

## PUBLIC LIABILITY/PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR SWIM SCHOOLS

**PLEASE USE BLOCK LETTERS | ALL SECTIONS MUST BE COMPLETED**

Please ensure you have read and understood the "Important Notices" on page 4 of this document

### 1. APPLICANT'S DETAILS

1. Name of Insured/Proposal \_\_\_\_\_
2. Trading Name of Business \_\_\_\_\_
3. Is the Business Incorporated YES  NO
4. Postal Address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_
5. Telephone (BH) ( ) \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_
6. Please advise the date that you would like your policy to commence  
**[Cannot be before the date that your Application is received in our office]** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 2. PLEASE COMPLETE THIS SECTION FOR PUBLIC LIABILITY

1. Address where activities are undertaken \_\_\_\_\_
2. Sports Coached by the Insured/Proposer \_\_\_\_\_
3. Does the Insured/Proposer:
 

(a) Coach from home premises	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Own a coaching facility	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Own equipment to be used	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) Hire Equipment out to be used in your sessions by a 3 <sup>rd</sup> party	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(e) Hire Equipment out to your clients for use outside of your sessions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(f) Sell goods to the public	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*If "Yes" to any of the above, please give full details:*

\_\_\_\_\_

\_\_\_\_\_
4. Has the Insured/Proposer entered into any contractual agreements? YES  NO   
*If "Yes", please provide details:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Estimated income for next 12 months \$ \_\_\_\_\_

## 2. PLEASE COMPLETE THIS SECTION FOR PUBLIC LIABILITY – continued...

5. Please give details of the following:

(a) The average number of students taught per week \_\_\_\_\_

(b) The average number of hours spent teaching each week \_\_\_\_\_

(c) The annual gross turnover \_\_\_\_\_

(d) The maximum teacher to student ratio at any one time \_\_\_\_\_

(e) Standard playing level of the students taught:

Beginner  Intermediate Level  Club Level  State Level  National Level  International Level

(f) Ages of the students taught \_\_\_\_\_

(g) Are overnight camps conducted? YES  NO

(h) School Holiday Clinics YES  NO

*If yes, please provide details of number of clinics undertaken and how many students per clinic:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. LIMIT OF INSURANCE REQUIRED

1. Limit of Liability required by the Insurer/Proposer - \$10,000,000

2. Professional Indemnity - \$5,000,000 automatically included

*Please refer to Insurance Made Easy if you require higher limits*

## 4. PLEASE COMPLETE THIS SECTION FOR PROFESSIONAL INDEMNITY

1. Level of Your Teaching or Coaching Qualifications

Please provide your CPR Certificate Number and advise either your AUSTSWIM or ACC Swimming Coach details.

*(Note: Your insurance cannot be effected without these details – it is a condition of cover that all certificates are to be current.)*

CPR Certificate No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

AUSTSWIM Certificate No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Working with children checks: YES  NO

2(a) How many employees do you have? \_\_\_\_\_

2(b) How many Sub-Contractors do you have? \_\_\_\_\_

2(c) Do they all have current Austswim Teaching Licences and CPR Certificates? YES  NO

3. Do any ONE of your Sub-Contractors work more than 20hrs per week on average and/or earn more than \$20,000 p.a. from any swim teaching employment YES  NO

If "YES", please provide details: \_\_\_\_\_

\_\_\_\_\_

## 5. PREVIOUS and PENDING CLAIMS (Public Liability / Professional Indemnity)

1. Have any claims for Public Liability and/or Professional Indemnity been made against the Insured/Proposer or anyone associated with the Insured/Proposer in the last five (5) years? YES  NO

2. Have there been any incidents in the last five (5) years that may result in claims against the Insured/Proposer (whether or not the Insured/Proposer was insured)? YES  NO

*If you have answered yes to either of the above, please complete the following:*

Year \_\_\_\_\_ Number of Incidents \_\_\_\_\_ Number of Claims made \_\_\_\_\_

Amount Settled: \$ \_\_\_\_\_ Amount Outstanding: \$ \_\_\_\_\_

Description of Incident/s \_\_\_\_\_

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*(please attach additional page/s if more space is required)*

Name of previous insurer \_\_\_\_\_

3. Has any Insurer ever declined, refused to renew or imposed special terms and conditions to any application, renewal or policy held by the Insured/Proposer? YES  NO

*If yes, please give details* \_\_\_\_\_

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4. Has the Insured/Proposer or any of the Coaches/Instructors listed above incurred any criminal convictions in the last five (5) years? YES  NO

*If yes, please give details* \_\_\_\_\_

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5. Has the Insured/Proposer or any of the Coaches/Instructors listed above ever been declared/adjudged bankrupt? YES  NO

*If yes, please give details* \_\_\_\_\_

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## IMPORTANT NOTICES

### PLEASE TAKE NOTICE OF THE FOLLOWING STATEMENTS PURSUANT TO PROVISIONS OF THE INSURANCE CONTRACTS ACT 1984

#### 1. UTMOST GOOD FAITH

This insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

#### 2. LIABILITY ASSUMED UNDER AGREEMENT

Cover provided by this form of liability insurance does not cover liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

#### 3. CLAIMS MADE

The Professional Indemnity in this proposal is a claims made insurance contract, i.e., it only covers claims made against you and notified to Underwriters during the period of insurance. However, provided you give Underwriters notice in writing of any facts that might give rise to a claim against you, as soon as reasonable practicable after you become aware of those facts and before the expiry date of this insurance, then this insurance will respond, notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

#### 4. AVERAGE PROVISION

One of the insuring provisions of the Professional Indemnity Insurance Policy provides that where the amount required to dispose of a claim exceeds the limit of Liability in the policy Underwriters shall be liable only for a part of the total costs and expenses which shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

#### 6. YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with Underwriters, you have a duty, under the Insurance Contracts Act 1984, to disclose to Underwriters every matter that you know, or could reasonably be expected to know, is relevant to Underwriters' decision whether to accept the risk of the insurance, and if so, on what terms. You have the same duty to disclose those matters to Underwriters before you renew, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of a matter;

- That diminishes the risk to be undertaken by Underwriters;
- That is common knowledge;
- That Underwriters know or, in the ordinary course of their business, ought to know;
- As to which compliance with your duty is waived by Underwriters.

If you fail to comply with your duty of disclosure, Underwriters may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

#### 7. NON DISCLOSURE

If your non-disclosure is fraudulent, Underwriters may also have the option of avoiding the contract from its beginning.

#### 8. HOW TO COMPLETE THIS FORM

Please complete the proposal form by ticking the box next to the correct answer or writing the information requested in the space provided. If there is insufficient space to answer any question, please attach a separate sheet of paper.

#### 9. PRODUCT DISCLOSURE STATEMENT

Before considering this product you should refer to our Product Disclosure Statement, available by contacting Sportscover

- [www.sportscover.com](http://www.sportscover.com) or (03) 8562 9100

**PAYMENT OPTION (PLEASE TICK ✓)**

- OPTION 1:** We will forward you a Tax Invoice. I will pay as per Payment Options on my Tax Invoice (incl. BPay)
- OPTION 2:** I will be paying by Visa or MasterCard   
(Please contact our office and we will process your payment (no surcharge applies))

**DECLARATION – THIS DECLARATION MUST BE COMPLETED IN ALL CASES**

For and on behalf of the Insured/Proposer I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Insured/ Proposer's acceptance of company's quotation and the company's acceptance of the Insured/ Proposer's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Insured/Proposer I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorised officer of the Insured/Proposer applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the duty of disclosure, average provisions, utmost good faith and all other important notices.
- agree on behalf of the applicant to Sportscover obtaining from the Insured/Proposer's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sportscover making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- agree to Sportscover disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

Full Name \_\_\_\_\_ Position Held \_\_\_\_\_

Signature \_\_\_\_\_ Date / /

**PLEASE RETURN THIS FORM TO :**



admin@imeinsurance.com.au

or Fax to: (03) 9757 8191

Made Easy Financial Group Pty Ltd  
PO Box 1350, Upwey, Vic. 3158

**For Assistance please call our office on 03 9757 8181 or Toll-Free on 1800 641 260**