



Stall Holders Questionnaire

Contact Person: _____		Contact Tel: _____	
Contact Email: _____		Contact Fax: _____	
Postal Address:			
Name of Stall Holder:			
Stalls Covered: <i>(including Car boot sales and Sausage Sizzles)</i>		<i>Food and Beverage (not food vans nor alcohol), Arts & Crafts, Novelties (e.g. glow sticks), Clothing & Accessories(i.e. sunglasses, jewellery etc.), Temporary Tattoos (i.e. spray-on), Books, Videos, DVD's, Cd's, Souvenirs, Produce, Exhibiting (marketing only, not selling actual goods or services), Trash & Treasure</i>	
Shop Fronts and Food Vans are Not Covered			
Additional activities/services not mentioned above:			
Cover required:		Annual Cover - Yes <input type="checkbox"/>	1 Day Cover - Yes <input type="checkbox"/>
		Date of Stall:	
Sum Insured:		\$5,000,000 <input type="checkbox"/>	\$10,000,000 <input type="checkbox"/>
		\$20,000,000 <input type="checkbox"/>	
For 1 Day Cover			
Location of Stall:			
Hours of Operation:			
Turnover:			
Is your stall involved with any of the following:		Sale of: Health/Cosmetics/Medicines/Potions/Oils/Soaps Alcohol Amusements Electrical Goods/Tools Second Hand Toys Massage/Therapy Hazardous, Flammable or Dangerous Goods Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes to any of the above please note that Products Liability Cover is NOT available)</i>	
Have any Liability claims ever been made against you and/or are you aware of any circumstances which may result in any claim?		Yes <input type="checkbox"/> <i>If Yes, please provide details</i>	No <input type="checkbox"/>

IMPORTANT NOTICES

Disclosure

You have a duty to disclose to the insurer every matter known to you which you know (or could reasonably be expected to know) to be relevant to their decision to provide insurance and if so, on what terms. If you fail to comply with this duty, the insurer may, depending upon the circumstances, avoid or adjust the insurance cover.

Other Agreements

The policy excludes any event where you agreed not to recover monies from persons liable to compensate for loss.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensation you for any loss or damage which covered by the policy, that you will not seek to recover such loss or damage from that person, the insurer will not cover you, to the extent permitted by law, for such loss or damage.

Inadequate Space to Answer

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

Declaration

I declare that all answers and statements in this proposal form and any attachments are true and correct. I authorise Aon and the insurers to obtain from other insurers or an insurance reference bureau any information relating to this insurance or any other insurances held by me.

I have read the notice about the Disclosure. I agree to be bound by the terms and conditions of the policy and by the limits of the cover that I have requested.

**Signature Of
Applicant:**

Position:

Date:
