



OzPrize & Weather Insurance Specialists
 Corporate Auth. Representative No. 309116
 of **Warren Saunders Insurance Brokers**
 Australian Financial Services Lic. No 240939

MEMBERS' PUBLIC LIABILITY - INSURANCE OFFER

Member

First Name _____ Surname _____
 CMAA Membership#: _____ Expiry Date: _____

PLEASE READ CAREFULLY BEFORE COMPLETING

Managed by

Ozprize & Weather Insurance Specialists Pty Ltd
 ABN 68 122 910 696

Underwritten by

Chubb Insurance Company of Australia Ltd
 ABN 69 003 710 647

“you” “your” where used in this Proposal means the Proposer and if more than one, each of them.
 “we” “us” “our” means Chubb Insurance Company of Australia Ltd ABN 69 003 710 647.
 “Insurer” means any general insurance company accepting the risk relevant to this proposal

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer’s decision whether to accept the risk of 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 of 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.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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.

- | | |
|---|----------|
| 1. Do you earn gross income in excess of \$150,000? | YES / NO |
| 2. Do you require this cover for a band? (If yes how many members in the band ? _____) | YES / NO |
| 3. Do you require cover for other activities besides performing? | YES / NO |
| 4. Have you either alone or in partnership with any other party suffered any loss/ destruction/ damage under an insurance policy? | YES / NO |
| 5. Had any insurer decline any claim submitted? | YES / NO |
| 6. Had any insurer decline or impose special conditions on any proposal submitted? | YES / NO |
| 7. Had any insurer cancel, refuse to renew or impose any restrictions on a policy? | YES / NO |
| 9. Ever been declared bankrupt? | YES / NO |
| 10. Been convicted of or charged with a criminal offence? | YES / NO |
| 11. Been convicted of or charged with arson or fraud? | YES / NO |
| 12. Been convicted of or charged with any offence for dishonesty? | YES / NO |
| 13. Do you rent venues or premises in which to stage your performances | YES / NO |

If you have answered **YES** to any of the above questions please **contact Ken Killen at Ozprize Insurance (02 9707 2272)** to discuss your proposal.

If you have answered **NO** to all the above questions and are a Member of the CMAA, you are eligible for automatic acceptance, please proceed.

PROFESSIONAL MEMBERS' PUBLIC LIABILITY

APPLICANT DETAILS

CMAA Membership #: _____ Expiry Date: _____

First Name _____ Surname _____

First Name _____ Surname _____

Address _____

Town _____ State _____ P'code _____

Phone _____

Email _____

Performing as (if different from above): _____

PERIOD OF INSURANCE From 12/8/2019 to 12/8/2020 (4pm)

LIMIT OF LIABILITY \$20,000,000

EXCESS \$500 each claim

Premium **\$119.00 each** (for those earning less than \$150,000 per annum)

Term Premium (per person)

\$119 join in August, September October

\$98 join in November, December, January

\$85 join in February, March, April

\$75 join in May, June, July

The costs you pay cover administration costs, the insurance premium, stamp duty, GST and broker's fees.

The premium is the minimum and deposit premium and therefore there is no refund available once your application for Insurance has been accepted and forwarded to the insurer.

DECLARATION BY PROPOSER: I, _____

- have received the Duty of Disclosure notice and other notices accompanying this Proposal and agree to be bound by the terms of the Policy,
- state that the information given in this proposal and any attachment to it is true and correct and all information relevant to the decision and terms of insurance has been given,
- authorise the Underwriter to give to, or obtain from, other insurers or any credit reference service, any information relating to insurance held by me/us or any claim in relation thereto,
- state where answers on this proposal are not in my/our handwriting they have been checked by me/us and I/we certify they are correct.

Signature of Proposer: _____ Date: __/__/____

Please forward the signed and completed proposal along with your payment to:-

Ken Killen (kenkillen@ozprize.com.au)

OzPrize & Weather Insurance

Warren Saunders Insurance Brokers

PO Box 1124 Sutherland NSW 1499

Phone: 02 9707 2272 Fax: 02 9774 5672 Mobile: 0423 312 071

....OR EFT Bank deposit to

Account Name Warren Saunders Insurance

Bank: Macquarie Bank

BSB: 182-222

Account Number: 303181895

Then Fax or Email proposal and deposit receipt to Ken

Hi ...Ken Killen here...please call me with any questions at any time...all the best, Ken 02 9707 2272