

Please use this application for occupations relating to:

- Golf Hole in One
- Soccer Goal
- Performance Targets
- and More...
- Basketball Shot
- Rugby Goal
- Sales Promotions

Please complete the following application sections:

**Section 1:  
Your Details**  
(Compulsory)

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**Section 2:  
Your Event Details**  
(Compulsory)

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**Section 4: Declaration**  
(Compulsory)

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**Your Details**

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

**Your Event Details**

<b>Proposed event date:</b>
<b>Event Venue(s)</b>

Your event details (continued)

Event Type

<input type="checkbox"/> Golf - Hole In One	Hole (1-18):		
	Yardage:		
	Are any participants professional golfers:		
	Proportion of golfers with sub - 10 handicap		
	Index of hole		
	Hole in one history past 5 years	5 yrs. ago:	
		4 yrs. ago:	
3 yrs. ago:			
2 yrs. ago:			
Last 12 mths:			

<input type="checkbox"/> Basketball	Full or Half Court?	
	Full Court	<input type="checkbox"/> Yes
	Half Court	<input type="checkbox"/> Yes
	Shooting from:	

<input type="checkbox"/> Rugby Union/League	Kicking From?	
	Penalty Line	<input type="checkbox"/> Yes
	Other	<input type="checkbox"/> Yes
	Please Describe	

<input type="checkbox"/> Soccer	Kicking From?	
	Penalty Spot	<input type="checkbox"/> Yes
	Penalty Box	<input type="checkbox"/> Yes
	Half Way	<input type="checkbox"/> Yes

<input type="checkbox"/> Other	
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Prize to be awarded	\$
Expected number of participants <small>(who will actually try for the prize)</small>	
Name(s) of Independent contest supervisor(s) & Position	

2. Have you held identical or similar events in the past  Yes  No → If yes, are they:

a. When did the event take place?

b. How many people participated?

c. Provide details of the winners, if any, of past events  
(attach separate sheet if more space required)

Date(s) of event(s)	
Name(s) of winner(s)	
Prize(s) awarded	

**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

**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).

**Proposer's Signature:** \_\_\_\_\_ **Date:** DD / MM / YYYY

**Proposer's Name:** \_\_\_\_\_ **Proposer's Title:** \_\_\_\_\_

**Club/Business:** \_\_\_\_\_

**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.