



## Organiser Application

Details of Applicant					
Contact Name					
Address					
Suburb		State		Postcode	
Postal Address (if different)					
Suburb		State		Postcode	
Telephone	Work		Home		
Mobile			Fax		
Email			Website		
<b>Preferred method of contact:</b> <input type="checkbox"/> Email <input type="checkbox"/> Email & Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax					
We will send any information to you at the selected preferred method of contact (including a Certificate of Insurance). You will need to advise us of any change to your contact details.					
Business Description					
<b>Organiser</b> For Organiser Members of the Insured, "Business" in the Policy means the organisation and running of events involving stall holders carrying on a business of the kind as specified below for Stall Holder Members (the stall holder in this case need not be a Member of Traders Voice), including but not limited to securing and booking a suitable venue location; ensuring insurance, legal, health and safety obligations are adhered to; coordinating venue management, caterers, stand designers, contractors and equipment hire; organising facilities for car parking, traffic control, security and selling sponsorship/stand space to potential exhibitors/partners; liaising with clients and designers to create a brand for the event; overseeing the dismantling and removal of the event and clearing the venue efficiently; all with the intent to ensure the success of the event overall.					
<b>Stallholder</b> Where the Organiser is also a Stall Holder "Business" in the Policy extends to the operation of a market stall, retail centre stall, special events stall and the like involving the sale of a broad range of produce and other goods and services, including incidental or related activities. For the sake of clarity it includes but is not limited to the activities of preparing produce and other goods for sale.					
Insurance Cover					
Who is seeking to access the insurance cover as a Covered Person? Please ensure your answer is correct, eg, if you are a proprietary limited company that employs the person completing the form and/or others, that company name becomes the "Covered Person" (ie the entity that accessed the cover). If you are a sole trader, or partnership, include the full name/s of all the persons – these names become the "Covered Person".					
<b>Who is to be the covered person?</b>					
ABN if applicable <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<b>Are you registered as a not-for-profit organisation?</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide us with your registration number as your membership fee may be reduced					
<b>State the number of years you have been an Organiser?</b>		Months		Years	
If less than 3 years, please detail your industry experience					

Insurance Cover
Briefly detail the range of products, goods and services your stall holders sell?
Please indicate if you allow the following activities at your venue(s):
<input type="checkbox"/> Child minding <input type="checkbox"/> Catering <input type="checkbox"/> Entertainment <input type="checkbox"/> Sport <input type="checkbox"/> Events <input type="checkbox"/> Rides <input type="checkbox"/> Amusements

Organiser Activities																		
How many separate markets do you currently operate?																		
<table border="1"> <tr> <td>Location of Market</td> <td> </td> <td>Frequency</td> <td> </td> <td>Number of Stall Holders</td> <td> </td> </tr> <tr> <td>Location of Market</td> <td> </td> <td>Frequency</td> <td> </td> <td>Number of Stall Holders</td> <td> </td> </tr> <tr> <td>Location of Market</td> <td> </td> <td>Frequency</td> <td> </td> <td>Number of Stall Holders</td> <td> </td> </tr> </table>	Location of Market		Frequency		Number of Stall Holders		Location of Market		Frequency		Number of Stall Holders		Location of Market		Frequency		Number of Stall Holders	
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What (if any) security arrangements are put in place?																		
Do you ensure all stall holders maintain a current public liability insurance cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>																	
If yes, what is your acceptable minimum public liability coverage?	\$																	
Are you responsible for the clean up of site(s) during and after each market?	Yes <input type="checkbox"/> No <input type="checkbox"/>																	
If YES, please provide details																		
Do you supply, install or dismantle temporary structures?	Yes <input type="checkbox"/> No <input type="checkbox"/>																	
If YES, please provide details																		

Business Turnover	
What is your estimated turnover for the next 12 months?	\$
If any turnover is derived outside of your home state, please show the	State      %
What is your estimated annual payroll?	\$
How many employees, including principals?	Number

Contractors					
Do you engage contractors or sub-contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes please describe the type of work undertaken and estimated payments given to contractors and subcontractors:					
<table border="1"> <tr> <td>Type of Work</td> <td> </td> <td>Estimate Payment</td> <td>\$</td> </tr> </table>	Type of Work		Estimate Payment	\$	
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Do you require insurance protection on their behalf?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

**IMPORTANT INFORMATION**

Such cover is only provided if the contractor/ subcontractor is specified by the insurer as entitled to access cover. You will be required to submit further details and no cover is provided in relation to such persons unless the insurer approves them – your Certificate of Insurance will indicate they are covered if the insurer has granted approval.

## Contractually Assumed Liability

Have you entered into any agreement with contractors or subcontractors that requires you to indemnify or hold harmless other persons (property owners or others), regardless of fault, that may or could waive QBE Australia's rights of recovery against such persons?

Yes  No

If yes, and you want cover in relation to such agreements, you will need to provide us with a copy for the insurer to consider whether to extend cover in relation to them now and during the term of the cover. See Contractual Liability Exclusion 3.5 of the Policy for more detail.

## Insurance History

Have you ever had an application for public liability and/or product liability insurance refused or cancelled?

Yes  No

If yes, please give details

Have you lodged a public liability insurance claim for your present or previous business activities during the past five years?

Yes  No

If yes, please give details:

## Stall Holders Activities

If you also operate as a stall holder in your own right and require legal liability – a separate application will need to be completed.

Please send me a stall holder application form

Yes  No

## Your Quote

Thank you. Please submit your application via:

Mail: Traders Voice

c/- Austbrokers CE McDonald  
PO Box 4823  
Eight Mile Plains QLD 4113

Fax: (07) 3423 6010

Austbrokers CE McDonald Pty Ltd (AFSL No. 230180) is the appointed insurance broker for Traders Voice. We will contact you if any further information is required to consider your application and provide a quotation for membership which includes access to public liability insurance coverage in accordance with the information you provided.

To speak with a representative, please call (07) 3423 6000 or email – [organisers@tradersvoice.com.au](mailto:organisers@tradersvoice.com.au)

## Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act) you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

**You do not have to tell us about any matter**

- That diminishes the risk
- That is of common knowledge
- That we know or should know in the ordinary course of our business as an insurer, or
- Which we indicate we do not want to know

**If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

## Privacy Statement

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We only provide your information to the companies with whom you choose to deal (and their representatives). We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you and you could breach your duty of disclosure. You can check the information we hold about you at any time.

For more information about our Privacy Policy, ask us for a copy.