	<input type="checkbox"/> Yes – Please answer the following 6 questions <input type="checkbox"/> No		
Who is actually selling or serving the beverages?			
Do they carry their own public liability insurance for this activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Who has signed the liquor license?			
Please advise how many bar staff will be engaged?			
Estimated number of bar staff per event?		Are all bar staff RSA qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will all stall holders or exhibitors at your event hold their own liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are running multiple events over the next 12 months, please provide a separate Schedule of Events documents, if insufficient space above.			

9. Only complete this section if you are a Booking Agent, Band/Artist Manager.

Estimated number of bookings per <u>month</u> ?	
Estimated number of performers per booking?	
Do you obtain evidence of liability insurance for all acts/performers you represent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Only complete this section if you are a Production Manager, Production Company etc (i.e. Sound, Lighting & Audio Visual equipment)

Please advise the estimated number of jobs/events you will work on each <u>month</u> ?	
Are you directly responsible for the supply and erection of stages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any of your employees qualified riggers?	<input type="checkbox"/> Yes – <i>Please provide copy of riggers ticket</i> <input type="checkbox"/> No
If so, please advise the type of equipment you will be rigging and the maximum height you will work at?	

11. Only complete this section if you are a Photographer, Videographer or Conducting Filming Activities?

Do you conduct any photography activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe the style of photography:	
Do you conduct any Filming activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the overall producer of the Production/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please advise your responsibilities and duties:	
Please advise types of productions you will be working on?	<input type="checkbox"/> Feature Films <input type="checkbox"/> Documentaries <input type="checkbox"/> TV Productions <input type="checkbox"/> Corporate Videos <input type="checkbox"/> TV Commercials <input type="checkbox"/> Music Video Clips <input type="checkbox"/> Web-series <input type="checkbox"/> Private & Public Events or occasions

	<input type="checkbox"/> Other productions – Please describe <hr/>
Please confirm the number of productions over the next 12 months?	
Please provide the estimated number of filming days over the next 12 months?	
Please provide estimate budget per production?	
Will the majority of photography / filming take place in the studio or on location?	<input type="checkbox"/> Studio <input type="checkbox"/> Location
Please advise if any activities will involve people participating in stunts, sports activities, hazardous, adventurous or dangerous activities? If so, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your activities include the use of Drones?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Risk Management Controls

Will your activities include the use of vehicles, watercraft aircraft or hovercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
Do you secure a written contract or engagement letter for every client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please indicate how the scope of services is agreed for your clients?	
Do you check the adequacy of all contractors, sub-contractors, service providers etc Public Liability, Professional Indemnity and Workers Compensation insurance prior to engagement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are verbal reports always confirmed in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, how do you substantiate such verbal reports?	

How do you ensure the professional services and/or training material provided are in line with current best practice and / or operational framework?	
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Please provide details of the 5 largest contracts or projects undertaken by the Insured:

Project Description	Fee Income Derived	Date Completed
	\$	
	\$	
	\$	
	\$	
	\$	

13. Employee Information
Please provide the following details for each insured's principles, partners, directors and key staff who will be conducting your Professional Services.

Name	Age	Qualification / Date Qualified	Years' Experience

14. Human Resource & Management Controls

Do you distribute employment handbook/policies to all employees at the commencement of their employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you always check references of potential employees of contractors including Police and Working with Children Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you seek legal advice or opinion prior to terminating any employee's employment contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a documented process in dealing with internal handling and resolution of complaints made by employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have written workplace policies and/or manual in relation to the following: a) Discrimination b) Equal Opportunity c) Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No

d) Termination of employment?	
If no to a, b, c or d, please provide ways in which the company would manage this process?	

12. Fidelity Controls
(Only complete if Management Liability is required)

Do you segregate duties so that no one individual can control any of the following activities from commencement to completion without referral to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signing cheques, preparing cheque requisitions, reconciling bank statements or issuing transfer instructions above \$ 5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refund of Monies or return of good above \$ 5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reconciling bank statements or corporate and/or company purchase credit cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an annual independent physical count or audit of stock or services that is reconciled against inventory stock and/or work completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No has been answered to any of the above, please provide ways in which the company would manage or minimise risk of employee dishonest and misappropriation of monies.	

13. Underwriting Information

Has any insurer ever declined to insure you or declined to renew any of your insurances or imposed special terms and conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 10 years, have you ever had any criminal convictions or been bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 10 years, have you suffered any claims or caused incidents that could give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been insured for Public Liability, Professional Indemnity or Management Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If you have answered yes to the above, please provide details:</p>	
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14. DECLARATION:

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 BIA's decision about accepting this insurance and
- (ii) Where answers in this Proposal are not my/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 BIA to give to or obtain from other insurers or any 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 or Arena Encore Liability Policy.
- (vii) I/We further acknowledge that BIA, their agents or employees reserve the right to decline this proposal.

Name:	
Signature:	
Date:	