DUCK FOR COVER
ENTERTAINERS' GROUP INC

A not for profit association providing low-cost insurance options for performers.
Incorporated in Victoria (A0037200A) ABN: 56 656 723 863

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2026-2027
INDIVIDUAL APPLICATION

DECLARATION FORM FOR DUCKLINGS
(performer under 18 years of age)

This form must be signed by a parent/legal guardian. Please complete the online application and then email this page with the signed declaration below to help@duckforcover.com.au

MEMBER NUMBER (If the member has one.)	
FIRST NAME	**SURNAME**
TELEPHONE	**MOBILE**
EMAIL	

IMPORTANT NOTICES - YOUR DUTY OF DISCLOSURE
Before you enter into a contract of general Insurance with an Insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the Insurer every matter that you know or can reasonably be expected to know is relevant to the Insurer's decision whether to accept risk of the insurance and, if so, on what terms.
You have the same duty to disclose those matters to the insurer before you renew, extend or reinstate a contract of general Insurance.

Your duty, however, does not require disclosure of matters:
• That diminishes the risk to be undertaken by the insurer;
• That is of common knowledge;
• That your insurer knows or, in the ordinary course of their business, ought to know;
• As to which compliance with your duty is waived by the insurer.

NON –DISCLOSURE
If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

THIRD PARTIES
The policy only covers the interest of the Insured and does not extend to include the interest of a third party in the contract.

SUBROGATION
The liability of the Insurer may be limited or excluded should the Insured be a party to an Agreement which limits or excludes the right of the Insured to recover damages from a third party.

DECLARATION ON BEHALF OF PERFORMER UNDER 18 YEARS OF AGE

Applicant's Full Name:
_____

I declare that:

- I have read the 'Important Notices' above;
- The gross annual income of this performer from performance activities is $400,000 or less;*
- All information I have given is true and accurate to the best of my knowledge;
- I, the undersigned, am the parent or legal guardian of the person submitting this application;
- I acknowledge that the Association and the Insurer may refuse membership and liability cover for any reason. Membership and liability cover will not commence until approval by Duck for Cover and the Insurer.
- I acknowledge that I have been advised of how to view the Personal Accident Product Disclosure Statement and the Public Liability policy wording. (Available for viewing on the Duck for Cover website.)

Signed _____ **Date**_____

Full Name _____ **Phone**_____