

# PROPOSAL FORM

## Airshow Organisers Liability



### DUTY OF DISCLOSURE

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to Vero Liability in this proposal form will be the basis of any contract of insurance entered into.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied. This means that prior to renewal or any policy variations, as well as advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal, please attach additional sheets.

### WHEN IN DOUBT DISCLOSE.

### Applicant Details

Name of applicant including trading names, names of subsidiaries and any other parties to be insured	
Address	
Website Address	
Email Address	Contact Person
Phone Number	Broker / Agent

### Event Details

Name of the Event	
Date of the Event	
Set-up date of the Event	
Tear-down date of the Event	
Alternate (rain) date	
Estimated number of spectators	
Are there any night shows?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise:	
Will there be Air Races?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise:	
Will there be any airplane or balloon rides given to spectators or general public during the time of the Event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise:	
Will you be included on the operators' policies as an additional Insured with a limit of at least \$1,000,000 any one occurrence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please Note:</b> This Airmeet policy will not cover your liability to either participants or the passengers in the participants' aircraft or balloons. Separate Non-Owned Aircraft Liability insurance is needed	

Please list all those persons or organisation that have requested to be named on your insurance policy

Name	Relationship to the Event

Will the airport be closed to other traffic during the period of the Event? Yes  No

Will a representative of the CAA be present to act in an official capacity? Yes  No

Please list all participants on the show

Name	Type of Activity	Type & No of aircraft/balloon	Are you noted on their insurance policy?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Is the Event car parking on or off the airfield premises? Yes  No

Please describe your planned crowd control

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Will you be selling any products at the Event? Yes  No

If Yes, please advise (food, beverage, souvenirs):

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Will you be selling any alcoholic drinks at the Event? Yes  No

If Yes, please advise whose name is on the license:

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Please list all suppliers or groups providing services

Name	Type of service or product sold	Type of facilities (tent/booth etc)	Are you noted on their insurance policy?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Will there be any fireworks or explosives used at the Event? Yes  No

If Yes, please advise name of licensed pyrotechnic contractor

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Are you noted on their insurance policy? Yes  No

If you have held this Event previously, please advise details:

Date	Insurer	No of Spectators

## Prior Insurance

Has any insurer in respect of the risks to which this proposal relates ever:		
1. declined a proposal, refused renewal or terminated any insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. required an increased premium or imposed special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim in full (other than by application of an Excess)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of the above please give details		

## Past Claims

Has any claim been made against the Applicant or any principal or director (including principal or director of any previous business) consultant or employee in respect of the risks to which this proposal relates?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Applicant or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of this insurance		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes in either case please give details			
Date of Claim or Loss	Brief details of claim or loss	Cost (if any of claim paid or loss insured)	Estimated outstanding loss
		\$	\$
		\$	\$
		\$	\$
What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?			

## Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

- the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
- this proposal and declaration shall be the basis of and incorporated in the insurance contract.
- I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion of this insurance contract.
- Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If this proposal form is being completed electronically, please print the completed form to sign.**

**Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.**

### Vero Liability Insurance Limited

Level 32, ANZ Centre, 23-29 Albert Street  
Private Bag 92055 Auckland New Zealand  
Telephone 09 306 0350

[www.veroliability.co.nz](http://www.veroliability.co.nz)