



**Action**  
Entertainment Insurance

Suite 301, Building A  
Sky City, 20 Lexington Drive  
Bella Vista NSW 2153  
PH: 1300 655 424  
[entertainment@actioninsurance.com.au](mailto:entertainment@actioninsurance.com.au)

## **ACTION ENTERTAINMENT INSURANCE**

### **SPECIALIST EVENT & ENTERTAINMENT INSURANCE ADVISORS**

#### **VOLUNTARY AND GROUP ACCIDENT INSURANCE RENEWAL QUESTIONNAIRE**

#### **YOUR DUTY OF DISCLOSURE - CONTRACTS OF GENERAL INSURANCE**

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the 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 any 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 their business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

#### **NON DISCLOSURE**

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

#### **SUBROGATION**

You may prejudice your rights with regard to a claim if, without prior agreement from the Insurer, you make agreement with a third party that will prevent the Insurer from recovering the loss from that, or another party.

Your policy contains provisions that either exclude the Insurer from liability, or reduce their liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under this policy.

**Insured Name:**

**ABN:**

<b>Any change to your address or contact details within the last 12 months?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide updated address / contact details:		
<b>Expiry date of current policy:</b>		
<b>Any changes to your business activities within the last 12 months?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details of changes:		
<b>Any unreported claims to notify the Insurer?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details of claims:		
<b>How many volunteers will you engage to work for you over the period of insurance?</b>		
<b>How often they will work during the following periods (if not applicable please answer N/A):</b>		
<b>WEEKLY</b>	How many volunteers:	How many day per week:
<b>MONTHLY</b>	How many volunteers:	How many days per month:
<b>SPECIFIC EVENT</b>	How many volunteers:	How many days per event:
<b>Please advise age ranges (approx) of these persons:</b> <i>For volunteers aged 65 years and older reduced sum insureds and/or restricted benefits may apply.</i>		
<b>Oldest:</b>	<b>Youngest:</b>	
<b>What activities or duties will the volunteers be undertaking?</b>		
<b>Will these persons' duties involve any of the following:</b>		
Lifting heavy equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Working from heights	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please advise max height:	
Sporting activities	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of sport:	
Dangerous or hazardous work	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	

Driving vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will you be paying these persons to work for you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please be aware that you might be required to arrange a workers compensation policy to cover these persons. Workers Compensation Insurance is compulsory for all employers. Please contact Action Insurance Brokers if you require further information on Workers Compensation Insurance.</i>	
<b>Are you responsible for arranging transport for your volunteers to get to and from the place of work?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise how many volunteers will be transported per vehicle?	
<b>Have you previously been refused insurance or have had your insurance cancelled by an Insurer or have had special conditions, increased premiums or increased excesses imposed on any policy of insurance by an Insurer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

This policy will provide limited cover for non-Medicare medical expenses as per the benefit, listed on the schedule. Such claims may be subject to an excess. **The policy will NOT pay for those medical costs that can be claimed under Medicare or a private health insurance fund. This policy also DOES NOT cover the Medicare gap.**

#### DECLARATION

I/We hereby declare that the information provided by me/we in this questionnaire is true and correct and that I/we have read and understand the Important Notices at the start of this questionnaire. I/We also agree that this questionnaire can be used as the proposal of insurance and therefore the basis of the contract of insurance between me/we and the underwriter, if so approved by the underwriter.

<b>Signature:</b>	<b>Date:</b>
<b>Name:</b>	

AUTHORISED REPRESENTATIVE OF ACTION INSURANCE BROKERS  
ABN 39 080 844 426 AFS Licence No. 225047 Authority No. 292988