

VOLUNTARY WORKERS PERSONAL ACCIDENT 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. 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. 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 conditions 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 providers hold on you. If you would like to contact BIA about 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 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.

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| DETAILS OF THE INSURED | |
|------------------------|--|
| Name of Insured | |
| | |

| | | | | | |
|-------------------|------|-------|--------|----------|--|
| Postal Address | | | | | |
| Suburb | | State | | Postcode | |
| Telephone Numbers | Home | | Mobile | | |
| Email Address | | | | | |

| DETAILS OF THE EVENT | | |
|-------------------------------|------------------------|--------|
| Event Date | Time Start | Finish |
| Event Address | Location Name | |
| Cover to Commence | Cover to Expire | |
| Number of Guests | Indoors or Outdoors | |
| Nature of event to be insured | | |

| GENERAL HISTORY | |
|---|--|
| Has any insurer ever declined to insure You or declined to renew any of Your Insurances or asked that You agree to special terms or conditions? If yes, please supply details | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Are You aware of any circumstances which may give rise to a Claim in the future? If yes, please supply details | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Do You carry out any activities outside of Australia? If yes, please supply details | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |

| CLAIMS HISTORY | | |
|--|-------------------------|-----------------|
| Have any claims been made against You in respect of Your legal liability for injury or damage in the past 5 years? If yes, please supply details | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Date of Incident | Nature of Injury/Damage | Amount of Claim |
| | | |
| | | |
| | | |

VOLUNTARY WORKERS DETAILS

Please advise the activities Your volunteer workers will be performing:

1. Performers – please advise number of volunteers undertaking this type of activity, and types of performing activities:

2. General Event Staff – please advise number of volunteers undertaking this type of activity, and types of general event activities being undertaken:

3. Construction Related – please advise of the number of volunteers undertaking this type of activity, and types of construction related activities being undertaken (including details of any rigging, stage construction, seating construction, infrastructure work etc):

4. Other Activities – please advise full details of any other activities being undertaken by volunteers not included in the above:

| | |
|--|--|
| Has any person ever been injured whilst doing voluntary work for You? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are there any exceptional circumstances relating to the risk to be insured that You have not already told Us about, and that You know or should know may affect Our decision to insure You? If Yes, please give relevant information: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Total number of volunteers registered with Your event: | |
| Will any volunteers be undertaking security related work at the event (note this is an excluded activity under the Policy) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

DECLARATION

I/We

(a) declare that:

- (i) the answers and information given by me/us in this Proposal are true and correct in all respects;
- (ii) no information has been withheld which would affect BIA's decision about accepting this insurance;
- (iii) where answers in this Proposal are not my/own handwriting, they have been checked by me/us and I/we agree they are correct;
- (iv) I/we have read and understood the clauses detailed under the Important Notices section of this Proposal;
- (v) if there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required;
- (vi) I/we are authorised by the Insured to sign this Proposal Form;
- (b) authorise BIA and Arena Underwriting Pty Ltd 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;
- (c) understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Arena Voluntary Workers Personal Accident Product Disclosure Statement and Insurance Policy;
- (d) I acknowledge that BIA and/or Arena Underwriting Pty Ltd, their agents or employees reserve the right to decline this Proposal.

Proposer's Signature: _____

Date: / /

Proposer's Name: _____

Proposer's Title: _____

Completed proposals should be forwarded to your insurance broker or Arena Underwriting Pty Ltd at email address info@arenaunderwriting.com.au.