

PUBLIC LIABILITY/PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR SWIM TEACHER/COACH

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

NOTE: This proposal is NOT for commercial Pool Owners but is for Teachers and Coaches

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 _____
 Physical Address (if not the same as above)
 _____ 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] _____ / _____ / _____
7. Do you employ anyone to assist you in your business? YES NO

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 rd 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:

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

4. 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:

5. Has the Insured/Proposer entered into any contractual agreements? YES NO
If "Yes", please provide details: _____

3. LIMIT OF INSURANCE REQUIRED

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

- Level of Teaching or Coaching Qualifications
 Please complete the 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) Do you have employees? YES NO If "YES", how many employees do you have? _____
- 2(b) Do you have Sub-Contractors? YES NO If "YES", how many Sub-Contractors do you have? _____
- 2(c) Do they all have current Austswim Teaching Licences and CPR Certificates? YES NO
- 3(a) If "YES" to above, 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
- 3(b) 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 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 _____

(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 _____

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

If yes, please give details _____

5. Has the Insured/Proposer listed above ever been declared/adjudged bankrupt? YES NO

If yes, please give details _____

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 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