



Events Questionnaire

(Supplementary to the Insurance Quotation Request)

1. Name of the event:	
2. Date of the event:	/ /
3. Number of people expected to attend:	
4. Address of where will the event be held:	
5. Will there be alcohol at the event? If 'yes', please complete an Alcohol Questionnaire.	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Will there be any mechanical and/or animal rides present? If 'yes', will they be operated by separate third parties or the insured?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Will there be any market stalls present? If 'yes', what is number and will they be operated by separate third parties?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. 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
9. Will there be a dance floor?	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. Will there be a mosh-pit?	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Will there be any temporary staging and/or seating structures erected? 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').	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="text"/>
12. Will there be any fireworks?	<input type="checkbox"/> No <input type="checkbox"/> Yes

13.	Will there be trained first aid personnel present? If 'yes', who?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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14.	Will the following be present? Police <input type="checkbox"/> No <input type="checkbox"/> Yes First Aid Personnel <input type="checkbox"/> No <input type="checkbox"/> Yes	
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15.	Will there be security personnel present? If 'yes', will they be: Employees <input type="checkbox"/> Volunteers <input type="checkbox"/> Contractors to the insured <input type="checkbox"/> Provided by a separate entity altogether (e.g. the venue, local council, etc?) <input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
16.	Has a risk assessment report been done of the entire event? If 'yes', please provide a copy.	<input type="checkbox"/> No <input type="checkbox"/> Yes
17.	If no risk assessment report has been done, will one be done closer to the event?	<input type="checkbox"/> No <input type="checkbox"/> Yes
18.	Will there be any waterborne activities? If 'yes', please provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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19.	Do all vendors/exhibitors, amusement operators, performers, contractors and all other service providers require to carry their own Liability insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes
20.	Will they note your organisation as principal on their insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please note that if you are unsure of any one-off events to be held during the policy period, the above questions can be completed and submitted at a later stage for consideration.

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