

Western Pacific Insurance Limited EVENT INSURANCE PROPOSAL FORM

PLEASE READ THIS CAREFULLY BEFORE COMPLETING THE PROPOSAL

Your duty of disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law, Insurance Law Reform Act 1977 and 1985 to disclose to the insurer every matter that you know, or could reasonably expect to know is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of General Insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Average (underinsurance) Provisions

As Reinstatement and Replacement Cover may be included in this policy, it is important to insure for full Replacement Cost to avoid application of the following provision.

The provision of the average clause will have effect only if the property insured under the policy is underinsured at the time of loss.

If the property insured under the policy is underinsured at the time of loss, the following will apply:

- if you suffer total loss, the provision will have no effect.
- if you suffer a partial loss, the maximum amount you may recover will bear the same proportion to your actual loss as the amount for which the property insured bears the full value of the property.
- whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

For Example: Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000. If your policy is subject to average, the maximum amount you may recover will be \$2,500.

Rights of subrogation

This Insurance provides that you will not be able to recover under it if you enter into any agreement, which excludes or limits your right of recovery from other parties; therefore you must not have agreed and must not agree to give away any of your rights because that will affect the subscribing Underwriters right to recover from these other parties.

Interests of other parties

For any party to be indemnified by this insurance they must be named in the contract or otherwise be included as a party with a proven insurable interest.

Excess/Deductibles

Excess or a Deductible is the first amount of each claim you are required to bear yourself, may not apply to each Part. Details of the Excess (es) applicable will be shown on the Schedule against the particular Section or Part.

Claims

The Insurance proposed on this Proposal Form does not provide cover in relation to events that occurred before the contract was entered into.

Acceptance of the Proposal

The Insurance proposed on this Proposal will not be in force until the completed Proposal has been received and the risk accepted by the Insurer. The subscribing Underwriters reserve the right to decline any Proposal.

Cancellation by You

You may cancel this Policy at any time by notifying WESTERN PACIFIC INSURANCE LIMITED (WPIL) in writing and advising WPIL of the future date on which cancellation will take effect.

The Premium retained by WPIL will not be less than the minimum premium.

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(Please Print)

Section 1 – General Information			
CONTACT DETAILS			
The Insured:		Trading As:	
Include the Names of all Subsidiary Companies to be Insured:			
Address (Street):	Suburb	Town	Post Code
Address (Postal):	Suburb	Town	Post Code
Telephone: ()	Facsimile: ()	Other:	Cell Phone: ()
Email:			

EVENT			
Name of Event:			
Type of Event:			
Location of Event:			
Date of Event (Include Set-Up & Dismantle)			
From		To	
Period of Insurance (The inception of the insurance can take effect prior to the beginning of the event)			
From		To	
Do you require cover for an Event, or part of an event, outside New Zealand		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" please advise			
a) Which Countries:			
b) Dates of Event(s):			
Are you aware of any circumstances which could give rise to a claim?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" please attach full details on a separate sheet of paper.			

Section 2 – Cancellation, Abandonment and Postponement	
CANCELLATION, ABANDONMENT AND POSTPONEMENT	
Is this cover required? (If "No", please proceed to Section 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any parts of the event to be held:	
a) Outdoors	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Under Canvas	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to either a) or b), please provide details, including exact location:	

CANCELLATION, ABANDONMENT AND POSTPONEMENT CONTINUED	
Will adverse weather conditions prevent the fulfillment of the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes", please provide details of the type of weather:		<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event of damage to the venue, are alternative venues available:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details, including exact location:		
Does the event depend upon the appearance of a Performer, Act, Group or Speaker?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", do you require cover in the event that the Performer, Act, Group or Speaker is unable to appear or perform		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please advise:	a) Name(s)	
	b) Age(s)	
	c) Travel Arrangements:	
	d) Details of Understudies:	
Have all arrangements been made in order to carry out this event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any previous experience in staging this kind of event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details of previous events:		

PERSONAL HISTORY

Have you ever:	
Been imprisoned for any criminal offence, or	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any other conviction or fine for any other criminal offence in the last 7 years, or	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any prosecution pending for any criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Know of any other information which could affect the acceptance of this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please attach full details on a separate sheet of paper.	

INSURANCE HISTORY

Have you either alone or jointly with any other party or, if you are a corporation, has the corporation or any of its directors:			
Made any claim under an Insurance Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had any judgment entered against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any Insurer decline any claim submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted or charged with any criminal offence in the last ten years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any Insurer decline any proposal submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received notice of any claim, proceedings or action whatsoever against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any Insurer cancelled or refused to renew a Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been involved in any incident whatsoever whereby you suffered loss or damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any Insurer require increased premiums or imposed special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been involved in any incident whatsoever in the last twelve months, which may give rise to a claim and/or action against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSURANCE HISTORY CONTINUED

Ever been declared bankrupt or had bankruptcy proceedings commenced against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the business having difficulty meeting its immediate obligations or those in the foreseeable future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a corporation, have proceedings for its liquidation or winding up or the official appointment of a receiver or official manager ever been instigated or threatened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any application for a loan declined in the past twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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If you answered "Yes" to any of the above please give details. Please attach full details on a separate sheet of paper.

SUM INSURED BREAKDOWN

Breakdown of the sum to be insured:

a) Costs and Expenses	\$
b) Guarantee and Commitments	\$
c) Sponsorships	\$
d) Merchandising	\$
e) Television/Media Revenue	\$
f) Net Profit	\$
g) Other Expenses	\$
Does the above sum represent the full value at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require the extension for Failure to Vacate the Venue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide a Sum Insured	\$
Do you require Additional Expenses Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide a Sum Insured	\$

Section 3

PROPERTY ALL RISKS

Is this cover required? (If "No", please proceed to Section 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please provide:		
a) Value of Equipment owned	Electronic \$	Other \$
b) Value of Equipment hired	Electronic \$	Other \$

Section 4

PUBLIC LIABILITY

Is this cover required? (If "No", please proceed to Section 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please state the limit required	\$
Have you assumed any liability by agreement and which such liability would not have attached in the absence of such agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details:	
Are pyrotechnics, lasers or explosives to be used during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide:	
a) Details of how and when these will be used:	
b) Who will be responsible for this part of the event:	

PUBLIC LIABILITY CONTINUED

c) Do they have their own Public Liability Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) How many people are expected to attend the vent?	
e) Will security personnel be present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) If "Yes", who is responsible for their actions?	
g) Do they carry their own Public Liability Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5

MONEY INSURANCE

Is this cover required? (If "No", please proceed to Declaration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", please provide:		
a) What is the maximum estimated amount that will be carried in any one (1) transit?		
b) What security precautions will be taken?		
c) Please indicate the period this cover is required for:	From:	To:

PRIVACY ACT STATEMENT

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and re-insurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. Indeed, if we subsequently find that you failed to provide all relevant information it may be grounds on which we refuse a claim and/or deny the policy.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

Your claims history is passed on to, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

DECLARATION AND ACKNOWLEDGMENTS

I/We declare and acknowledge as follows:

1. I/We have not suppressed, misrepresented or misstated any material information within my/our knowledge likely to affect the decision of Insurers as to my/our eligibility for insurance, and the answers given in this Proposal are truthful and frank in every respect.
2. Insurance cover will only arise upon the Insurer's acceptance of this Proposal as notified by the issue of an appropriate Policy Schedule and/or Policy Document.
3. Subject to the Insurance Law Reform Acts 1977 and 1985, if this Proposal is accepted by the Insurer, the Proposal and the Policy and the Policy Schedule which are issued shall constitute the entire agreement between the parties and shall supersede any prior representations or warranties.
4. The subscribing Underwriters will be relying on the information provided by me/us in the Proposal in deciding whether to provide cover, and if so, on what terms.
5. I/We have read and understood the notice concerning my/our duty of disclosure.
6. Where answers to questions contained on this Proposal are not in my handwriting they have been checked by me/us and I/we certify that they are in every respect, truthful and frank.
7. I/We will make the premises available for inspection by Western Pacific Insurance Ltd and/or their agent.
8. I acknowledge that all personal information collected by WPIL may be disclosed to other members of the insurance industry and Insurance Claims Register Ltd. Any personal information held by other members of the insurance industry and Insurance Claims Register Ltd may be disclosed to WPIL.

Signature: _____ Date: _____