



ACTION ENTERTAINMENT INSURANCE SPECIALIST EVENT & ENTERTAINMENT INSURANCE ADVISORS

Authority No. 292988

AUTHORISED REPRESENTATIVE OF ACTION INSURANCE BROKERS

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Service – Solutions – Security

CANCELLATION & ABANDONMENT INSURANCE QUESTIONNAIRE

YOUR DUTY OF DISCLOSURE - CONTRACTS OF GENERAL INSURANCE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, 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 of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:-

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

SUBROGATION

You may prejudice your rights with regard to a claim if, without prior agreement from the Insurer, you make agreement with a third party that will prevent the Insurer from recovering the loss from that, or another party.

Your policy contains provisions that either exclude the Insurer from liability, or reduce their liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under this policy.

GENERAL INFORMATION REQUIRED

1) **Client name** _____

2) **Postal address** _____

3) **Phone number** _____ **Fax number** _____

4) **Email address** _____

5) **Business activities of the Proposer (please describe your activities in as much details as possible)**

Name of Event to be insured _____

6) Period that cover is required for:-

Annual period () Dates From _____ To _____

OR

Short term period () Dates From _____ To _____

7) If you require cover for all events during annual period, please provide a schedule of events, dates and locations to be insured?

Event _____ Date _____ Location _____

Event _____ Date _____ Location _____

Event _____ Date _____ Location _____

(If insufficient space, please provide a separate schedule)

8) If you only require cover for a 'one-off' event, please provide location of where the event will take place?

9) Is the event/s being held outdoors? YES / NO**IF YES AND COVER IS REQUIRED FOR CANCELLATION DUE TO ADVERSE WEATHER, PLEASE COMPLETE THE FOLLOWING QUESTIONS.****10) Please specify what type of weather conditions would affect your event/s:-**

- | | |
|---------------|----------|
| a) Heavy rain | YES / NO |
| b) Light rain | YES / NO |
| c) Lightning | YES / NO |
| d) High winds | YES / NO |

Are all performers and equipment under cover? YES / NO**If yes, please describe the construction of stage and coverage?**

Walls _____

Floors _____

Roof _____

11) Is the event location closed to a water course? YES / NO

12) Does the financial success of the event rely on ticket sales? YES / NO

Please note that a CANCELLATION/ABANDONMENT policy DOES NOT cover financial losses resulting from inadequate ticket sales or shortfall in attendance.

Please advise estimate number of tickets sales _____

How many tickets will be sold prior to the day of the event _____

How many tickets will be sold on the day of the event _____

Estimated ticket price _____

Do you believe that rain could affect the expected attendance?

YES / NO

If yes, do you require cover for a financial loss resulting from a shortfall in attendance caused by rain?

YES / NO

If YES then we would recommend that you consider taking out a PLUVIUS INSURANCE policy in addition to the CANCELLATION/ABANDONMENT policy. A PLUVIUS insurance policy will cover financial losses resulting from a certain limit of rain falling within an agreed time period.

Would you like a separate quotation on PLUVIUS INSURANCE?

YES / NO

PLEASE COMPLETE THIS SECTION IF COVER IS REQUIRED FOR CANCELLATION OF THE EVENT DUE TO THE NON-APPEARANCE OF THE ARTIST / PERFORMER

13) Name of artist or performer _____

14) Names and ages of members whose non-appearance would cause cancellation:-

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

(if insufficient space, please attached a separate schedule)

15) Date of arrival? _____

- 16) Have you made any allowances for travel delay?** YES / NO

If yes, please advise _____

- 17) Is the performer / artist currently in good health?** YES / NO

If no, please advise _____

Note – a medical certificate is required proving the artist / performer is in good health and fit to perform.

- 18) Does the artist / performers have any pre-existing medical conditions?**

YES / NO

If yes, please advise? _____

- 19) Are you aware of any previous cancellations or non-appearance by this artist / performer?**

YES / NO

If yes, please provide details of previous cancellations? _____

- 20) Have all the necessary documents, passports and visas been obtained to allow this artist / performer in to Australia?**

YES / NO

If no, please advise when such documents will be obtained? _____

- 21) Do you require an extension to cover non-appearance of the artist(s) or performer(s) as a result of death, accident or illness of any of the artists(s) or performers(s) family members?**

YES / NO

Note: This extension may incur additional premium and cover only applies on the death, accident or illness of family members (as defined in the policy) under the age of 70 years.

SUM INSURED

(must represent the total value at risk – underinsurance condition applies to this insurance)

22) Expected gross revenue from ticket sales, food & beverages, merchandise, sponsorship and/or guarantees or other sources?

\$ _____

Please specify your total costs / expenses for staging this event/s?

\$ _____ (please provide a schedule of costs/expenses)

Do you wish to insure against the loss of GROSS REVENUE (i.e. costs/expenses plus net profit) OR COSTS/EXPENSES (i.e. breakeven) only? _____

Note: Should you choose to insure for costs/expenses only, you will not be insured for loss of net profit.

GENERAL INFORMATION REQUIRED

23) Have you or any other party to this insurance, suffered a loss or insurance claim under a policy this type?

YES / NO

If yes, please advise details? _____

24) Have you or any other party to the insurance, ever been refused insurance or had a policy declined by an Insurer, or had the Insurer impose special terms, conditions or excesses on a policy of this type?

YES / NO

If yes, please provide details? _____

25) Have all the necessary documents, approvals and permission been obtained to stage this event/s?

YES / NO

26) Are you aware of any factor that may cause a claim under this insurance?

YES / NO

If yes, please provide details? _____

DECLARATION

I/We hereby declare that the information provided by me/we in this questionnaire is true and correct and that I/we have read and understand the Important Notices at the start of this questionnaire. I/We also agree that this questionnaire can be used as the proposal of insurance and therefore the basis of the contract of insurance between me/we and the underwriter, if so approved by the underwriter.

(Signature)_____
(Date)_____
Name_____
Position**OTHER INSURANCES**

We recommend the following other insurances and ask that you contact our office if you would like further information on any of these including quotations:-

PUBLIC LIABILITY INSURANCE FOR SPECIAL EVENTS, CONCERTS ETC.	YES / NO
VOLUNTARY WORKERS ACCIDENT INSURANCE	YES / NO
WORKERS COMPENSATION (COMPULSORY FOR ALL EMPLOYERS)	YES / NO
MONEY	YES / NO
BUSINESS EQUIPMENT (INCLUDING HIRED OR BORROWED ITEMS)	YES / NO
PROFESSIONAL INDEMNITY FOR EVENT ORGANISERS	YES / NO
PLUVIUS INSURANCE	YES / NO

**PLEASE CONTACT ACTION ENTERTAINMENT ON
PH 1300 655 424 IF YOU REQUIRE QUOTATIONS OR
FURTHER INFORMATION ON THE ABOVE ADDITIONAL
INSURANCES**