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Unit 5/40 Leonard Cres  
 PO Box 5959  
 Brendale QLD 4500



proposal form **general events** event cancellation

<b>YOUR DETAILS</b>	1. Your (company) name	<input type="text"/>		
	2. Address	<input type="text"/>		3. Postal / Zip code
	4. Email address	<input type="text"/>		5. Telephone no.
		<input type="text"/>		6. Policy currency
		<input type="text"/>		AUD
			<input type="text"/>	

<b>EVENT</b>	7. Event name	<input type="text"/>		
	8. Type of Event	<input type="text"/>		
	9. Venue	10. City / Town	11. Postcode	12. State / Country
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	13. Event start date	14. Event end date		
	<input type="text"/>	<input type="text"/>		
	15. Event location	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Under temporary structures <input type="checkbox"/> Indoors with some outdoor elements <input type="checkbox"/>		
16. Has this Event been held before?	17. If no, please provide details of Proposer's experience in organising events			
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>			

<b>BUDGET</b>	18. 100% Event Gross Revenue	19. 100% Event Costs & Expenses	20. 100% Event net profit
	AUD <input type="text"/>	AUD <input type="text"/>	AUD <input type="text"/>
	21. Please confirm the basis on which you would like to insure		
	100% Expenses <input type="checkbox"/>	* Pre Contracted Gross Revenue is revenue which is received in advance of the Event (e.g. from pre sold tickets, sponsorship, advertising) and does not include revenue generated on the day of the Event such as ticket sales at the door, merchandising, refreshments etc	
100% Gross Revenue <input type="checkbox"/>			
100% Costs & Expenses Plus Net Profit From Pre Contracted Gross Revenue* <input type="checkbox"/>			

<b>GENERAL QUESTIONS</b>	<b>Adverse weather cover</b>	<b>Yes</b>	<b>No</b>
	Is any part of the Event takes place outdoors or under temporary structures, is adverse weather cover required? If "Yes", please complete Appendix A	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Non appearance cover</b>		
	Would the non appearance of a specific Key Individual or group of individuals cause cancellation of this Event? If "Yes", and cover is required for non appearance, please complete Appendix B	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Event Liability cover</b>		
	Is liability insurance also required for this Event? If "Yes", please complete Appendix C	<input type="checkbox"/>	<input type="checkbox"/>
	<b>General questions</b>		
	a) Have all contractual arrangements necessary for the successful fulfilment of the Event been made and confirmed in writing?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has any Event(s) in which the You were involved (in managing) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Are You aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or Event(s), and might result in a loss under this insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Have You, or any other person to which this insurance would apply, ever been declined insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed?	<input type="checkbox"/>	<input type="checkbox"/>	



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AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER 242349  
ABN 81 072 343 343  
ANZ MEMBER  
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CONDITIONS OF QUOTATION

- Any terms provided by Us as a result of non binding indication and any supporting information will be subject to:
- 1 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
  - 2 You undertaking to advise Us of any change in the supporting information or additional information that should be supplied to make this non binding indication current, occurring prior to the inception date of any insurance subsequently issued.
  - 3 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
  - 4 You having declared all material facts likely to influence a reasonable Underwriter in determining:
    - a) whether or not to accept the risk,
    - b) the premium
    - c) the terms, conditions, exclusions and limitations
  - 5 You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them
    - a) any intermediary(ies) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act
    - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below
  - 6 You undertaking that no other insurance has been purchased on this specific risk and none shall be without Our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non binding indication may be amended by Us.
  - 7 You paying the premium with acceptance of the non binding indication. If (in accordance with 1 and 3 above) We do not accept the risk, the premium will be returned.

DECLARATION

To the best of Your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that non-disclosure or misrepresentation of a \*material fact will entitle Us to void the Insurance.

NOTE: \* A material fact is one likely to influence acceptance or assessment of this Proposal by Us: if You are in any doubt as to what constitutes a material fact You should consult your Broker.

It is understood that the signing of this Proposal does not bind You to complete or Us to accept this Insurance, but You agree that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

SIGNATURE

**I/We declare that the information provided above and in all appending sections is true to the best of My/Our knowledge.**

Signature	Date
Full name	Position held



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**Appendix A - Adverse Weather**

**If adverse weather cover is required, please complete the following questions.**

**Please Note: If the Event is indoors, the policy automatically covers cancellation due to adverse weather conditions. Please only complete this section if part of the Event takes place outdoors or under temporary structures and if cover is required for adverse weather.**

1) What proportion of the Event (in monetary terms) takes place outside or under temporary structures?

AUD  of the Event budget

	Yes	No
2) Can the Event proceed in continuous moderate rain fall and wind speeds of up to 50kmh?	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the Event venue have any history of flooding or exposure to strong winds?	<input type="checkbox"/>	<input type="checkbox"/>
4) Can the outdoor elements of the Event be relocated indoors, at no additional expense, in the event of bad weather?	<input type="checkbox"/>	<input type="checkbox"/>
5) If the outdoor elements of the Event have to be cancelled due to weather, will the indoor elements still proceed?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has the Event been held at the same time of year and location in the past?	<input type="checkbox"/>	<input type="checkbox"/>
7) Is the Event location within 100 metres of a lake, river or watercourse?	<input type="checkbox"/>	<input type="checkbox"/>
8) Can the Event be delayed or postponed if bad weather renders it dangerous or impossible to proceed?	<input type="checkbox"/>	<input type="checkbox"/>

9) Notes:

If you have any additional comments regarding the outdoor elements of the Event, and it's susceptibility to bad weather, please add them here.



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**Appendix B - Non-Appearance**

**A) If individual non appearance cover is required, please complete the following questions.**

Please Note: The policy will contain a 30 day health warranty and a full pre existing medical conditions exclusion

- 1) Name of Key Individual(s) 2) Date of birth
- 3) How will the Key Individual(s) travel to the event? 4) How long before the Event are they due to arrive?
- |   |                          | Yes                      | No                       |
|---|--------------------------|--------------------------|--------------------------|
| 5) Is the Key Individual(s) contracted to appear at this event?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Does the Key Individual(s) have any prior commitments which may affect their ability to attend the event?<br>If Yes, please give details | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 860px; height: 20px;" type="text"/>  |                          |                          |                          |
| 7) Is a replacement available if the Key Individual(s) is unable to attend the event?<br>If Yes, please give details                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 860px; height: 20px;" type="text"/>  |                          |                          |                          |
| 8) Does the Key Individual(s) suffer from any physical, mental or medical condition?<br>If Yes, please give details                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 860px; height: 20px;" type="text"/>  |                          |                          |                          |
| 9) Is the Key Individual(s) undergoing any form of treatment, medical or otherwise?<br>If Yes, please give details                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 860px; height: 20px;" type="text"/>  |                          |                          |                          |
| 10) Is the Key Individual(s) following any prescribed regime, medical or otherwise?<br>If Yes, please give details                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 860px; height: 20px;" type="text"/>  |                          |                          |                          |
| 11) Does the Key Individual(s) have any history of non appearance?<br>If Yes, please give details   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 860px; height: 20px;" type="text"/>  |                          |                          |                          |
| 12) Is the Key Individual(s) a member of the Royal Family or a serving/former Head of State?<br>If Yes, please give details                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 860px; height: 20px;" type="text"/>  |                          |                          |                          |

**B) If simultaneous non appearance cover is required, please complete the following questions.**

Please Note: Cover is an extension for simultaneous catastrophic non appearance of 25% or more of Participants due to a Common Accident or Common Illness

- 1) Please confirm there are 20 or more Participants in total    
 If No, please advise the number of participants



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### Appendix C - Event Liability

If public liability cover is required, please complete the following questions.

1) Tenancy from date  /  /  Tenancy to date  /  /

2) Number of attendees  
Total:  Max per day:

3) Limit of indemnity  
 AUD 1,000,000     AUD 5,000,000     Other (please specify)  
 AUD 2,000,000     AUD 10,000,000     AUD Other

4) Does the Event include any of the following activities?  
 Bouncy Castles     Creches     Fariground Rides

	<b>Yes</b>	<b>No</b>
5) If so, do You provide, operate or control any of these activities or equipment Yourselfes?	<input type="checkbox"/>	<input type="checkbox"/>
6) If No to question 5, has evidence of current PL been obtained from the sub-contractors that provide, operate or control any of these activities or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
7) Do any other acitivites need to be considered?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please give details