

Media, Entertainment & Arts Alliance STAA Member Insurance Proposal Declaration

Please note before starting:

- All questions must be answered giving full and complete responses.
- Blanks and/or dashes, or answers "known to insurers or brokers" or "N/A" are not acceptable.

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|-----|--|------------|----------|
| 1. | Is the proposed insured a current member of MEAA? | Yes | No |
| 2. | MEAA Membership ID: | | |
| 3. | Provide the estimated annual turnover/fee income: | \$ | |
| 4. | Does the proposed insured require cover for activities outside of Australia and New Zealand? If Yes, please provide full details of the countries and the activities below above. | Yes | No |
| 5. | Does the proposed insured engage contractors and or temporary workers? If Yes to above, does the proposed insured sight and hold copies of Certificates of Currency or equivalent insurance documentation from subcontractor/s and temporary workers, including but not limited to, General Liability and Workers Compensation? If No, please provide full information and reason below: | Yes Yes | No No |
| 6. | How many performances do you participate in on average per year? | | |
| 7. | What style are the performances do you do? (ie orchestra, band, pub gigs, parties, etc.) | | |
| 8. | Do you do any teaching/tutoring? If so, do you work with children, and if so, do you have an up to date working with children check? | Yes Yes | No No |
| 9. | Do you create content for any social media sites? If so, please provide web link details here. | Yes | No |
| 10. | Do you provide services to any podcasts? If so, do you need and do you get permission from copyright holders? If so, please outline the type of podcast you do here. | Yes Yes | No No |
| 11. | Is the proposed insured aware, after enquiry, of any facts or circumstances which may give rise to any Claim or which indicate the probability of any such Claim? If Yes to provide full details above, please for referral and acceptance by the Insurer below: | Yes | No |
| 12. | Is the proposed insured aware, after enquiry, of any matter relevant to the Insurer's acceptance or renewal of the insurance, including whether the proposed insured has ever been refused or declined, insurance or had insurance cancelled or has been the subject of any inquiry? If Yes to any of these questions, please provide full particulars for referral and acceptance by t | Yes | No |

The undersigned, on behalf of the Insured/proposed Insured, acknowledge that the Statutory Notice contained herein has been read and understood and declare that to the best of their knowledge and belief, the statements set forth herein are true.

Signed: _____ Date: _____

Please return the completed to MEAA at: members@meaa.org, or post to MEAA, Reply paid 526, SPRING HILL, QLD, 4004 (no postage stamp required)

Note: It is agreed that whenever used in this Declaration, the terms 'Claim', and 'Insured' are in accordance with the type of insurance referenced above and Insurer means Chubb Insurance Company of Australia Limited ABN 69 003 710 647 AFSL239778.