

Miramar Special Event Liability Insurance Application Form



PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS SUFFICIENT SPACE TO ANSWER QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED.

DETAILS

Name and Address of the Proposer(s):

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| FIRST NAME | LAST NAME |

 ADDRESS

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| TELEPHONE | FAX |

Name of the Event Organiser: (if different)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| FIRST NAME | LAST NAME |

 ADDRESS

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| TELEPHONE | FAX |

Regulation

For regulatory purposes please confirm are you:

- A business with an annual turnover below AUD 1million?
 A private individual (a person acting outside your business, trade or profession)?

Jurisdiction

This insurance is subject to Australian Law. If you require different jurisdiction please name country:

 COUNTRY

Insurance History

How many events did you insure in the last 12 months?

Previous Insurers

Event(s) to be insured

Name of the Event(s) to be insured:

Venue(s)

FULL ADDRESS(ES) AND PART(S) THEREOF TO BE USED.

Period(s) of tenancy

| | |
|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> |
| FROM | TO (BOTH DAYS INCLUSIVE)* |

(INCLUDING THE INSTALLATION AND DISMANTLING PERIOD).

Open dates of Event(s)

| | |
|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> |
| FROM | TO (BOTH DAYS INCLUSIVE)* |

Written tenancy contract

Have you signed a written tenancy contract with the Venue(s)?

Yes No

If No, please give full details of arrangements.

N.B. IF SPACE IS INADEQUATE A SEPARATE SIGNED LIST SHOULD BE APPENDED TO THIS PROPOSAL

DETAILS (CONTINUED)

Type of event to be insured:
TYPE OF EVENT

Public Event Is the event open to the public? Yes No

Please provide the following details of the Event(s):

(a) Budgeted gross revenue from all sources (b) Budgeted expenses

(c) Budgeted net profit

(d) Expected number of:

EXHIBITORS TRADE VISITORS

DELEGATES PAYING VISITORS

Please answer all the following questions, ticking Yes or No or filling out other details in the boxes:

Event Outdoors Is/are any part of the Event(s) to be held in the open air, under canvas or in a temporary structure? Yes No
 If Yes please give full details.

Venue Fully Operational Is/are the Venue(s) currently fully operational and planned to remain so until completion of the Event(s)? Yes No
 If No please give full details.

Past Events Has/have the Event(s) been held before? Yes No
 If Yes please give full details.

PUBLIC LIABILITY INSURANCE

Public Liability Cover Do you require Public Liability cover in respect of this event?
 Yes No

If Yes please state limit of indemnity (Maximum Payable) required:

AUD 1,000,000 AUD 2,000,000 AUD 5,000,000 AUD 10,000,000

Assets in USA/Canada Do you have any assets in USA or Canada? Yes No

Health & Safety Do you have a written health & safety Policy detailing procedures at events and have you applied it to this Event? Yes No

Do you make all contractors and exhibitors aware of the health and safety policy and require them to comply with the same? Yes No

If the answer to either two questions above is NO, please give full details:

Have you ever been prosecuted under the Health & Safety at Work Act or other statute or regulation? Yes No

If Yes, please provide full details:

PUBLIC LIABILITY INSURANCE (CONTINUED)

Venue Contracts When booking the Venue(s), did you check contracts to ensure you are not accepting responsibility for the negligence of the Venue owners? Yes No

If No, please explain:

Contractors and Performers Evidence of Insurance Do you require all contractors and performers to provide evidence of insurance against third party liability risks before you permit them on site? Yes No

If No, please explain:

Exhibitors Evidence of Insurance Do you require all exhibitors to provide evidence of insurance against third party risks before you permit them on site? Yes No

If No, please explain:

Legal Rights of Recovery Have you waived any legal rights of recovery against contractors and exhibitors? Yes No

Employing Labour Do you directly employ labour to carry out any manual work away from your own premises? Yes No

If Yes, please provide full details:

Written Risk Assessment Have you carried out and implemented a written risk assessment in respect of this event? Yes No

If No, please complete the following:

Approximately how many stewards will be employed to control visitors or crowds and ensure safety at the event?

Will the Police or a security company be in attendance? Yes No

Will alcohol be on sale? Yes No

Will visitors be allowed to bring their own alcohol to the venue? Yes No

Will there be first aid facilities? Yes No

Will the police have been consulted? Yes No

Will the Fire Brigade have been consulted? Yes No

ACTIVITIES AND PROCESSES

Please indicate if this event is, or involves any of the following:

Archery or Shooting Yes No Motorised sports Yes No

Bouncy Castles or other inflatable's Yes No Mountain Biking Yes No

Bungee Jumping Yes No Outdoor Pursuit centre Yes No

Canoeing Yes No Paintballing Yes No

Climbing or Mountaineering or Caving Yes No Parachuting, abseiling or other aerial activities Yes No

Creches Yes No Pop or rock concert Yes No

Demonstration, political rally or protest Yes No Professional sporting event Yes No

Disco or rave Yes No Quad biking Yes No

Equestrian event Yes No Skiing or winter sports Yes No

Explosives or firearms Yes No Sub Aqua activities Yes No

Fairgrounds or rides Yes No White Water (above level 3) or Black Water rafting Yes No

Fireworks or Pyrotechnics Yes No Any working at height above 5 meters or depth of more than 2 meters Yes No

Litter Pick Yes No Any process involving the application of heat other than the preparation of food and drink Yes No

ACTIVITIES AND PROCESSES (CONTINUED)

Hazardous Activities/Equipment Will there be any other hazardous activities or equipment? Yes No
(whether participation or display)

If Yes, please give full details including safety measures taken:

Operate Activities/Equipment Do you provide or operate any activities or equipment yourself? Yes No

If Yes, please provide full details:

PRODUCTS

Tangible Products Does the Proposer or any subsidiary manufacture or supply any tangible products Yes No
(other than brochure, stationary and the like)?

If Yes, please provide details:

| Type of Product | Turnover to Europe | Turnover outside Europe | Turnover to North America |
|----------------------|----------------------|-------------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

VENUES, TRANSPORT, ACCOMMODATION & ACTIVITIES

Owning/Operation Does the Proposer or any subsidiary own (partially or wholly) or operate any venues, Yes No
transport, accommodation or activities companies?

If Yes, please provide details:

LIABILITY CLAIMS HISTORY

Owning/Operation Have any claims for personal injury or damage to property by third parties or Yes No
employees been made against you in the last 5 years?

If Yes, please provide details of any claims or incidents made against you
in the last 5 years, whether insured or not:

Public Liability:
Claims by Third Parties

| Date of Incident | Details | Sum Paid or Reserve |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

ACCEPTANCE OF QUOTATION & DECLARATION

DECLARATION

Signing this form will not commit you or the underwriters to complete the insurance, but if terms are agreed and you do proceed, then it is agreed that this proposal and information supplied with it by you or on behalf shall form the basis of the contract and shall form part of the contract of insurance in respect of the event(s) shown.

I/We undertake to exercise all ordinary and reasonable precautions for the safety of employees and third party property and persons.

Yes No

Except as detailed on this form I/We have not suffered any loss or circumstances which has or might have given rise to a claim under this type of insurance in the last 5 years

Yes No

I/We have not been declared bankrupt nor been involved in any company or business which has gone into liquidation, receivership or come to an arrangement with creditors in the last 5 years

Yes No

No insurer has declined nor imposed any special terms on any liability insurance

Yes No

All the information contained in this proposal or in documents supplied in support of the Proposal by Me/Us or on My/Our behalf is to the best of My/Our knowledge after enquiry true and complete and I/We have disclosed all material facts. A material fact is information which might affect the Underwriters' decision whether or not accept a risk and at what terms. I understand that non-disclosure or misrepresentation of a material fact may entitle the Insurers to void this insurance.

Yes No

EACH NAMED INSURED SHOULD SIGN THIS FORM

X

SIGNATURE

NAME

TITLE/POSITION

ON BEHALF OF

DATE (DD/MM/YY)

X

SIGNATURE

NAME

TITLE/POSITION

ON BEHALF OF

DATE (DD/MM/YY)

ADDITIONAL INFORMATION

Please use this section to provide additional information to expand upon the answers to the main questions, or to provide other material facts