

### **Important Notices**

Please read these Important Notices before completing the Proposal.

#### ***Your Duty of Disclosure***

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

#### ***If you do not tell us something***

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

#### ***Privacy***

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United Kingdom and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au).

#### ***Complaints Handling***

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au).

#### ***General Insurance Code of Practice***

Pen Underwriting and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The Code commits general insurers to uphold high standards of service and practice. A copy of the Code can be obtained from us upon request or from [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

#### ***Further Information***

Your insurance broker can assist you to complete this Proposal. If you have any questions or need further information concerning your insurance, you should contact your insurance broker to assist you with your enquiry. You should direct all of your correspondence to Pen Underwriting through your insurance broker as he is your agent for this insurance.

**IMPORTANT NOTICE**

- Please answer all questions in full. Where appropriate, tick the ‘Yes’ or ‘No’ box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

This application is for  New Business  Renewal - Policy Number (if known) is: .....

**1. Proposer’s Details**

Name of Proposer(s): .....

Address of Registered Office: .....

Telephone Number: .....

Email: .....

What is the usual business of the Proposer(s)? .....

Date commenced business: .....

**2. Event Details**

(i) Title or name of performance(s) or event(s) to be insured: .....

(ii) Type of performance(s) or event(s) to be insured: .....

(iii) Date(s) and name of venue(s) of performance(s) or event(s):

Date	Venue	City	Performance / Event	Stand-by dates (if any)

(iv) Has this performance(s) or event(s) been held before?

Yes  No

If Yes, give full details (including dates and venues)

.....  
 .....

(v) If the performance(s) or event(s) has been held before, has the performance(s) or event(s) been cancelled previously?

Yes  No

If Yes, please provide full details:

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 .....

(vi) What is the involvement(s) of Proposer(s) in the performance(s) or event(s) and what is the experience of the Proposer(s) in this capacity?

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 .....

(vii) Is the performance(s) or event(s) part of a larger production, promotion, series or tour? Yes  No

If Yes, give full details:

.....  
 .....

(viii) What allowance has been made in the itinerary for:

- a) Travel delay .....
- b) Set-up time.....
- c) 'Stand-by' dates .....

(ix) In order to mitigate a loss to this insurance, is rescheduling/postponement possible for each event? Yes  No

If No, please explain why:

.....  
 .....

(x) Will any performance(s) or event(s) be held:

- a) wholly in the open air? Yes  No
- b) partly in the open air? Yes  No
- c) wholly in a temporary structure? Yes  No
- d) partly in a temporary structure? Yes  No

If Yes to any of (a) to (d), give full details:

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 .....

(xi) For outdoor performance(s) or event(s), please provide the following information for each Venue:

- a) The nature of the Venue site e.g. Sand / Chalk / Grass / Clay etc.  
 .....
- b) Whether there have been any substantial changes to the Venue e.g. development(s), drainage works etc. and if so the date and nature of such  
 .....
- c) whether there have been any substantial nearby development works e.g. new buildings, new roads, drainage works etc. and if so the date and nature of such  
 .....
- d) Is/are the Venue(s)
  - i) Lowlying Yes  No
  - ii) liable to flooding Yes  No
  - iii) ever been flooded (if so, please provide full details) Yes  No
  - iv) near any water courses e.g. rivers / lakes / etc. Yes  No
  - v) significantly exposed to wind or rain Yes  No

If any answer to Question iv) is YES, please give full details and attach descriptive brochure if available

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 .....

e) Has the Venue land any underground natural reservoir or aquifer? Yes  No   
 If Yes please state the water level therein (full, half full etc)

.....  
 .....

f) Are there any hard standing access roads within the site? Yes  No

g) Is / are the entrance(s) and exit(s) hard standing? Yes  No

h) What are the car-parking arrangements for the Event(s)? Is it on hard standing?

.....  
 .....

i) Are there separate entrances and exits for Event set up traffic and visitor traffic? Yes  No

(xii) Please describe the extent of adverse weather that could affect the performance(s) or event(s):

.....  
 .....  
 .....  
 .....

(xiii) Is the venue(s) exposed to wind, flood or waterlogging? Yes  No

If Yes, give full details:

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 .....

(xiv) Is the stage area in which the performers work protected by a roof and three sides? Yes  No

If Yes, give full details:

.....  
 .....

(xv) Will all electrics be weatherproofed to comply with national industry standards? Yes  No

(xvi) Would you like insurers to consider offering terms to include the effect of weather on outdoor performances or events not in a permanent structure? Yes  No

(xvii) Would you like insurers to consider offering terms to include the effect of bush fire or wild fire? Yes  No

(xviii) If terms are required for bush fire / wild fire, has the performance(s) or event(s) Venue(s):

a) experienced an outbreak of bush fire or wild fire in the last 3 years? Yes  No

b) been affected by a 'Code Red' in the last 3 years? Yes  No

If Yes to either or both (a) and (b), please give details:

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 .....  
 .....

(xix) What method of transportation will be used for equipment or items essential to the performance(s) or event(s)?

.....  
 .....

(xx) Is the means of transportation to be used customised or adapted for the purpose? Yes  No

If Yes, give full details:

.....  
 .....

**3. Budget Details**

Please attach a current budget.

**4. Amount to be Insured (Limit of Indemnity)**

(i) What limit of indemnity is required:

(a) Per event (if applicable): .....

(b) In total: .....

(ii) You may elect to insure Expenses or Gross Revenue (being expenses plus profit). Please tick one box below to indicate your preference:

Expenses  Gross Revenue

(iii) Do these sums represent the full extent of your financial responsibilities? Yes  No

If No, give full details:

.....  
 .....

(iv) Does any other party have any interest in the expenses and gross revenue for the performance(s) or event(s)? Yes  No

If Yes, give full details:

.....  
 .....

(v) Loss payee (if other than Proposer(s) stated in Question 1):

.....

**5. Loss History**

(i) If the performance(s) or event(s) has been held before under the present management or any other, has there ever been a loss? Yes  No

If Yes, give full details:

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 .....

(ii) Has the Proposer ever suffered a loss recoverable under this type of insurance, whether insured or otherwise, in respect of his involvement in any type of performance(s) or event(s)? Yes  No

If Yes, give full details:

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 .....

6. **Non-Appearance Details (to be answered only where individual non-appearance coverage is required) Cover shall be limited to the individual(s) or group(s) named in the Schedule attached to the Policy.**

*NOTE: Answers to Questions (6)(i) to (ix) should only be made after consultation with the person(s) to be insured. Insurers may require this person(s) to undertake a medical examination.*

(i) Details of (all) person(s) to be insured. Name(s), age(s) and role.  
 .....  
 .....  
 .....

(ii) Has any person to be insured any history of non-appearance? Yes  No   
 If Yes, give full details:

.....  
 .....

(iii) Is / Are the person(s) to be insured suffering from any physical, psychological or other medical conditions? Yes  No   
 If Yes, give full details:

.....  
 .....

(iv) Is / Are the person(s) to be insured undergoing any form of medical or other treatment? Yes  No   
 If Yes, give full details:

.....  
 .....

(v) Is / Are the person(s) to be insured following any prescribed medical regime? Yes  No   
 If Yes, give full details:

.....  
 .....

(vi) Will the person(s) to be insured, at any time during the period of this production, be taking part in any other professional engagement? Yes  No   
 If Yes, give full details (including dates):

.....  
 .....

(vii) Have you received permission in writing from any Insured Person(s) allowing access to medical information on that Insured Person(s) in the event of a claim? Yes  No

(viii) What method of transportation will be used to get to the insured performance(s) or event(s) by the person(s) to be insured?

.....  
 .....

(ix) Has any provision been made for Understudies or Substitutes? Yes  No

If Yes, give full details (including dates):

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 .....

**7. Necessary Arrangements**

**Can you please confirm that you will make all necessary arrangements for the successful fulfilment of the Insured Event(s) in a prudent and timely manner.**

These, for the avoidance of doubt, shall include, but not be limited to, the provision of sufficient allowances for travel time, set up and/or rehearsal time.

Yes  No

**8. Contractual Arrangements**

**Can you confirm that 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(s).**

These should be confirmed in writing with you and for the avoidance of doubt shall include, but not be limited to, the obtaining of licenses, permits, visas, copyrights and patents.

Yes  No

**Declaration:**

I/We declare that:

- I/We am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I/We have read and understood the Important Notices accompanying this Proposal
- I/We have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I/We have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I/We acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I/We understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I/We undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I/We understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

**Signature/s:**..... **Date:** .....

**Name/s:**..... **Title:** .....