

CANCELLATION OF EVENTS POLICY PROPOSAL

Please answer questions fully, use capital letters and tick appropriate boxes

YOUR DETAILS			
Name:			
ABN			
Address:			
		Postcode	
Contact:		Position	
Email:			
Telephone:		Fax:	
Website:			
THE EVENT			
Dates of Event (tenancy dates):	From: _____ To: _____		
Event Venue(s)	_____		
Name of Event Organiser	_____		
Estimated Event Revenue*	\$ _____		
*This means all monies you expect to be paid from every source arising out of the event(s) to be insured.			
Estimated Event Expenses*	\$ _____		
*This is the costs and charges you expect to incur in connection with the event(s) to be insured, including but not limited to deposits and other charges paid (or contracted to be paid) by you for transport, catering services, property and equipment rentals, hall and location rentals, accommodations (including travel arrangements).			
YOUR HISTORY			
(1) After investigation, have you or any principal, partner, or director, either alone or jointly with others ever, in the last 5 years:			
(a) Had any insurance declined or cancelled, application/proposal rejected, renewal refused, claim rejected, or special conditions imposed by an insurer?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
(b) Been charged with or convicted of any criminal offence?(excluding traffic offences)	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
(c) Been declared bankrupt or subject to any form of insolvency administration?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	

If you have answered yes to any of the above questions please provide full details:

DECLARATION AND AUTHORITY

This declaration must be completed and signed by or on behalf of all parties applying for insurance.

I/We

(a) declare that:

- (i) the answers and information given by me/us in this Proposal and any addendum are true and correct in all respects;
- (ii) no information has been withheld that would affect Calliden’s decision to accept this Proposal;
- (iii) where answers in this Proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- (iv) I/we have read and understood the clauses detailed under the Important Notices section at the back of this Proposal;
- (v) if there was insufficient space to fully answer any questions, we have attached _____ supplementary pages providing the additional information required.

(b) authorise Calliden to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.

(c) understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the applicable Arena policy wording.

(d) acknowledge that Arena, its agents and/or employees reserve the right to decline this proposal.

Proposer’s Signature: _____ Date: ____ / ____ /

Position Held (eg director) : _____