



MARTIAL ARTS APPLICATION FORM
LIABILITY – PROFESSIONAL INDEMNITY – PLAYER ACCIDENT

PLEASE ANSWER QUESTIONS FULLY, USE BLOCK LETTERS AND TICK APPROPRIATE BOXES

Details of the Insured

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

1. Are you the sole occupier of your premises &/or building you are housed in? Yes No
 If no, please state the occupations of co-habitants:

2. Please state all activities your business / club operate? e.g. Event management, fund raising, tournaments, gaming operations etc.

3. Please advise the estimated:

(a) gross annual turnover for the next 12 months:	\$ _____
(b) gross annual wages paid to employees for the next 12 months:	\$ _____
(c) annual fees paid to contractors / subcontractors:	\$ _____
(d) number of members:	_____

4. Do you sell goods to the public? If yes, please provide details of the goods you sell.

5. What procedures do you have in place for the recording and monitoring of claims or incidences which may give rise to a claim?

6. Do you have written risk management procedures for:

- Responsible service of alcohol? Yes No Not Applicable
- First Aid? Yes No Not Applicable
- Blood spillage and infectious diseases? Yes No Not Applicable
- Maintenance of premises and equipment? Yes No Not Applicable
- Inspection of playing surfaces? Yes No Not Applicable
- Emergency procedures in event of serious injury? Yes No Not Applicable
- Discrimination policies and codes of conduct? Yes No Not Applicable
- Pregnancy Yes No Not Applicable

7. Have you had an independent risk assessment of your premises or the playing surfaces where the sports /s that your business/organisation/association is involved in is played? If yes please provide details and a copy of any written report.

8. Is liability cover required for countries other than Australia & New Zealand? Yes No

If yes, please state countries and provide details why cover is required.

9. Please supply full details of any contracts or agreements (e.g. lease or maintenance agreements) the terms of which require you to "indemnify" or "hold harmless" another party or which restrict our recovery rights. (Please note that cover will only apply to these contracts/agreements where Calliden have specifically agreed to extend the policy.)

10. Does your/organisation/club/association have at your premises:

- Fixed grandstands ? Yes No
- Portable grandstands ? Yes No

If yes, please provide the following information:

	Fixed Grandstand	Portable Grandstand
How many people does your grandstand seat?	_____	_____
What is your grandstand made of? (eg brick)	_____	_____
How old is your grandstand?	_____	_____
Who is responsible for maintaining your grandstand?	_____	_____

If you own portable grandstands do you:

- Hire the grandstands out to others ? Yes No
- Require those hiring your grandstand to effect public liability insurance on your behalf ? Yes No
- Please attach a copy of the hire agreement

11. Please provide the following details about your sport/business/organisation/club/association in the below table:

Please list the activity, place a tick in the box to indicate whether the activity is full contact, semi contact or no contact, answer yes or no to whether weapons are used and if you answer yes, please list the type of weapon used.

Activity	Full Contact	Semi Contact	No contact	Weapons used? Yes or No	Type of weapon

12. Please fill in the below table to provide details of the styles of martial arts undertaken by your business/organisation/ club/association:

Aikido _____%	Boxing _____%	Hapkido _____%	Judo _____%
Karate _____%	Kempo _____%	Kendo _____%	Kickboxing _____%
Muay Thai _____%	Ninjitsu _____%	Qi Gong _____%	Taekwondo _____%
Tang So Go _____%	Wrestling _____%	Yoga _____%	Jujitsu _____%
Brazilian Jujitsu _____%	Kung Fu _____%	Tai Chi _____%	Other(please specify below)

13. Please provide the following details regarding participant numbers in each sport played at your/organisation/ club/association:

Style	No. under 18 yr old players	No. over 18 yr old players	No. of Non Playing Members	No. of Coaches/Referees/Officials/Trainers

14. Is the sport your business/organisation/club/association involved in played all year round or in competition seasons?

All year round Competition Seasons

15. If the sport your organisation/business/club/association is involved in is played in competition seasons, please provide the following information:

	18 and over	13-18	12 and under
Number of competition seasons per year	_____	_____	_____
Number of weeks per competition season	_____	_____	_____
Number of fixture matches per competition season	_____	_____	_____

16. Does your business/organisation/association/club operate as a licensed premise? Yes No

If yes, please provide details of your licence including the hours you operate, the number of hours or days per week that you operate.

17. Does your business/organisation/association/club own equipment that it uses? Yes No

If you have answered yes to this question, please provide a list of the equipment that you use.

18. Does your business/organisation/ association/club hire out equipment? Yes No

If you have answered yes to this question, please provide a list of the equipment that you hire out.

19. Does your business/organisation/ association/club hold international or national events? Yes No

If you have answered yes to this question, please provide a list of the events that you hold.

20. Please provide the following information about the events that take place at the premises where business/organisation/ club/association operates:

What is the approximate number, per year, of the following:

Events _____
 Matches _____
 Tournaments _____
 Meetings _____

What is the approximate maximum number of people that attend any of the following:

Events _____
 Matches _____
 Tournaments _____
 Meetings _____

Details of the Cover Required

Do you require Public & Products Liability &/Or Professional Indemnity Insurance? Yes No

Please select the Limit of Liability:

Public Liability: \$10,000,000 \$20,000,000
 Professional Indemnity Extension: \$1,000,000 \$2,000,000
 Excess Option: \$500 \$1000

Do you currently hold Professional Indemnity insurance cover in place? Yes No

If yes, please state: The date from which you have had this insurance _____
 Your current insurer? _____
 What is your current Limit of Liability? _____

(Note: Cover for professional indemnity is provided on a Claims Made basis only. Please refer to "Important Notices" about Claims Made covers)

Do you require Player Accident Insurance? Yes No

Please select the cover you would like:

	Standard <input type="checkbox"/>	Premier <input type="checkbox"/>	Platinum <input type="checkbox"/>
Capital Benefits (death under 18 – 20%)	\$50,000	\$50,000	\$75,000
Loss of Income 7 day excess / 52 weeks max	\$250 per week	\$350 per week	\$500 per week
Student Assistance 7 day excess / 52 weeks max	\$250 per week	\$350 per week	\$500 per week
Home Help 7 day excess / 52 weeks max	\$250 per week	\$350 per week	\$500 per week
Parents Inconvenience Max \$1,500	\$25 per day	\$25 per day	\$25 per day
Non Medicare Medical Max 85% / Excess \$50	\$1,500	\$2,000	\$2,500
Funeral Expenses	\$5,000	\$5,000	\$5,000

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 (yes or No)	Amount claim settled for	Amount claim expected to settle for
			\$	\$
			\$	\$

Declaration

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 Calliden'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 at the back of this Proposal;
 - (v) if there was insufficient space to fully answer any questions, we have attached _____ supplementary pages providing the additional information required.
- (b) authorise Calliden and Sports Underwriting Australia Pty Ltd 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 Calliden/Sports Underwriting Australia policy wording.
- (d) acknowledge that Calliden, its agents and/or employees reserve the right to decline this proposal.

Proposer's Signature: _____ Date: ____ / ____ / ____

Proposer's Title: _____

Club/Association: _____

Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. 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, that is relevant to our decision to insure you and to the terms of that insurance. 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.

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, and
- 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
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

Privacy Statement

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348 MILSONS POINT NSW 1565

Goods and Services Tax

The amount of cover you choose 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 have paid, 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.

Claims Made and Notified Policy

This proposal is for both a 'claims made' and occurrence based Policy.

The only part of the Policy that is claims made is the Professional Indemnity section of the Policy. Claims made means that the Professional Indemnity 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 section does not provide cover in relation to;

- Events which occurred prior to the 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 on any previous 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 section, a claim means:

- A writ, statement of claim, summons, application or other originating legal or arbitral process, cross-claim, counter claim or third or similar party notice for compensation;
- A written assertion of a right to or a demand for compensation

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 provides that an insurer is not relieved from liability under a contract of insurance in respect of a claim by reason only that the claim was made after the expiry of the period of 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.