PRIZE INDEMNITY PROPOSAL FORM

You, the Insured: _____

ABN: _____

Address: _____

Name of Event / Promoon: _____

Locaon: _____

Date(s) of Event: _____

Type / Mechanism of Risk Insured (i.e Odds Draw, Skill Chance):

_____

_____

Chance of winning (If odds based):

_____

Number of Parcipants: _____

Atempts per Parcipant: _____

Nature of Prize: _____

Sum Insured (AUD): $ _____

Has this type of Event or promoon been held before? If yes, what was the financial loss resulted:

_____ Has

this event been insured before: _____

General Quesons:

Can you confirm that all the necessary contractual arrangements will be put in place in a mely manner, and these will be valid for the period of the Insured Event or promoon? Yes or No

Do You know of any mater, fact or circumstance, actual or threatened, that increases or could increase the possibility of a loss under this proposed Insurance? Yes or No

Important Informaon

The informaon you provide in this document and through any other documentaon, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every queson must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use addional sheets, sign and date each one and atach them to this document.

If you do not understand or if you have any quesons regarding any mater in this document, including these Important Informaon, please contact us or your insurance broker before signing the Declaraon at the end of this document.

Unless we have confirmed in wring that temporary cover has been arranged, no insurance is in force unl the risk proposed has been accepted in wring by us and you have paid or agreed to pay the premium

Agent of Insurers

SLE Holdings Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or setling any claims. This is an important document, please read it carefully.

Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us of anything that You know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty unl we agree to insure You.

You have the same duty before you renew, extend, vary, or reinstate an insurance contract. You do not need to tell us anything that:

– reduces the risk we insure You for;

– is of common knowledge;

– We know or should know as an insurer; or

– We waive Your duty to tell us about.

If You do not tell us something

If You do not tell us anything You are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If Your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Declaraon

To the best of my knowledge and belief the informaon provided in connecon with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentaon of a material fact will entle the Insurer to void the insurance.

I understand that signing this proposal does bind me to complete the insurance but agree that should a contract of insurance be concluded, this form and the statement made herein shall form the basis of the contract.

Declared and signed by

The Insured _____

Date _____/_____/_____