

SPORTSPACK PROPOSAL FORM

PLEASE USE BLOCK LETTERS

Please ensure you have read and understood the "Important Notices" on page 8 of this document.

1. INSURED DETAILS – PLEASE COMPLETE THIS SECTION FOR ALL APPLICATIONS

1. Full Name of Insured _____
2. Trading Name _____
3. Is the Club / Association Incorporated? **Yes** **No**
4. Contact Name _____
5. Phone (Pri) _____ (Bus) _____ (Fax) _____
6. Postal Address _____
 _____ State _____ Postcode _____
7. Email _____
8. Website _____
9. Physical Address(es) of business:
 - (a) _____
 _____ State _____ Postcode _____
 - (b) _____
 _____ State _____ Postcode _____
 - (c) _____
 _____ State _____ Postcode _____
10. List the Sporting Activities conducted: *(if insufficient space, please attach a separate page)* _____

11. Period of Insurance from ____ / ____ / ____ to ____ / ____ / ____

2. PUBLIC LIABILITY / PROFESSIONAL INDEMNITY continued...

2. Have you incurred any criminal convictions in the last five (5) years? **Yes No**

4. Have you ever been declared/adjudged bankrupt? **Yes No**

5. For each sport, give details of the following (*please complete all questions*)
If insufficient space, please attach a separate page.

a) Number of events / meetings / games / tournaments per year _____

b) Number of Spectators at each event / meeting / game / tournament (average) _____

c) Approximate duration of season _____

d) Number of the Committee members and Officials _____

e) Number of Registered players / members / teams _____

f) Number of Registered non playing members _____

g) The number of Clubs / Associations / Members to be covered _____

6. What was the centre / gymnasium's turnover for the previous financial year? \$ _____

7. Is there a policy in place for members or workers with regard to:

a) Pregnancy? **Yes No**

b) Blood spillage? **Yes No**

c) Infectious diseases? **Yes No**

d) Discrimination? **Yes No**

If yes, please give details _____

8. a) Are all Coaches / Referees / Instructors to be covered qualified **Yes No**

If yes, please supply details including minimum qualification obtained _____

If internal qualifications, please attach full details as to that qualification.

b) Number of Coaches / Referees / Instructors to be insured _____

Please attach a list (names and addresses) of all coaches / referees (note: cover not limited to those listed):

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

1. Have any claims for Public Liability and/or Professional Indemnity been made against the Proposer or anyone associated with the 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 Proposer (whether or not the 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 Proposer? **Yes No**

If yes, please give details _____

4. LIMIT OF INDEMNITY REQUIRED

1. Public Liability *(tick one)*
\$5,000,000 \$10,000,000 \$20,000,000

2. Professional Indemnity *(tick one)*
\$2,000,000 \$5,000,000

For any different amounts – please refer to office.

5. PROPERTY DETAILS

1. Approximate age of Premises _____ Years
2. Construction: Walls _____ Roof _____ Floors _____ Height _____
3. How long have you occupied? _____ Years _____ Months
4. Are you the only occupant **Yes No**
If no, please provide details _____

5. What is the neighbourhood (*select applicable*) **Residential Commercial Industrial**
6. Are the premises separated (by over 30 metres) from neighbouring buildings? **Yes No**
7. Sprinklers **Yes No**
If yes, serviced by whom? _____
8. Smoke Detectors **Yes No**
If yes, are they hot wired to an Alarm company or Fire Brigade? **Yes No**
Please provide details: _____
9. Hose reels / Extinguishers **Yes No**
Advise numbers: _____

10. Security *If no, describe security below:*
- | | | | |
|--------------------------------------------------------|----------------|------------------|--------------------------------------------------------------------------------------------|
| (a) Deadlocks on doors and windows | Yes | No | _____ |
| (b) Grills on windows | Yes | No | _____ |
| (c) Pad bolts on doors and windows | Yes | No | _____ |
| (d) Security tapes on windows | Yes | No | _____ |
| (e) Electronic security system / alarm | Yes | No | <i>If Yes, provide details of type below:</i> |
| (i) Name of Installer _____ | | | |
| (ii) Name of Service Company _____ | | | |
| (iii) Service frequency _____ | | | |
| (iv) Local | Yes | No | _____ |
| (v) Siren | Yes | No | _____ |
| (vi) Monitored | Yes | No | <i>If yes, by whom:</i> _____ |
| (vii) Alarm Type: | Digital | Dedicated | Land Line/Securitel Wireless/Radio System |
| (viii) Does the Alarm cover all parts of the building? | | | Yes No |
| (ix) Do you have Security Patrols? | | | Yes No |
| <i>If yes, by whom:</i> _____ | | | |
| <i>Patrol frequency:</i> _____ | | | |
| (x) Do you have Security response to Alarm activation? | | | Yes No |
| <i>If yes, by whom:</i> _____ | | | |

6. PREVIOUS and PENDING CLAIMS (Property Insurance)

- | | | |
|--------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Have any claims for Property been made in the last five (5) years? | Yes | No |
| 2. If uninsured in the last five (5) years have there been any incidents in that time that may have resulted in a claim? | 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 Proposer? | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|

If yes, please give details _____

6. FIRE & PERILS SECTION

- | | | |
|----------------|-------------|-----------|
| 1. Replacement | Yes | No |
| 2. Indemnity | Yes | No |
| 3. | Sum Insured | |

Building(s) \$ _____

Plant/Machinery & all contents (Ex Stock) \$ _____

Stock \$ _____

Removal of debris \$ _____

Other (please specify) _____ \$ _____

_____ \$ _____

TOTAL \$ _____

7. BUSINESS INTERRUPTION SECTION

1. Income / Revenue	\$	
2. Claims Preparation Costs	\$	
3. Additional Increase in Cost of Working	\$	
4. Payroll - Do you require Payroll to be insured separately		Yes No
(a) Percentage of Annual Payroll required (tick)		
10% <input type="checkbox"/>	25% <input type="checkbox"/>	50% <input type="checkbox"/>
75% <input type="checkbox"/>	\$	
(b) Book Debts	\$	
(c) Gross Rentals	\$	
Total	\$	
5. Indemnity Period	Months	
6. Additional Uninsured Working Expenses		
7. Are books of accounts / records kept in fire resistant safes when not in use?		Yes No
8. Are duplicate records kept off site?		Yes No

8. THEFT SECTION

1. Do you require Theft Insurance		Yes No
2. Stock in trade including clothing (<i>excludes alcohol & tobacco products</i>)	\$	
3. Alcohol / Tobacco	\$	
4. Contents including sporting equipment	\$	
5. Other (please specify) _____	\$	
6. Damage to premises by burglars _____	\$	
TOTAL Sum Insured	\$	
7. Drugs and other substances		
(a) Describe the type / nature? _____		
(b) Specify security arrangements: _____		

9. MONEY SECTION

1. Money in Transit	\$	
2. Money on business Premises (<i>working hours</i>)	\$	
3. Money on business Premises (<i>outside working hours</i>)	\$	
4. Money in Safe or Strongroom	\$	
5. Money in Personal Custody	\$	
6. Additional damage to safes & strongrooms (above basic \$1,000 policy cover)	\$	
7. Other (please specify) _____	\$	

Note: Money on Premises is limited to \$1,000 outside business hours unless contained in a securely locked TDR (torch and drill resistant) safe or strong room

10. GLASS SECTION

1. External Glass	Yes	No	Replacement Value: \$ _____
2. External Signs	Yes	No	Replacement Value: \$ _____ (Limit \$1000)
3. Internal Glass	Yes	No	Replacement Value: \$ _____
4. Extensions (included)			
(a) Temporary Shuttering			\$ 1000
(b) Damage to Frames			\$ 1000
(c) Signwriting			\$ 1000

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.

5. UNDER INSURANCE

One of the insuring provisions of the Fire and Business Interruption (not applicable to Fitness Package) provides that the Sum Insured for each specific Category of Property at a specific Premises at the start of the Period of Insurance is not less than 85% of the Replacement Cost of all Property located at that Premises. If the Sum Insured is less than 85% We will pay that proportion of the cost of Reinstatement that the Sum Insured bears to 85% of the Replacement Cost of all Property at that Premises that can be designated to that Category.

Calculation Example – Underinsurance

At a specific Premises when the value of a claim for Property designated to a specific Category exceeds 5% of the Sum Insured for that Category, then:

the amount that We will pay = Cost of Reinstatement x Sum Insured for the Category
Replacement Cost of all items of Property in that Category x 85%.

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

11. DECLARATION – THIS DECLARATION MUST BE COMPLETED IN ALL CASES

For and on behalf of the Applicant 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 Applicant's acceptance of the company's quotation and the company's acceptance of the Applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Club / Association 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 Club / Association 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 applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sportscover making enquires 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 YOUR SPORTSCOVER ACCREDITED BROKER

BROKER USE ONLY

Broker _____	Sportscover Number _____
Broker Contact _____	Quote Number _____