

## PUBLIC LIABILITY INSURANCE FOR EVENTS

### CONTACT DETAILS

Insured name:			
First Name:			
Family Name:			
Postal Address:			
State:		Postcode:	
Phone:		Mobile:	
Email:		Website:	
ABN:			

### EVENT AND COVER REQUIREMENTS

1. Type of Policy required		<input type="checkbox"/> Single Event		<input type="checkbox"/> A Series of Events	
2. Period of Insurance		From:		To 4pm:	
3. Sum Insured (please tick required sum)		<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> Other	\$

### DETAILS OF THE EVENT

Name of the event to be insured:			
What is the nature of your event?			
<input type="checkbox"/> Concert	<input type="checkbox"/> Dinner, Gala Ball, Awards Night, Charity Function		
<input type="checkbox"/> Theatre, Musical, Play	<input type="checkbox"/> Markets		
<input type="checkbox"/> Dance Party	<input type="checkbox"/> Fair or Festival		
<input type="checkbox"/> Conference or Trade Show	<input type="checkbox"/> Sporting Event		
<input type="checkbox"/> Other			
Please provide a full description of the event:			
Please tick the Role that best describes your responsibilities in staging this event:			
<input type="checkbox"/> Principal	<input type="checkbox"/> Event Organiser	<input type="checkbox"/> Event Coordinator	<input type="checkbox"/> Production Manager
Please tick if you will be Contracting Out to another company or individual any of the following services:			
<input type="checkbox"/> Event Organiser	<input type="checkbox"/> Event Coordinator	<input type="checkbox"/> Production Manager	

## DETAILS OF THE EVENT CONTINUED

Name and Address of Venue(s)

What is the estimated attendance for this event?

What is the average ticket price?

\$

What is your Expenditure Budget for staging this event?

\$

Is this event being staged outdoors? Please attach a map (or online link to one) showing how the venue will be setup.

YES

NO

What are the start and finish times of the event?

Start:

Finish:

How many employees will the insured engage for this event?

What will be your Employees activities?

How many volunteers will you engage to work on this event?

What will be the Voluntary workers activities?

Will you be allowing the crowd or members of the public to participate in Crowd Surfing, Stage Diving and/or Moshing?

YES

NO

Would you like to insure your Voluntary Workers for personal accident cover?

YES

NO

Does your event involve any audience participation?

YES

NO

If Yes, please describe:

Will your activities involve the use of:

Aircraft/Helicopters

YES

NO

Motor Vehicles

YES

NO

Watercraft

YES

NO

If yes to any of the above, please describe in what capacity aircraft/vehicles/watercraft will be used:

Please provide details of Acts that will be Performing

## RESPONSIBILITIES

Who will be responsible for crowd security at the event?		
How many security guards will be used during the event?		
Will there be any Market Stalls at the event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, how many stalls?		
What type of Products will they be selling?		
Do you ensure each stallholder has their own Liability Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the event proposed for this insurance involve the use of amusement rides and/or devices and/or animals rides?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you responsible for the sale and/or supply of food and drink?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the event proposed for this insurance, involve the use of fireworks and/or pyrotechnics?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Who will provide the Fireworks and/or pyrotechnics?		
Will any stage be used during this event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the venue include a permanent stage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If temporary staging is being used, please advise who will provide and set up the stage?		
Please detail what steps you will take to ensure you receive evidence that all above noted service providers carry their own liability Insurance:		
You will need to obtain evidence from Service Providers that they carry their own insurance.		
<b>ALCOHOL</b>		
Will Alcohol be sold or supplied during the event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you responsible for the sale and/or supply of alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, please answer Part A. If No, please answer Part B.		
<b>PART A</b>		
Please advise how many bar staff there will be:		
Please confirm all bar staff are RSA compliant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the alcohol being served in a restricted area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, are security responsible for monitoring and overseeing this area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What experience does the insured have in the responsible service of alcohol?		

PART B		
Does the third party hold the appropriate licences & RSA qualifications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please advise how many bar staff there will be:		
PREVIOUS HISTORY		
Have you staged a similar event in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, please advise details:		
Have you or any other party to be covered by this insurance, ever experienced any occurrence which could have or has given rise to a claim under this type of insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, please advise details:		
DECLARATION AND SIGNATURE		
I / We hereby acknowledge that I / we have complied with the duty of disclosure which is stated below. I / We confirm that the answers and statements in this proposal (and any attachments) are correct and that no information has been withheld which may affect your decision to accept this proposal or the terms of the proposed Policy.		
Name:		
Signature:		
Date:		
CALL US 1300 655 931		

# IMPORTANT INFORMATION

## Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

If you do not tell us something:

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

## Marsh Collection Statement

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website ([www.marsh.com.au](http://www.marsh.com.au)) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:

Email – [privacy.australia@marsh.com](mailto:privacy.australia@marsh.com)

Phone – (02) 8864 7688

Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

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