

## Conference & Exhibition Insurance Solutions – Quotation Request

### Contact Details

Contact Name	
Email	
Web	
Phone	
Fax	
Mobile	
Address	
Suburb	
State	
Post Code	
Are you a member of the PCO?	Yes / No
Are you a member of any other associations? If Yes, which associations?	Yes / No

### Insured

Full Name of Insured	
ABN	
GST Registered	Yes / No
<b>Duty of Disclosure:</b> Your Duty of Disclosure requires you to tell us of any information that may affect our/insurer decision to insure you. Each person(s) or entity named as the Insured has this duty of disclosure. If you do not tell us about any information which may be relevant to accepting this insurance, this may result in the refusal or reduction of claims or the cancellation of this policy.	
a. In the past 10 years have you or any Insured person/business/corporation/director had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed special conditions?	Yes / No
b. In the past 10 years have you or any Insured person/business/corporation/director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year?	Yes / No
c. In the past 10 years have you or any Insured person/business/corporation/director been convicted or have charges pending, for any criminal offence, including arson, or involving dishonesty of any kind?	Yes / No
d. Have you ever had a non motor vehicle loss, whether insured or not, in excess of \$20,000? If Yes, provide details (acceptance will be required from the Insurer/s).	Yes / No
e. Do you authorise us to give to, or obtain from, other insurers or any reference service, any information relating to insurance held by you or any claim in relation thereto?	Yes / No
f. Are you aware of any exceptional circumstances, not covered above, that would influence the underwriter's decision to accept the risk of insurance, or alter the terms? If Yes, provide details (acceptance will be required from the Insurer/s).	Yes / No
g. I/we agree the Privacy Policy Statement is acceptable.	Yes / No

### General Information

Name of Event	
Type of Event	Conference / Exhibition / Conference & Exhibition
Location of Event	
Event Date - Start	
Event Date - Finish	
Start Bump In (Date)	
End Bump Out (Date)	
Estimated Attendance	

### Liability

Limit of Liability Required	\$10,000,000 / \$20,000,000 / Other: \$ _____
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**Cancellation & Abandonment**

Do you require cover for Cancellation & Abandonment?	Yes / No
Total Budgeted Costs	\$
Estimated Nett Profit	\$
Would adverse weather affect any part of the conference/exhibition to proceed?	Yes / No
If so, is there an alternate venue available?	Yes / No
Is the conference reliant on a particular speaker or person to attend for the event to proceed?	Yes / No

**Property**

Do you require cover for property of your own or in your control? If you have selected Yes we will provide cover to a limit of \$25,000.	Yes / No
Should you require a higher sum insured please advise the sum insured required.	\$
Please also advise details of what the property is that you are requiring cover for.	

**Money**

Do you require cover for Money?	Yes / No
Sum Insured	\$

**Claims**

Have you ever had a claim for any of the above type of insurances?	Yes / No
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Once received we will respond within 2 working days. In most cases you will receive a response within 1 day however if something is Urgent please call our office on 07 3123 6919 once you have submitted the completed form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Please return completed form to:

**Conference & Exhibition Insurance Solutions**

PO Box 700  
 SAMFORD QLD 4520  
 Phone: 07 3123 6919  
 Fax: 07 3289 6910  
 Mobile: 0414 470 563  
 Email: enquiry@ceis.com.au