

# Not for Profit Events Liability and Cancellation Quotation Request

## Event Details

1. Title or name of the event:						
2. Date of the event: Start and finish times:	Bump in:	/	/	Bump Out:	/	/
3. Type of event:						
4. Number of people expected to attend:	Day 1:	Day 2:	Day 3:	Total Attendance:		
5. Location(s) where will the event be held:						
6. Is the event part of or dependent on another event:						
9. Has the event been held previously:						
10. Has there been any incidents or claims arising from any previous events?						

## Event Organiser

1. Name of organiser:				
2. Experience of organiser in hosting similar size and type of events:				
3. If third party organiser provide details of specific responsibilities and contractual arrangements in place:				

## Event Liability

1. Have all of the necessary documents, approvals and permission been obtained to stage the event? Please provide any itinerary, site layout, risk management plan, contracts and indemnities with third parties.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. If no risk management plan has been done, will one be done closer to the event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Will there be alcohol at the event? If 'yes', please complete an Alcohol Questionnaire.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Will there be any mechanical and/or animal rides present. If 'yes', provide details and confirm that they will be operated by separate third parties with their own insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Will there be any exhibitors, food or market stalls present? If 'yes', provide details of the estimated number of stalls and products sold. If they are operated by separate third parties will you ensure that they are separately insured or do you require cover under this policy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Will there be any entertainment? If 'yes', please advise the type of entertainment and the type of music which will be played:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Will there be a dance floor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

8. Will there be a mosh-pit?  No  Yes

9. Will there be any temporary staging and/or seating structures erected?  No  Yes  
 If 'yes', please advise the number of seats and who is responsible for assembly and deconstruction (please note that fold-out chairs are not considered to be 'seating structures').

10. Will the following be present? Police  No  Yes Trained First Aid Personnel  No  Yes

8. Will there be security personnel present?  No  Yes  
 If 'yes', will they be: Employees  Volunteers  Contractors to the insured   
 Provided by a separate entity altogether (e.g. the venue, local council, etc)?

9. Will there be any waterborne activities?  No  Yes  
 If 'yes', please provide details:

10. Will there be any use of fire, pyrotechnics, explosions, stunts or other danegrous activities?  No  Yes  
 If 'yes', please provide details:

## Event Cancellation

1. Financial information for the event

### Gross Revenue:

Admissions / ticket sales   
 Sponsorships   
 Advertising   
 Stall Rental   
 Merchandising   
 Other \_\_\_\_\_   
 Other \_\_\_\_\_   
 Other \_\_\_\_\_

**Total**

### Expenses:

Venue hire   
 Equipment rental   
 Salaries and wages   
 Advertising and promotion   
 Printing   
 Other \_\_\_\_\_   
 Other \_\_\_\_\_   
 Other \_\_\_\_\_

**Total**

Details of any other party with an interest in the Gross Revenue and Expenses for the event:

Net Loss as a result of cancellation is calculated based on:

- a) irrevocable Expenses minus Gross Revenue less any savings achieved.
- b) reasonable and additional expenses incurred to avoid or diminish a loss

What sum insured is required for this event:

Please provide details of any ticket refund policy for pre-sold tickets:

2. The Venue

- Have contracts been signed for the hire of the venue and any specific equipment?  No  Yes
- Is the venue currently fully operational and planned to remain so until completion of the event?  No  Yes
- Can the the venue be accessed by at least 2 separate access roads?  No  Yes
- Is the venue located within 500 metres of a lake, natural watercourse or river?  No  Yes
- Is the venue situated within a flood plain, low lying basin and/or catchment area?  No  Yes
- Are there any other factors that you are aware of that could impact the availability of the venue?  No  Yes

3. Contingency Planning

- Is rescheduling / postponement possible for the event? Please provide details  No  Yes
- What method of transportation will be used for equipment or items essential to the event?
- Is the venue serviced by a major highway, airport or seaport within a 5km radius?  No  Yes
- What contingency plans are in place regarding potential alternate venues or times?
- What additional costs are there associated with the implementation of the contingency plan?

**Adverse Weather** (only complete if this optional extension is required - cover must be in place a minimum 14 days prior to the event)

1. Adverse Weather means flood, bushfire, moderate snow, cyclone, heavy hail, violent rain or showers, gale force winds, severe thunderstorm, earthquake, fog or any other severe weather condition occurring at or near the venue.

Provide details where the venue or a previous event held by you has previously been impacted by Adverse Weather?

2. Will any part of the event be held wholly or partly in the open air? If yes please provide details  No  Yes
- Are all outside stage areas protected by a roof and three sides?  No  Yes
- Are the entrances to the event paved or hard surfaces?  No  Yes
- Are all car parking facilities paved or hard surfaces?  No  Yes
- Will all electrical equipment be protected against weather?  No  Yes

Declaration

This Declaration must be completed and signed by all parties applying for insurance or on their behalf by someone authorised to complete and sign this Application. I/We declare that:

- the answers and information given by me/us in this Application are true and correct in all respects and that no material information has been withheld;
- where answers in this Application are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- I/we have read and understood the clauses detailed under the Important Notices section of this Application (see subsequent pages of Application form);
- if there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required;
- if any information given by me/us alters between the date of this Application form and the inception date of the Insurance to which this application relates, I/we shall give immediate notice of this;
- I/we authorise Community Underwriting and Berkley to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service;
- where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact;
- where I/we have provided personal information about other individuals, I/we have complied with all relevant obligations under the Privacy Act 1988 (Cth) (see subsequent pages of Application form);
- I/we also confirm that the undersigned are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Application Form. I/we have completed this Application Form on their behalf, after enquiry has been made of all directors and senior staff;
- I/we confirm that we consent to receive insurance documentation from Community Underwriting by electronic means; and
- I/we have read and understood the Privacy Act 1988 information and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by the General insurance Application Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision.

Signature: ..... Date: .....

Name: ..... Title: .....

Signature: ..... Date: .....

Name: ..... Title: .....

Community Underwriting Agency Pty Ltd - AFS License No 448274 (Community Underwriting) acts under a binding authority as Agent for Berkley Insurance Australia (ABN 53 126 559 706) to issue, vary and cancel policies on Berkley's behalf.

In all aspects of this Policy, Community Underwriting acts as an agent for the insurer and not for the insured.