

Please read the following information before you complete the application.

Keep this information for your records.

Please read and keep the product disclosure statement and policy booklet for this insurance.

What you need to tell us

You must tell us anything that you know, or should know, could affect our decision to insure you and/or the terms on which we insure you. You must do this when you apply for a policy, renew your policy or when you change or reinstate your policy. When we ask you specific questions, you must answer these questions truthfully and in a way that a reasonable person in the circumstances would answer them. It is important that every person who will be insured by the policy answers all questions in this way. These requirements are part of the Insurance Contracts Act 1984.

What you need not tell us

You do not need to tell us anything that:

- ◆ reduces our risk.
- ◆ is of common knowledge.
- ◆ we know, or, as an insurer, should know.
- ◆ we indicate that we do not want to know.

You do not need to tell us about when another insurer has declined cover or refused to renew a policy because of factors that do not relate to the assessment of your risk. For example, a previous insurer may have decided not to insure some makes of musical instruments.

What will happen if you do not tell us

If you withhold relevant information or you do not answer our questions in the way we have described, we can reduce the amount we pay you for your claim, or we can cancel your policy. If your failure to tell us is fraudulent, or your answers are untruthful, we can treat your policy as if it never existed.

Some things you should note

- ◆ The policy you are applying for will not provide any insurance cover for anything that may have happened before the policy started.
- ◆ You must pay the excess when a claim occurs. The policy tells you what is an excess.
- ◆ The insurance cover you are applying for starts when we accept your application. The commencement date of your insurance will be shown on the Client Coverage Summary sent to you by Aon. We have the right not to accept your application.

The way we handle your personal information

We collect personal information from you for the purpose of providing you with insurance products, services, and processing and assessing claims.

You can choose not to provide this information, however, we may not be able to process your requests.

We may disclose information we hold about you to other insurers, an insurance reference service or as required by law. In the event of a claim, we may disclose information to and/or collect additional information about you from investigators or legal advisers.

If you wish to update or access the information we hold about you, contact us.

When complete, please forward this application to:
Aon Risk Services Australia Limited
GPO Box 4189, Sydney NSW 2001

Entertainment Equipment Insurance Application

Please answer all questions. This will help us to process your application quickly.
 If you need more space to answer any of the questions, please use a separate sheet of paper.
 Any attachments will form part of this application and the declaration will include them.

Period of insurance

The date you would like your policy to start /

The expiry date of your policy will be 4.00 p.m. on /

CGU Insurance use only

Policy no.

Account no.

Acceptance

Account name

Applicant details

Surname Given name(s) Date of birth /

Band/Group name (if applicable) ABN (if applicable)

Are you registered for GST purposes?

No Yes What percentage do you claim? %

Postal address

Postcode

Private telephone no.

Business telephone no.

Facsimile

Mobile no.

Email

Situation of risk

Address where equipment is normally stored

Postcode

Please describe security at normal storage address

Doors

 Windows

Questionnaire: All questions must be answered by the applicant.

If insufficient space, please provide additional details on a separate page.

Please tick (✓) Yes or No and give details as requested.		Yes	No
1.	Has any proposal or renewal for insurance ever been declined? If Yes, give details. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has any insurance policy been cancelled by any insurance company? If Yes, give details. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever had special conditions or increased premium imposed? If Yes, give details. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you suffered any losses in the past five(5) years (whether insured or not)? If Yes, give details. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schedule of equipment to be insured

	Brand	Model	Description	Serial no.	Sum Insured
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$
11.					\$
12.					\$
Miscellaneous items (eg. cables, stands, tools)					
13.					\$
Limit for unspecified hired/borrowed equipment					
14.					\$
Total					<input type="text"/>

If insufficient space above, please attach a separate schedule.

Is the Equipment insured (a) predominantly and (b) ordinarily used by the Insured, a relative of the Insured or any person with whom the Insured resides for:

Personal, domestic or household purposes?

Commercial, retail, business, or any other purposes not being personal, domestic or household?

Is the equipment insured normally kept/stored in:

Domestic premises Postcode of premises

Commercial premises Postcode of premises

Your declaration

I/We confirm that this application was provided to me/us before entering into the contract of insurance. The information I/we have provided is accurate and complete.

I/We have read the policy cover (including the Product Disclosure Statement), and agree to be bound by the terms it contains.

I/We understand this insurance is not in force until CGU Insurance Limited ABN 27 004 478 371, accepts this application.

For personal applicants

I consent to:

- the use of personal information about me for the purpose shown in the Privacy Statement, and
- the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

For all applicants

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

I/We understand that any statement made in this application will be treated as a statement made by all the people to be insured. This declaration is signed by or on behalf of all parties who are making this application for insurance.

Signature of the Applicant 1

Date

Signature of the Applicant 2

Date

Signature of the Applicant 3

Date

Please indicate the number of additional pages attached to this application