



Broadform Liability Insurance Application Travelling Sideshow and Rides Operator

Intermediary		Date	/ /
Contact Name		Phone	()

Insured Details			
Insured/s Name(s) (Full details required, including trading name if applicable)			
Address/Situation	State	Post Code	
Other Interested Parties			
Holding Insurer			
Holding Broker		Due Date	/ /

General Information			
What type of venue will the insured's activities be performed at?			
Please provide a detailed list of all types and numbers of amusements provided by the insured:	Amusement type	No.	
Number of years in this business	years		
Please provide previous industry experience if less than 5 years in business:			
Details of all claims in the past 5 years:			
Estimated annual turnover	\$	Estimated annual payroll	\$
Number of staff:	Full time	Part time	

General Information

Are you responsible for the hiring of venues?

Yes No

Please provide details of any indemnities or "Hold Harmless" agreements given to other parties:

Do any activities involve the use of water craft, aircraft or motorised vehicles? If 'Yes', please supply details:

Yes No

Do any activities involve mechanical rides or amusement? If 'Yes', please supply details:

Yes No

Is any audience participation involved? If 'Yes', please supply details of extent of such participation:

Yes No

Does the insured supply, install or dismantle temporary seating or staging?

Yes No

Does the insured supply alcohol?

Yes No

Does the insured arrange fireworks or pyrotechnics?

Yes No

If 'Yes', please supply details:

Are staff trained in first aid provision?

Yes No

Does the insured supply food or beverages?

Yes No

If 'Yes', are the appropriate licences held for such provision?

Yes No

What maintenance and daily check ups are performed on mechanical or electrical equipment?

Limit of indemnity

\$

Additional information:

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statement and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the compliance Manager on **02 9375 4656** or email compliance.manager@qbe.com for further information.

Duty of Disclosure – What you must tell us

Under the Insurance Contracts Act 1984 (the Act); you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you and anyone else to be insured under the Policy and if so, on what terms.

- **You do not have to tell us about any matter**
 - that diminishes the risk
 - that is of common knowledge
 - that we know or should know in the ordinary course of our business as an insurer, or
 - which we indicate we do not want to know.
- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Inadequate space to answer

If there is inadequate space to answer our General Information or other questions or you need to disclose something to disclose to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

PLEASE NOTE: If incomplete or unclear, prior to sourcing terms, additional time will be required to obtain full details.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's Signature

X

Date

/ /

Applicant's title