

## EVENT CANCELLATION INSURANCE

### CONTACT DETAILS

First Name:			
Surname:			
Postal Address:			
State:		Postcode:	
Phone:		Mobile:	
Email:		Website:	

### CANCELLATION, ABANDONMENT, POSTPONEMENT OR INTERRUPTION

1. Insured Name:			
2. Title or Name of event(s) or performance(s) to be insured:			
3. Date(s), name of venue(s) and address(es) of event(s):			
4. Are the event(s) held:	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Outdoors But Covered
5. Will adverse weather conditions preclude the fulfilment of the event(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. Will the stage and all electrical equipment be protected from rain?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7. Have all other contractual arrangements necessary for the successful fulfilment of the event(s) or performance(s) been made and confirmed in writing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If No, please give details:			
8. If the answer to question '7' is "no" do you 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 event or performance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
9. Can the event proceed in continuous moderate rain fall and wind speeds of up to 50kmh?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

10. If you ticked "no" to the question above, please provide details information below as to what type of weather will make your event unsafe to continue, and why.		
11. Does the event venue have any history of flooding or exposure to strong winds?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Can the outdoor elements of the Event be relocated indoors, at no additional expense, in the vent of bad weather?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. If the outdoor elements of the Event have to be cancelled due to weather , will the indoor elements still proceed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Has the Event been held at the same time of the year and location in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Is the Event location within 100 metres of a lake , river or watercourse	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Can the Event be delayed or postponed if bad weather renders it dangerous or impossible to proceed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Have all necessary licences, visas and permits and authorisations been obtained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If No, please give details:		
<b>Please attach a copy of the event/s budget, ensuring that all cost and revenue items have been itemised. Excel spreadsheet format preferred.</b>		
18. Does any other party have an interest in the expenses and gross revenue for the event(s) or performance(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, please give details:		

**CANCELLATION, ABANDONMENT, POSTPONEMENT OR INTERRUPTION CONTINUED**

19. Is Profit to be insured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Yes, please state the limit of Indemnity required:	
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20. Has the event(s) or performance(s) (under the present or any other management) had any incident that could have resulted, or did result, in financial loss that would be covered under the proposed insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Yes, please give details:	
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21. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possible affect the performance(s) or event(s), and might result in a loss under this insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Yes, please give details:	
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22. Has the Proposer, or any other person to which this insurance would apply, ever been declined insurance, or had any such insurance cancelled, or renewal refused, or had special terms imposed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Yes, please give details:	
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**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 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:	
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Signature:	
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Date:	
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CALL US 1300 655 931

## 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.