

# One-off Event Liability Insurance Proposal (Sample Only)

(Application to be emailed to [oneunderwriting@oneunderwriting.com.au](mailto:oneunderwriting@oneunderwriting.com.au))

One Underwriting  
Short Period Event Liability Proposal Form

## Short Period Event Liability Proposal Form

### Broker or dealer details

Company	<input type="text"/>
Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

This proposal must be completed in ink and signed and dated by such person (The Proposer) who must be of legal capacity and authorised by the Proposer to seek a quotation for Public and Products Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Please submit, with the proposal, all relevant information including Financial Report and Accounts, brochures, requested documents etc.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of your Proposal.

Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

**Copies of the Proposal Forms should be retained for your own records.**

### Proposer Details

Full name of the Organiser/Promoter

Is the organiser a member of any industry Associations? Yes  No

Please provide details:

Organiser experience:

Years

Months

Phone

Fax

Email

Has the insured had any insurance contracts denied, cancelled or been subject to special conditions in the past, or been charged or convicted of any criminal offence other than driving offences?

Yes  No

If yes, please provide details

### Event Information

If the event will take place at more than one location, please complete this section for each location on a separate sheet and attach to this completed form.

Contact person

Name of event

Date (include set up and dismantle)

to

Hours of event

am/pm

to

am/pm

Event location

Type of event

Indoors

Outdoors

Number of performances

How many times has this event been held before?

**one**  
UNDERWRITING