



Prize Indemnity Insurance Proposal Form

Certain Underwriters at Lloyd's and/or Companies (**Insurers**) acting through their agent
International Underwriting Agencies Ltd ("IUA") PO Box 7238, Wellesley Street, Auckland 1010

IMPORTANT NOTE

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence Insurers acceptance and assessment of this proposal) will render the insurance void. If you are in any doubt about any facts which might be considered material you should disclose them. The Proposer is advised to keep a record (including copies of letters) of all information supplied for the purpose of entering into the contract.

The liability of Insurers does not commence until the proposal has been accepted by Insurers.

GENERAL INFORMATION

PLEASE USE BLOCK CAPITALS

1 Name of Insured:

2 Address:

3 Name of Event:

4 Location of Event:

5 Date(s) of Event From: To: (both days inclusive)

6 Amount of Indemnity Required NZD:

If the full amount at risk exceeds the amount of indemnity required,
please state why, giving the full value at risk:

7 Has the event ever been cancelled before?

If Yes, then please give full details of any previous losses (whether insured or otherwise) that you have sustained:

8 What were the gross receipts on the last three occasions that the event was held?

DATE	GROSS REVENUE
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9 In respect of any risk proposed, has any insurers ever cancelled or declined to renew a Certificate, imposed special terms, or declined to give a quotation?

Yes

No

If Yes, please give details:

Please describe the type of risk and/or material facts which might influence an Underwriting decision:

Please advise what security measures are to be taken:

10 Proposed Supervisor(s)/Witness(es)

Name:

Name:

Address:

Address:

Occupation:

Occupation:

Please include a copy of the proposed rules of the Event (Competition or Promotion).

DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that the non-disclosure or misrepresentation of a material fact will entitle the Insurers to void the insurance.

I understand that signing the proposal does not bind me to complete the insurance, but agrees that should a contract of insurance be concluded, this form and the statements made herein shall form the basis of the contract.

Signature of Proposer:

Date: