

# Public & Products Liability/ Professional Indemnity Insurance Proposal Form For Conference & Exhibition Organisers

## Notices Relating to the Operation of This Policy

To ensure proper protection you, the insured, have various duties both before you enter into a new insurance as well as at renewal or whenever your risk changes. Failure to observe these duties could lead to the rejection of an otherwise valid claim.

### The Duty of Disclosure

As your insurance advisor, we want to draw your attention to certain important matters that relate to your insurance.

#### General advice warning

Any information provided about this policy is general in nature and does not take into account your particular objectives, financial situation and needs. Before making a decision, you should carefully consider all information provided to you including the policy wording and comparative table of coverage terms (where provided).

### Duty of disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, or in the case of consumer contracts (as defined in Part IV of the ICA) (Consumer Contracts) to take all reasonable care to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.
- If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please refer to any guidance issued in any insurance proposal or application form, your Duty of Disclosure obligations contained in any PDS and policy terms and conditions (as applicable) and contact your Aon representative.

### Non-disclosure

If you fail to take reasonable care in disclosing information to us in the case of Consumer Contracts, or do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

In all instances, we recommend that you refer to any information provided by Aon to you or the insurer from time to time about your Duty of Disclosure and contact your Aon representative if you have any queries.

Changes of circumstances must be notified

It is also important that you advise us of any changes to your business or circumstances (including location change, changes in size or value, increase in number of premises/ sites owned or occupied, or nature of business activities) that may occur once you have arranged the insurance so that we can take the necessary steps to make sure that you are adequately insured. A failure to advise the insurer of such changes may prejudice your cover.

Endorsed By

Underwritten By



Allianz Australia Insurance Limited (ABN 15 000 122 850)

# Public & Products Liability/ Professional Indemnity Insurance

1. PLEASE ANSWER ALL QUESTIONS LEAVING NO BLANK SPACES
2. IF YOU HAVE INSUFFICIENT SPACE TO COMPLETE ANY OF YOUR ANSWERS, PLEASE CONTINUE ON YOUR HEADED PAPER.
3. THIS FORM MUST BE SIGNED AND DATED BY A PARTNER, PRINCIPAL OR IDENTIFIED OFFICER OF THE FIRM
4. IF FIRM IS BODY CORPORATE "PARTNERS" DEEMED TO READ DIRECTORS

1. Name of Firm				
2. Address of Firm				
3. Are you a conference or exhibition organiser?  If your activities include both, please state in percentage terms the degree of activity in both	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
	Conference ____%		Exhibition ____%	
4. When was your firm established?				
5. Please give the following details:-				
Name of All Partner/Principals	Age	Qualifications	Experience in this Firm	Experience Elsewhere
6. Do you have more than one office?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If so, please state full address(es)				
7. Total numbers of partners and staff:-				
a) Partners				
b) Staff				
8. Does the firm practice or has it ever practised overseas? If so:-	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
a) In which countries?				
b) What income has been derived?	\$			
9. How many events would you organise per year?				
a) On average				
b) In the ensuing 12 months				
10. Please provide details of budget expenditure estimated for:-				
a) Your largest event	\$			
b) Your average event	\$			
c) Any corporate entertainment you organise	\$			
11. Please advise your estimate income derived from fees and commissions over the next 12 months	\$			
12. a) Has any application for insurance in respect of the business to be covered or its predecessors ever been declined, cancelled or renewal refused?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
13. a) Have any claims ever been made against the firm or any of the present partners or against its predecessors in business or any past partner?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
	<input type="checkbox"/> YES		<input type="checkbox"/> NO	

<p>b) Are any of the partners after enquiry aware of any circumstances which may give rise to claims against the firm or their predecessors in business or any of the present or former partners whether you consider yourselves liable or not?</p> <p>If so, please give full details</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>14. a) Has the firm sustained any loss through the fraud and dishonesty of any employee?</p> <p>b) Does the firm know of any fraud or dishonesty at any time of any present or former employee?</p> <p>(If so, please give details and state precautions taken to prevent a recurrence)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>c) Assuming that you are not a sole trader, do you ensure that the process of signing cheques, authorising payments above \$1,000, issuing funds transfer instructions, amending funds transfer instructions, opening new bank or supplier accounts or refunding of monies or return of goods above \$1,000 are segregated and that no one person can control any of these functions from start to finish without referral to another person?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>d) Do you always ensure that bank statements are independently reconciled by persons other than those conducting the activities listed in question 14c)?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>e) Does the firm always require and obtain satisfactory references when engaging employees?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>15. We will automatically provide quotation terms based on the minimum limits for our facility of Public &amp; Products Liability \$10,000,000 and Professional Indemnity \$1,000,000. If these are insufficient, please specify the limits that you require.</p>	<p><b>Public &amp; Products Liability</b></p> <p>\$</p>	<p><b>Professional Indemnity</b></p> <p>\$</p>

(a) I acknowledge that I have read, understood and agree to comply with my duty of disclosure obligations as set out in the “Notices Relating to the Operation of This Policy”

(b) I acknowledge that if this application is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy Schedule and Policy Wording. [A copy of the Policy Wording will be sent to you on inception of cover. If you would like an advance copy please phone us on (02) 9253 7000]

(c) I declare that the information contained in this application form is true and correct and that I have not suppressed nor misstated any facts.

(d) I acknowledge that Aon values the privacy of personal information and is bound by the Privacy Act 1988 (Cth) when it collects, uses, discloses or handles personal information. Aon collects personal information to offer, promote, provide, manage and administer the many financial services and products that it, and its group of companies, are involved in. Information about Aon’s privacy practices is located in the Aon Group Privacy Policy which can be viewed at [www.aon.com.au](http://www.aon.com.au) or a copy can be sent to you, on request. Aon, or any of its group of companies, may also be in touch to let you know about our goods, services or promotions that may be of interest to you and Aon may share your information with other persons or entities who you may reasonably expect to assist us in providing or promoting our services. You may gain access to your personal information, or change your privacy preferences, by contacting our Privacy Officer (contact details provided at the Aon Group Privacy Policy). I consent to the use and disclosure of my personal information for purposes shown in the Aon Group Privacy Policy and authorise Aon to obtain my personal information from other parties, including those shown in Aon Group Privacy Policy, for any of these purposes.

(e) If I have disclosed personal or sensitive information about any other person, I confirm that I have obtained consent from that person to disclose to you their personal or sensitive information and have made them aware that you will or may provide their information to other third parties, including the insurer for any of these purposes, and for the purposes, which we or the third parties may use the information for, including those outlined in Aon’s Privacy Statement. If I have not obtained consent and authorisation from any other person to disclose their personal or sensitive information to you, I will inform you before providing the relevant information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ year

FOR & ON BEHALF OF \_\_\_\_\_

Signature of Partner or Principal. \_\_\_\_\_