

Please use this application for occupations relating to Licensed Clubs including:

- Bowling Clubs
- Golf Clubs
- RSL Clubs
- Sporting Clubs
- Yacht Club
- Citizens Clubs
- Leagues Clubs
- Social Clubs
- Surf Clubs
- Other Licensed Clubs
- Community Clubs
- Recreation Clubs
- Soldiers Clubs
- Workers Clubs

Please complete the following application sections:

<input checked="" type="checkbox"/> <b>Section 1: Your Details</b> (Compulsory) <a href="#">Page 01</a>	<input checked="" type="checkbox"/> <b>Section 2: Your Business Details</b> (Compulsory) <a href="#">Page 01</a>	<b>Section 3: Cover Selection</b> (please complete the sections relevant to the coverage required) <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Cover Option 1: Business Property Cover</b> <a href="#">Page 03</a></li> <li><input type="checkbox"/> <b>Cover Option 2: Platinum Liability</b> <a href="#">Page 05</a></li> <li><input type="checkbox"/> <b>Cover Option 3: Member Insurance Plan</b> <a href="#">Page 06</a></li> </ul>	<input checked="" type="checkbox"/> <b>Section 4: Declaration</b> (Compulsory) <a href="#">Page 04</a>
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### Your Details

Full Name of Insured			
Trading Name: (if applicable)			
Tax Registered Business:	<input type="checkbox"/> Yes <input type="checkbox"/> No	ABN No:	Input Tax Credit: %
Situation Address:			Postcode:
Postal Address:			Postcode:
Business Phone No.:	( )	Fax No.:	( )
Website address:			
Period of Insurance:	From: DD / MM / YYYY at 4pm	To: DD / MM / YYYY at 4pm	
Other Interested Parties: (Please state their full name, the type of interest and the property concerned).			

### Your Business Details

1. Please advise the estimated:

(a) gross annual turnover for the next 12 months:	<b>Gaming (Gross Commission Only)</b>	\$
	<b>Other (Gross Turnover / Sales)</b>	\$
	<b>Total:</b>	\$
(b) gross annual wages paid to employees for the next 12 months:		\$
(c) annual payments paid to contractors / subcontractors:		\$

**Your Business Details (continued)**

**2. Please advise which activity best describes your business:**

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> Bowling Clubs   | <input type="checkbox"/> Golf Clubs       | <input type="checkbox"/> RSL Clubs      | <input type="checkbox"/> Sporting Clubs | <input type="checkbox"/> Yacht Club    |
| <input type="checkbox"/> Citizens Clubs  | <input type="checkbox"/> Leagues Clubs    | <input type="checkbox"/> Social Clubs   | <input type="checkbox"/> Surf Clubs     | <input type="checkbox"/> Workers Clubs |
| <input type="checkbox"/> Community Clubs | <input type="checkbox"/> Recreation Clubs | <input type="checkbox"/> Soldiers Clubs |   |  |
- Other** (please describe):

**3. How Many Members?**

<b>Full Members:</b>	<b>Directors / Volunteers:</b>	<b>Bowlers:</b>	<b>Golfers:</b>
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**4. How Many Personnel?**

<b>Full Time:</b>	<b>Part Time:</b>	<b>Casual:</b>
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<b>5. How Many Contractors?</b>	<b>Security:</b>	<b>Caterers:</b>	<b>Cleaners:</b>
	<b>Licensed Money Carriers:</b>	<b>Green Keepers:</b>	<b>Maintenance:</b>

<b>6. How Many Facilities</b>	<b>Gaming Machines:</b>	<b>Bistro</b> (How Many Seats):	<b>Restaurant</b> (How Many Seats):
	<b>Natural Bowling Greens:</b> (How Many):                  (Year Installed):	<b>Green Keepers</b>	<b>Squash Courts:</b>
	<b>Tennis Courts:</b>	<b>Golf Course:</b> (How Many Holes)	<b>Motorized Golf Carts:</b>
	<b>Golf Driving Range:</b>	<b>Child Minding:</b> (How Many Places)	<b>Separate Auditorium:</b> (Seating Capacity)
	<b>Car Parking:</b> (How Many Spaces)	<b>Other Sporting or Recreational Facilities:</b> (Please Describe)	

**7. Does the club have:**

<b>Duress buttons</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Duress code in control panel</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Armed hold-up procedures</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Security Lights</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Automatic security lights</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Security cameras</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

How long are the security tapes kept?

**8. Does the club use the security guards to:**

Escort staff from premises at closing:  Yes  No                  Crowd control:  Yes  No

Give details of any other security measures used by the club:

**9. Sub-Clubs**

Please provide details of any sub-clubs requiring cover under this policy and the exact nature of any such relationship:

<b>Name of Sub-Club</b>	<b>Activity</b>	<b>Number of Members</b>

## Cover Option 1 – Business Property Cover

1. Are you the sole occupier of your premises &/or building you occupy?  Yes  No

If no, please state the occupations of other tenants:

2. Please complete the following table about the premises you own / occupy: (use separate sheet if necessary)

Item	Occupied As	Floor	Roof	Walls	Storeys	Year Built
Example Only	Fitness Centre	Wood	Slate	Brick	2	1980
Location 1						

3. Is the property on town or tank water?  Town  Tank

4. When were your premises last rewired? or, had the wiring inspected?

5. Please provide details of security equipment and devices used to secure your property.

Deadlocks on external doors:  Yes  No      Local alarm:  Yes  No  
 Key locks fitted to external windows:  Yes  No      Self monitored alarm:  Yes  No  
 Bars/Grills on all windows and doors:  Yes  No      Dialer, Securitel or GSM alarm:  Yes  No

6. Please provide details of fire protection equipment used to protect your premises.

Fire Extinguishers:  Yes  No      Sprinkler systems:  Yes  No  
 Hard-wired smoke detectors:  Yes  No → If yes, are they monitored?  Yes  No  
 Heat detectors:  Yes  No → If yes, are they monitored?  Yes  No

7. Do the premises have cooking facilities?  Yes →  No → If Yes, do you use a deep fryer. Does the fryer have a thermostatic cut-off switch?  Yes →  No → If Yes, is the deep fryer:  Less than 5 Litres  More than 5 Litres

### Select the Types of Insurance You Require

#### FIRE AND OTHER DEFINED EVENTS SECTION

Insured Property	Sums Insured
<b>Building</b> (including fixtures, fittings and tenant improvements)	\$
<b>Contents</b> (including machinery, plant and equipment)	\$
<b>Stock in Trade</b> (including customers goods)	\$
<b>Accidental Damage</b> (in addition to the standard policy benefit)	\$
<b>Playing Surfaces</b> (in addition to the standard policy benefit)	\$
Is flood cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### BUSINESS INTERRUPTION SECTION

Indemnity Period Required  12 months  18 Months  24 Months

Insured Items	Sums Insured	Insured Items	Sums Insured
<b>Annual Gross Profit</b>	\$	<b>Wages</b> (if not included within Annual Gross Profit)	\$
<b>Additional Increased Cost of Working</b>	\$	<b>Claim Preparation Expenses</b>	\$
<b>Accounts Receivable</b>	\$	<b>Rent Receivable</b>	\$

#### BURGLARY SECTION

Insured Property	Sums Insured
<b>Contents</b>	\$
<b>Stock in Trade including Customers Goods</b>	\$
<b>Tobacco Products</b>	\$

**MONEY SECTION**

Insured Property	Sums Insured
<b>Blanket Cover</b> (Note: Money in Premises outside Normal Business Hours is limited to a maximum of \$2,500)	\$
<b>Money in Premises during Normal Business Hours</b>	\$
<b>Money in Premises outside Normal Business Hours</b> (maximum of \$2,500)	\$
<b>Money in Transit or in a Bank Night Safe</b>	\$
<b>Money in Locked Safe or Strongroom</b>	\$
<b>Money in your Private Residence</b>	\$

**GLASS SECTION**

Insured Property	Replacement Value
All fixed internal and external glass <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Advertising/Illuminated signs</b> (an automatic sub limit of \$7,500 applies)	\$

**TRANSIT SECTION**

Please list all items to be covered under this Section including make, model, serial number etc.	Sums Insured
(i)	\$
(ii)	\$
(iii)	\$
<b>Total Sum Insured</b>	\$

**ELECTRONIC EQUIPMENT SECTION**

Please list all electronic items to be covered under this Section including make, model, serial number etc.			
(i)			\$
(ii)			\$
(iii)			\$
<b>Total Sum Insured</b>			\$
Electronic Data	\$	Increased Cost of Working	\$

**MACHINERY BREAKDOWN SECTION**

Please list all items to be covered under this Section.			
Machinery (please describe):			
(i)	HP / KW	No. of units:	\$
(ii)	HP / KW	No. of units:	\$
(iii)	HP / KW	No. of units:	\$
Limit any one event:	\$	Deterioration of Refrigerated Stock	\$

**GENERAL PROPERTY SECTION**

Please list all items to be covered under this Section including make, model, serial number etc.	
Specified Items	Sum Insured Required
(i)	\$
(ii)	\$
(iii)	\$
(iv)	\$
<b>Total of Specified Items</b>	\$
<b>Unspecified Items (maximum \$1,000)</b>	\$

**Cover Option 2 – Platinum Liability Cover****PART A: GENERAL LIABILITY**

<b>Limit of Indemnity for Part A:</b>	<input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000
<b>Property in your physical or legal control</b>	NB: automatic cover is \$500,000
<b>Excess Option:</b>	<input type="checkbox"/> Nil <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$

**PART B: PROFESSIONAL INDEMNITY**

<b>Limit of Indemnity for Part B:</b>	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000
<b>Excess Option:</b>	<input type="checkbox"/> Nil <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$

**Do you currently hold Professional Indemnity or Errors & Omissions insurance?**  Yes     No

<b>If yes, please state:</b>	<b>The date from which you have had this insurance?</b>
	<b>Your current insurer?</b>

NB: Retroactive Date for Part B - The date the insured first held continuous Professional Indemnity cover or the inception date of this policy, whichever the earlier.

**PART C: MANAGEMENT LIABILITY**

<b>Limit of Indemnity for Part C:</b>	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other \$
<b>Optional Extensions:</b>	<input type="checkbox"/> Fidelity (\$100,000 limit) <input type="checkbox"/> Pollution Defence Costs (\$100,000 limit)
<b>Fixed Excesses:</b>	<b>Directors &amp; Officers Liability</b> \$Nil
	<b>Fidelity</b> \$5,000 each & every Claim
	<b>Pollution Defence Costs</b> \$5,000 each & every Claim
	<b>All Other Claims</b> \$2,500 each & every Claim

**Do you currently hold Directors & Officers or Management Liability insurance?**  Yes     No

<b>If yes, please state:</b>	<b>The date from which you have had this insurance?</b>
	<b>Your current insurer?</b>

Retroactive Date for Part C - The date the insured first held continuous Directors and Officers or Management Liability Insurance or the inception date of this policy, whichever the earlier.

**Claims Made Policy**

Please note the Professional Indemnity & Management Liability sections of the Policy are offered on a Claims Made basis. Claims Made means that the Professional Indemnity & Management Liability section covers you for Claims made against you during the Period of Insurance specified in your Policy Schedule and notified to us during that Period of Insurance.

This means that the Professional Indemnity & Management Liability sections do not provide cover in relation to;

- Events which occurred prior to the same Period of Insurance or any earlier retroactive date stipulated in the Policy Schedule;
- Claims made against you after the expiry of the Period of Insurance even though the event giving rise to the Claim may have occurred during the Period of Insurance;
- Claims the possibility of which was intimated in any way prior to the commencement of the Period of Insurance;
- Claims rising from or attributable to any facts, circumstances or occurrences noted on the proposal for the current Period of Insurance or for any prior Period of Insurance or of which notice had been given under any previous policy;
- Claims rising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have realised) prior to the commencement of the Period of Insurance may give rise to a Claim.

For the purposes of the Professional Indemnity and Management Liability sections, a Claim means; any

- written or verbal demand for compensation or damages or other relief; or
- a civil proceeding seeking compensation or damages or other relief; or
- any criminal charge brought against You alleging a Wrongful Act; or
- a notice of charge, formal investigation order or notice requiring You to attend an inquiry or other proceedings ordered by an Inquiring Body.

As explained above, the Professional Indemnity section, by its terms, does not provide cover for Claims made after the expiry of the Period of Insurance cover provided by the Policy.

Section 40(3) of the Insurance Contracts Act 1984 (Cth) applies to certain contracts of liability insurance (including Sections 2 & 3 of this Policy) and states 'Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by the contract where the insured has given notice in writing to the insurer;

- of the facts that might give rise to a claim against the insured
- as soon as was reasonably practicable after the insured became aware of those facts, and
- before the expiry of the Period of Insurance.

## Cover Option 3 – Member Insurance Plan

### Part A - Voluntary Workers Personal Accident

Cover Required  Yes  No

**Capital Benefits**

Benefit Scale 1-32  
(death under 18 – 20%)

**\$100,000 per volunteer**

**Weekly Benefit**

Benefit Period 52 Weeks

**\$1,000 Per Week/14 Day Excess**

**Additional Benefits:**

**Home Help**

Benefit Period 52 Weeks

**\$200 Per Week/14 Day Excess**

**Non Medicare Medical Costs**

Excess \$50

**85% to maximum \$5,000**

**Emergency Transport Costs**

Excess \$50

**85% to maximum \$2,500**

### Part B - Members Personal Liability

Cover Required  Yes  No

**Limit of Indemnity:**

Standard Excess \$500

\$10,000,000  \$20,000,000

### Part C - Members Personal Accident

Cover Required  Yes  No

**Capital Benefits**

Benefit Scale 1-32  
Death under 18 - 20%

**\$100,000 Per member**

**Weekly Benefit**

Benefit Period 52 Weeks

**\$500 Per Week/7 Day Excess**

**Additional Benefits:**

**Modification Expenses**

**Up to \$10,000**

**Funeral Expenses**

**Up to \$5,000**

**Student Help**

Benefit Period 52 Weeks

**\$200 Per Week/7 Day Excess**

**Parents Inconvenience Allowance**

Maximum Benefit \$1,500

**\$25 Per Day**

**Non Medicare Medical Costs**

Excess \$100

**75% to maximum \$1,000**

**Emergency Transport Costs**

Excess \$100

**75% to maximum \$1,000**

### Part D - Members Personal Property

Cover Required  Yes  No

**Sporting Equipment Sum Insured**

Excesses - \$500 Burglary/Theft Claims  
\$100 All Other Claims

\$2,000  \$3500  \$5000

NB: Member Insurance Plan Aggregate Limit of Liability for Parts A, D & C - \$500,000

**Declaration**

**Details of Your History:**

**After investigation, have you or any principal, partner, or director, either alone or jointly with others ever, in the last 5 years:**

- (a) Had any insurance declined or cancelled, application/proposal rejected, renewal refused, Claim rejected, or special conditions imposed by an insurer?  Yes  No
- (b) Been charged with or convicted of any criminal offence?[excluding traffic offences]  Yes  No
- (c) Been declared bankrupt or subject to any form of insolvency administration?  Yes  No

**If you have answered yes to any of the above questions please provide full details:**

**How many years have you been in business/operation?**

**In the previous 5 Years have You made any Claim on any insurance for loss or damage or suffered any loss or damage which would be covered by this proposed insurance?**  Yes  No

**If you are seeking cover under Part B of Platinum Liability (Professional Indemnity) and/or Part C of Platinum Liability (Management Liability) please answer the following questions:**

- a) Has any Claim ever been made against the Proposer or any other person or entity to whom Parts B and C of this Policy will apply?  Yes  No
- b) Has the Proposer or any other person or entity to whom Parts A and B of this Policy will apply incurred any other Loss which might be within the terms of Part B and/ or Part C of this Policy?  Yes  No
- c) Is the Proposer or any other person or entity to whom Parts B and C of this Policy will apply aware, after enquiry (bold), of any circumstances which might:
  - (i) give rise to a Claim against the Proposer or any other person or entity to whom Parts B and C of this Policy will apply? Yes/No  Yes  No
  - (ii) result in the Proposer or any other person or entity to whom Parts B and C of this Policy will apply incurring any Loss to which the terms of this Policy might apply?  Yes  No
  - (iii) otherwise might affect Our consideration of this Policy?  Yes  No

**Are you aware of any other incident(s) that have occurred in the last 5 years that may give rise to a Claim against you?**  Yes  No

**If you have answered yes to any of the above questions, please fill in the table below:**

Year of Claim	Description of Incident	Is Claim settled	Amount Claim settled for
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

**This declaration must be completed and signed by or on behalf of all parties applying for insurance.**

**I/We**

(a) declare that:

- (i) the answers and information given by me/us in this Proposal and any addendum are true and correct in all respects;
  - (ii) no information has been withheld that would affect the insurer’s decision to accept this Proposal;
  - (iii) where answers in this Proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
  - (iv) I/we have read and understood the clauses detailed under the Important Notices section;
  - (v) if there was insufficient space to fully answer any questions, we have attached \_\_\_\_\_ supplementary pages providing the additional information required.
  - (vi) I/we have read and understood the Privacy Statement and consent to collection, storage, use and disclosure of any personal information.
- (b) authorise the insurer and Sports Underwriting to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and Claims under those insurances.
- (c) understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the applicable Sports Underwriting Policy wording.
- (d) acknowledge that the insurer and/or Sports Underwriting, its agents and/or employees reserve the right to decline this Proposal.
- (e) have received a copy of the PDS/Policy document (as relevant).

<b>Proposer’s Signature:</b>		<b>Date:</b>	DD / MM / YYYY
<b>Proposer’s Name:</b>		<b>Proposer’s Title:</b>	
<b>Club/Business:</b>			

**IMPORTANT NOTICES**

**Defined words**

Some words used in this document have a special meaning as defined in any documents which make up the Policy which contain definitions.

**The Insurer and Agent**

Sports Underwriting Australia Pty Ltd [Sports Underwriting] (ABN 53 119 852 096, AFSL 302484) acts as agent for Great Lakes Reinsurance (UK) SE (ARBN 127 740 532, ABN 18 964 580 576, AFSL 318603), a limited liability company incorporated in England and Wales the insurer of the product.

**General Insurance Code of Practice**

Great Lakes Australia is a signatory to the General Insurance Code of Practice. The Code aims to raise standards of service between insurers and their customers.

For any information about the Code, including a copy of the Code, contact us or Financial Ombudsman Service on 1300 78 08 08 or visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

**Duty of Disclosure**

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act you have a Duty of Disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- we know or, in the ordinary course of our business, ought to know, or
- we have indicated we do not want to know.

If you do not comply with your duty of disclosure, we may be entitled to:

- reduce our liability for any Claim;
- cancel the contract;
- refuse to pay the Claim, or avoid the contract from its beginning, if your nondisclosure was fraudulent.

**Who Needs To Tell Us**

It is important that you understand that you are answering our questions in this way for you and anyone else whom you want to be covered by the Policy.

**Privacy Statement**

In this Privacy section “we”, “us” or “our” means Great Lakes Australia and Sports Underwriting Australia, unless specified otherwise.

We are committed to the safe and careful use of your personal information in the manner required by the Privacy Act 1988 (Cth) and the Australian Privacy Principles.



We collect your personal information in order to assess your application for insurance and, if your application is accepted, to administer and manage your Policy and respond to any Claim that You make. To do this, your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing us with your personal information, you consent to the disclosure of your personal information to reinsurers, service providers and related entities in overseas countries to enable us to assess your application, to administer and manage your Policy and to respond to any Claim that you make. If you consent to the disclosure of your personal information to overseas recipients, and the overseas recipient handles your personal information in a way other than in accordance with the Australian privacy laws, we may not be responsible for the handling of your personal information by the overseas recipient.

If you choose not to provide your personal information and/or choose not to consent and / or withdraw your consent to the disclosure of your personal information at any stage, we may not be able to assess your application or administer and manage your insurance policy and respond to any Claim that you make.

Our Privacy policies contain information on how you may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled. If you require more information, you can access the Great Lakes Australia Privacy Statement at [www.munichre.com/io/gla/en/privacy\\_statement.aspx](http://www.munichre.com/io/gla/en/privacy_statement.aspx) and SUA Privacy Policy and Privacy Statement at [www.sportsunderwriting.com.au/documents.html](http://www.sportsunderwriting.com.au/documents.html).

**Taxation Information**

The amount of cover available under this Policy excludes Goods and Services Tax (GST).

If you are not registered for GST, in the event of a Claim we will reimburse you the GST component in addition to the amount that we pay.

The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to Claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you must inform us of the extent of that entitlement at or before the time you make a Claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the Premium.

If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to Claim on payment of the Excess.

If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

**Don't Prevent Our Right of Recovery**

The Liability Policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the Policy, we have a right to reject any Claim from you in relation to that loss.