

# NON APPEARANCE INSURANCE

## CANCELLATION DUE TO NON-APPEARANCE

### 1. What Perils require cover?

a) Death	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Accident & Illness	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Unavoidable Travel Delay	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d) Death or critical injury of immediate family member of the Artist/s	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e) Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered 'Yes' to 'Other', please give details:

--

### 2. Details of Person(s) to be Insured

PERSON TO BE INSURED	DATE OF BIRTH	PARTICIPATION/ROLE

### 3. Can the event/s proceed with a session musician and/or understudy or substitute performer?

YES       NO

If Yes, please give details:

--

### 4. Would the Non-Appearance of one individual give rise to a loss?

YES       NO

If Yes, please give details:

--

**CANCELLATION DUE TO NON-APPEARANCE CONTINUED**

5. Is any person to be insured suffering from any physical, mental or medical condition? (The Proposer should consult the Person(s) to be Insured before answering this question).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

If Yes, please give details:

6. Is any person to be insured undergoing any form of treatment, medical or otherwise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

If Yes, please give details:

7. Is any person to be insured aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a loss under the proposed insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

If Yes, please give details:

8. What method of transportation will be used by the person(s) to be insured?

**DECLARATION AND SIGNATURE**

I / We hereby acknowledge that I / we have complied with the duty of disclosure which is stated below. I / We confirm that the answers and statements in this proposal are correct and that no information has been withheld which may affect your decision to accept this proposal or the terms of the proposed Policy.

Name:	
Signature:	
Date:	

**CALL US 1300 655 931**

## DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

If you do not tell us something:

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

## MARSH COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website ([www.marsh.com.au](http://www.marsh.com.au)) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:  
Email – [privacy.australia@marsh.com](mailto:privacy.australia@marsh.com)  
Phone – (02) 8864 7688  
Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

Copyright © 2020 Marsh Advantage Insurance Pty Ltd. All rights reserved. LCPA 19/272. SG19-1402.