



Event Cancellation and Non-Appearance Insurance

Proposal Form

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Important Notice

About The Insurer

The insurer of this product is Tokio Marine & Nichido Fire Insurance Co., Ltd. ABN 80 000 438 291, AFS Licence No. 246548. In this document, the Insurer is also expressed as 'we', 'us' or 'our'. Our managing agent and corporate authorised representative (AR 1313066), Tokio Marine Management (Australasia) Pty Ltd, ABN 69 001 488 455 (TMMA), is authorised to act on our behalf, to provide our policies and handle and settle claims in relation to those policies. As an authorised representative of Tokio Marine & Nichido, TMMA is also authorised to provide financial advice in relation to those policies.

Notifications

All notification and communications between the Insured and the Insurer under the Policy are made through your broker.

Duty of Disclosure

The Policy is subject to the Insurance Contracts Act 1984 (Cth), which imposes a Duty of Disclosure.

Before the Insured enters into a contract of insurance, the Insured has a duty to disclose anything that the Insured knows, or could reasonably be expected to know, to be a matter relevant to the Insurer's decision to enter into a contract of insurance with the Insured and if so, on what terms.

The Insured does not need to tell the Insurer anything that:

- Reduces the risk the Insurer insures the Insured for
- Is common knowledge
- The Insurer knows, or should know, as an insurer, or
- The Insurer waives the Insured's compliance with this duty

The Insured must comply with this duty up until the time the Insurer agrees to insure the Insured under a new contract of insurance or until an existing contract of insurance is renewed, varied, extended, reinstated or replaced.

Failure of the Insured to comply with their Duty of Disclosure may entitle the Insurer to cancel the Policy or reduce their liability under the contract in respect of a claim, or both. If the Insured's non-disclosure is fraudulent, the Insurer may avoid the Policy altogether and treat it as if it never existed.

Privacy Statement

The information collected on this Proposal Form will be used to assess this Proposal Form and to provide other insurance services in accordance with our Privacy Policy which can be viewed at the Insurer's website tokiomarine.com.au. In addition, the Insurer will collect, use, hold or otherwise handle the information for the purposes of providing the insurance or insurance services. The Insurer may share the information with other third parties as set out in the Privacy Policy, to undertake such insurance services. The Insurer authorises your broker and

TMMA to collect, use, hold, disclose or otherwise handle this information to undertake the insurance services on the Insurer's behalf, in accordance with the Insurer's Privacy Policy.

If you do not complete the Proposal Form in full, and in accordance with your Duty of Disclosure, the Insurer may not be able to provide you with insurance or may impose additional conditions on any cover provided. In accordance with the Insurer's Privacy Policy, you may obtain access at any time to information that the Insurer or its service providers hold. If you would like to contact the Insurer about privacy or would like to obtain a copy of the privacy policy you may do so online at our website tokiomarine.com.au.

Taxation

Any benefit payable under the Policy excludes Goods and Services Tax (GST) if you are registered for GST. If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that the Insurer pays. If you are registered for GST, you will need to claim the GST component from the Australian Taxation Office.

You must advise the Insurer of your correct input tax credit percentage where you are registered as a business and have an Australian Business Number. Any GST liability, fines or penalties, which arise from or are attributable to your failure to notify or your incorrect information, is payable by you.

If you are unsure about the taxation implications of the Policy, you should seek advice from your accountant or tax professional.

Complaints

The Insurer's aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service. If you have any complaint about any aspect of the Policy or the handling of a claim you should in the first instance contact your broker.

If you wish to make a complaint to us directly, please contact us at:

- Post: GPO Box 4616, SYDNEY NSW 2001
- Email: complaints@tokiomarine.com.au
- Phone: (02) 9225 7500

Please answer all questions fully and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Proposal Form, they must be listed on a separate sheet of paper which must be signed, dated and attached. Where there is reference to a defined term in this Proposal Form these are outlined in full in the Policy. For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Proposer(s) should contact their insurance broker.

Proposer

1. Name of Proposer(s):
2. Full address:
3. What is the Proposer(s)' role in the insured event(s)?
4. If the Proposer(s) is not the organiser, who is organising the event(s)?
5. What is the extent of the organiser's experience in this capacity?

Insured event(s)

1. Type of event(s) to be insured:
2. Date(s) of insured event(s):
3. Start time of insured event(s):

Finish time of insured event(s):
4. Date and time when set up of insured event(s) begins:

5. Name of venue(s):

6. Venue address (including postcode(s)/zip code):

7. For how long could the start of insured event(s) be delayed?

Please provide full details:

8. Has the insured event(s) been held before?

Yes No

If yes, please provide full details:

Event specifics

1. Is the insured event(s) part of a larger production, promotion, series or tour?

Yes No

If yes, please give full details:

2. In order to mitigate a loss to this insurance is rescheduling/postponement/relocation possible for each insured event?

Yes No

If no, please explain why:

3. Will the insured event(s) be held outdoors?

Yes No

a. If yes, tick the appropriate box(es) and complete Appendix A:

Open air	Covered stage
Marquee/tent	Other temporary structure

4. Will the non-appearance of any person cause cancellation, abandonment, postponement, interruption, curtailment or relocation of the insured event?

Yes No

a. If yes, would the proposer(s) like the underwriters to consider offering terms for the non-appearance of those persons?

Yes No

b. If yes, please complete non appearance Appendix B.

5. Will the proposer(s) have a signed written contract for the lease or hire of venue(s) prior to inception of this insurance?

Yes No

If no, please provide a full explanation:

6. Have all other contractual arrangements necessary for the fulfilment of the insured event(s) been made and confirmed in writing?

Yes No

If no, please provide a full explanation:

7. If no, does the proposer(s) undertake to make all such remaining contractual arrangements in a prudent and timely manner and ensure they are confirmed in writing prior to the relevant insured event(s)?

Yes No

If no, please provide a full explanation:

8. Have all necessary licences, visas, permits and authorisations been obtained?

Yes No

If no, please provide full explanation:

Event budget

1. What is the budget of the event you want to insure? Please confirm the currency.

Please send the detailed budget together with the proposal form.

2. What does this budget represent? Please indicate your preference by ticking the box.

100% expenses

100% gross revenue

Net profit

3. Does any other party have an interest in the gross revenue?

Yes

No

Loss payee (if other than proposer(s) stated in question 1 on page 1)

Not applicable

4. What proportion of tickets are sold/revenue generated in advance of the insured event?

5. Do you have in place a ticket refund policy?

Yes

No

If yes, please provide details:



Event history

1. Has the Insured Event(s) (under the present or any other management) had any incident that resulted in cancellation, abandonment, postponement, interruption, curtailment or relocation of the insured event?

Yes No

a. If yes, please give details including the date of loss, and the date and year:

b. What was the financial loss?

Declaration

I/we confirm that the information given in this Proposal Form, whether in my/our own hand or not, is correct, and no information has been withheld which could affect the Insurer's decision on the acceptance of this Proposal Form.

I/we acknowledge that I have read and understood the information set out in the Important Notice section of this Proposal Form and agree to comply with the Duty of Disclosure set out in the Important Notice.

I/we acknowledge that the Insurer is bound by the Privacy Act 1988 (Cth), and authorise the Insurer to collect, use, disclose, hold or otherwise handle any information relating to the insurance applied in this Proposal Form and any other insurance held by me/us including claims under any other insurance. If I/we have disclosed personal or sensitive information about any other person, I/we have obtained consent from that person to disclose to you their personal or sensitive information and have made them aware that you will or may provide their information to other third parties for the purposes of determining terms of insurance and the services to be provided under the insurance policy.

I/we understand that the signing of this Proposal Form does not bind the Proposer(s) to complete or the Insurer to accept the insurance applied for in this Proposal Form, and that the Insurer has right to decline this Proposal Form.

I/we acknowledge that if this Proposal Form is accepted by the Insurer in writing, the insurance cover will be subject to the terms and conditions set out in the attached Policy (which is comprised of the attached Policy Wording, Policy Schedule and any Endorsement).

I/we understand that my broker acts on behalf of the Insurer, and all notification and communications with the Insurer in relation the Policy must be made through the broker.

I/we, the Proposer(s), also agree that in the event any information contained in completed Proposal Form and/or supplied to support this Proposal Form or other application for this insurance, changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, I/we will advise the Insurer in writing immediately on becoming aware of such changes. In such circumstances, the Insurer will be entitled to re-assess the proposal for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Proposal Form is duly authorised to do so on behalf of the Proposer(s) as the proposed Insured.

Signature

Name

Position

Date

/ /

Appendix A: outdoor event

1. Describe any weather conditions which could cause the insured event(s) to be cancelled or interrupted:

Rain: Torrential Heavy Moderate Light

Wind: Gale force Strong Moderate Light

Other:

2. Describe the ground conditions which would prevent event set up:

3. Has the insured event(s) ever been affected by adverse weather and/or unsuitable ground conditions?

Yes No

a. If yes, please:

i. Give details:

ii Provide details of any measures that have been taken to prevent the situation reoccurring?

4. Have any drainage or ground improvements been made to the Venue including car parks or camping grounds in the last 10 years? Please consult the venue owner.

Yes No

If yes, please give details:

5. Describe the insured event, car parking and camping ground conditions:

Insured event	Grass	Hard standing (e.g. asphalt)	Other	Not applicable
Car parking	Grass	Hard standing (e.g. asphalt)	Other	Not applicable
Camping	Grass	Hard standing (e.g. asphalt)	Other	Not applicable

6. Are there any other events scheduled to take place at the event venue within one month before or after the event? Please consult the venue owner.

Yes No

Please provide details:

7. What is the wind tolerance of the outdoor structures? Please indicate (in kph / mph).

Signature

Name

Position

Date

/ /

Appendix B: non-appearance

1. Please refer to the policy wording to determine the extent of coverage offered. What perils are required?

Death

Death accidental bodily
injury and illness

Unavoidable travel delay

Other perils

2. For the purposes of any insurance granted as a result of this proposal coverage shall be limited to those individuals detailed below and stated in the schedule attached to the Policy. The underwriters may require any of the following individuals to undergo an independent medical examination.

Name	Date of birth	Role
	/ /	
Name	Date of birth	Role
	/ /	
Name	Date of birth	Role
	/ /	
Name	Date of birth	Role
	/ /	
Name	Date of birth	Role
	/ /	

3. Has any provision been made for understudies, substitutes or stand-bys?

Yes

No

If yes, please give full details:

4. The proposer(s) shall consult the person(s) detailed in question 2 before answering all of the following questions.

a. Is any person to be insured suffering from any physical, mental or medical condition?

Yes

No

i. If yes, please give full details:

b. Is any person to be insured undergoing any form of treatment, medical or otherwise?

Yes No

i. If yes, please give full details:

c. Is any person to be insured 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 the proposed insurance?

Yes No

i. If yes, please give full details:

d. Have any of the persons to be insured stated in question 2 any history of non-appearance?

Yes No

i. If yes, please give full details:

e. What method of transportation will be used?

By the person(s) to be insured:

For equipment or items essential to the insured event(s):

f. Have written contracts been signed for the appearance of all the persons shown in question 2 of this Appendix B:

Yes

No

Declaration

I confirm that the information given in Appendix B of this Proposal Form, whether in my own hand or not, is correct, and no information has been withheld which could affect the Insurer's decision on the acceptance of this Proposal Form.

I acknowledge that I have read and understood the information set out in the Important Notice section of this Proposal Form and agree to comply with the 'Duty of Disclosure' set out in the Important Notice.

I acknowledge that the Insurer is bound by the Privacy Act 1988 (Cth), and authorise the Insurer to collect, use, disclose, hold or otherwise handle any information relating to the insurance applied in this Proposal Form and any other insurance held by me/us including claims under any other insurance. If I have disclosed personal or sensitive information about any other person, I have obtained consent from that person to disclose to you their personal or sensitive information and have made them aware that you will or may provide their information to other third parties for the purposes of determining terms of insurance and the services to be provided under the insurance policy.

Signature

Name

Position

Date

/ /