



proposal form **prize indemnity** prize & promotions

**YOUR DETAILS**

1. Your (company) name

2. Address

3. Postal / Zip code

4. Email address

5. Telephone no.  
 (  )

6. Policy currency

**EVENT / PROMOTION DETAILS**

7. Event or promotion name

8. Type of Event or promotion  
 Please provide full details of the promotion(s) or Event(s) including mechanics, rules and regulations

9. Venue

10. City / Town

11. Postcode

12. State / Country

13. Event start date  
 /  /

14. Event end date  
 /  /

15. Has this type of Event or promotion been held before?  
 Yes  No

16. If Yes, please give full details, including any occurrence that could have or did result in a financial loss

17. What is Your involvement in the Event or promotion?

18. What is Your experience in this capacity?

19. How will the Event or promotion be overseen or supervised, and who will provide such oversight and supervision?  
**Note: We may appoint an independent firm to provide such oversight and supervision, the cost of which shall be borne by You in addition to the premium unless specifically agreed otherwise by Us**

**PARTICIPANTS & BUDGET**

20. Total number of participants

21. How many attempts can each participant have?

22. What is the value of the prize on offer?

23. Does this represent the full extent of Your financial responsibilities?  
 Yes  No

If No, please give details

24. Loss payee (if other than You)?



prize &  
contingency  
insurance  
solutions

t: 07 3123 6919  
e: insurance@h2is.com.au  
w: h2is.com.au/contingency

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



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Yes No

25. Can you confirm that all the necessary contractual arrangements will be put in place in a timely manner and these will be valid for the period of the Insured Event or promotion?

26. Have you sought legal advice, whether in-house or independent, on the legality of the proposed Event or promotion?

If Yes, please provide details

**Please note that you must observe and comply with all applicable laws, ordinances and regulations whether, where applicable, national, federal, state or local**

27. Do You know of any matter, fact or circumstance, actual or threatened, that increases or could increase the possibility of a loss under this proposed Insurance?

If Yes, please provide details

GENERAL QUESTIONS



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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 |
|           |               |