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**MEAA Dancers’ General Liability**

**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 |
| 1. MEAA Membership ID: 2. MEAA Membership ID: 3. Provide the estimated annual turnover I fee income: 4. Does the proposed insured require cover for activities outside of Australia and New Zealand?   If Yes to above, please provide full details of the countries and the activities below: |  | |
| 1. Provide the estimated annual turnover/fee income: | $ | |
| 1. 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. Is the proposed insured aware 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 |
| 11. 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 | 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 email the completed declaration to MEAA at: [members@meaa.org](mailto:members@meaa.org), or post to *MEAA, Reply paid 526, SPRING HILL, QLD, 4004*  ***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.* | | |