



ACTION ENTERTAINMENT INSURANCE SPECIALIST EVENT & ENTERTAINMENT INSURANCE ADVISORS

Authority No. 292988

AUTHORISED REPRESENTATIVE OF ACTION INSURANCE BROKERS

ABN 39 080 844 426 AFS Licence No. 225047

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VOLUNTARY AND GROUP ACCIDENT 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.

Where did you hear about Action Entertainment Insurance? _____

Insured name _____ ABN # _____

Postal address _____ Post code _____

Phone number _____ Fax number _____

Email address _____

Period that cover is required for:

From _____ To 4.00pm _____

Your Business Description

How many voluntary workers or persons will you be engaging to work for you? _____

Please advise age ranges (approx) of these persons: Youngest _____ Oldest _____

What activities or duties will these persons be conducting? _____

Will these persons be engaged in any of the following:

Lifting heavy equipment	YES / NO
Working from heights	YES / NO If yes, please advise max height _____
Sporting activities	YES / NO If yes, what type of sport _____
Acrobatic, aerial or trapeze	YES / NO
Dangerous or hazardous work	YES / NO If yes, please describe _____
Driving vehicles	YES / NO

Will you be paying these persons to work for you? **YES / NO**

If yes, please be aware that you might be required to arrange a workers compensation policy to cover these persons. Workers Compensation Insurance is compulsory for all employers. Please contact Action Insurance Brokers if you require further information on Workers Compensation Insurance.

Have you suffered any claims or incidents where persons working for you have been injured?

YES / NO

If yes, please provide details _____

Have you previously been refused insurance or have had your insurance cancelled by an Insurer or have had special conditions, increased premiums or increased excesses imposed on any policy of insurance by an Insurer?

YES / NO

If yes, please provide details _____

<u>BENEFITS TO BE INSURED (per person):</u>	<u>OPTION A</u>	<u>OPTION B</u>
CAPITAL BENEFITS:	\$ 50,000	\$ 100,000
WEEKLY INJURY BENEFIT:		
Limited to the lesser of 75% of weekly wage or	\$ 500	\$ 750
Weekly benefit period	104 weeks	104 weeks
Excess period	7 days	7 days
NON-MEDICARE MEDICAL EXPENSES	INCLUDED	INCLUDED
HOME TUTORIAL BENEFITS FOR STUDENTS	INCLUDED	INCLUDED

DECLARATION:

Signature

Name

Date