



SPORTING CLUBS / SPORTING CENTRES
BUSINESS APPLICATION FORM

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

Details of the Insured

Form fields for insured details including: Full Name of Insured, Trading Name, Tax Registered Business, ABN No, Input Tax Credit, Situation Address, Postal Address, Business Phone No., Fax No., Website address, Period of Insurance, and Other Interested Parties.

1. Please advise each Sporting activity your business / club operate or compete in? e.g. Cricket, Indoor Soccer, Netball etc.

Horizontal lines for listing sporting activities.

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

Horizontal lines for listing additional activities.

3. 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:

Horizontal line for co-habitants' occupations.

4. 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: \$

5. Please complete the following table about the premises you own: (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	_____	_____	_____	_____	_____	_____
Location 2	_____	_____	_____	_____	_____	_____
Location 3	_____	_____	_____	_____	_____	_____
Please advise specific details concerning Playing Surfaces: (i.e. constructed of timber, rebound ace, asphalt, concrete etc)						
Playing Surface Construction:						

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

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

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

Deadlocks on external doors:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Alarm system (no back-to-base):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Key locks fitted to external windows:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Back-to-base alarm system:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bars/Grills on all windows and doors:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Securitel with GSM backup:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Fire Extinguishers:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sprinkler systems:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire hydrants (internal):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fire hydrants (external):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Battery-operated smoke detectors:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, are they monitored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hard-wired smoke detectors:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, are they monitored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heat detectors:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

10. Do the premises have cooking facilities? Yes No If Yes, do you use a deep fryer Yes No
 Does the fryer have a thermostatic cut-off switch? Yes No
 Do you sell food to the public? Yes No

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

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

12. 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.

13. Does your 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.

14. Are your coaches, umpires/referees and sports trainers qualified? If yes, please provide details of their qualifications.

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

All year round Competition Seasons

16. What is the approximate maximum number of attending people at your business / club for each of the following:

Event _____
Game _____
Tournament _____
Meeting _____

17. 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

18. 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

Yes No

19. Do you sell goods to the public? If yes, please provide details of the goods you sell and outline any imported or exported products.

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

21. 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

22. Do your business / club operate as a licensed premise? Yes No
 If yes, please provide details of your license including the hours you operate, the number of hours or days per week that you operate.

23. Does your premises have signage, clearly displayed, stating the risks associated with the consumption of alcohol prior to participating in sporting activities? Yes No

24. Does your organisation/ association/club own or operate poker machines? If yes, please advise how many poker machines you own.
 Machine Numbers -

25. 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.)

26. Please tick which facilities/services you provide:

- | | | | |
|-----------------------------|----------------------------------------------|-------------------------------|------------------------------------------------|
| Weight-training/Aerobics: | <input type="checkbox"/> | Professional Massage therapy: | <input type="checkbox"/> - refer 27.v. below |
| Cycle gym: | <input type="checkbox"/> | Swimming pool: | <input type="checkbox"/> - refer 27.i. below |
| Crèche/Child-minding: | <input type="checkbox"/> | Ball sports/Racquet sports: | <input type="checkbox"/> - refer 27.ii. below |
| Café/Canteen | <input type="checkbox"/> | Sporting equipment hire: | <input type="checkbox"/> - refer 27.iii. below |
| Sauna/Spa/Solarium: | <input type="checkbox"/> | Indoor rock-climbing: | <input type="checkbox"/> - refer 27.iv. below |
| Professional Physiotherapy: | <input type="checkbox"/> - refer 27.v. below | Child play days | <input type="checkbox"/> |
| Professional Nutritionist: | <input type="checkbox"/> - refer 27.v. below | Other: | <input type="checkbox"/> |

27. Please complete the following for the above items which you have ticked:

- i. Swimming Pools – are they:
- | | |
|------------------------------------------------------------------|----------------------------------------------------------|
| Used <u>strictly</u> as a lap-pool or by learn-to-swim classes?: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Used for general swimming purposes?: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Equipped with diving platform/waterslide/springboard?: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- Please advise the dimensions of the pool –
- | | |
|-------------------|--------|
| Length | Metres |
| Width | Metres |
| Depth at each end | Metres |

ii. Ball sports/Racquet sports – please state the number and type of courts which you have:

iii. Sporting equipment hire – please attach a copy of the hire agreement.

iv. Indoor rock-climbing – please provide details of the number of climbs, maximum height, safety belay systems and type of flooring used around the climbing/belay area.

v. Professional Massage Therapy/Physiotherapy /Nutritionist – what type of persons conduct these services? Employees Contractors

If you ticked Employees, what are the minimum qualifications of each employee providing this service?

If contractors:

Are the contractors separately insured for Liability and Professional Indemnity? Yes No

Do you obtain evidence of this insurance? Yes No

vi. Other – please provide details of these other facilities/services.

Select the Types of Insurance You Require

FIRE AND OTHER DEFINED EVENTS SECTION		Sums Insured
Insured Property (Reinstatement / Replacement Conditions apply unless otherwise stated)		
R/R or Indemnity Conditions? Please indicate		
Building (including fixtures and fittings/tenants improvements)	R/R <input type="checkbox"/> Indemnity <input type="checkbox"/>	\$ _____
Contents including Machinery, Plant, Electronic Equipment,	R/R <input type="checkbox"/> Indemnity <input type="checkbox"/>	\$ _____
Stock in Trade & Customers Goods (Stock in Trade is not subject to Reinstatement/Replacement conditions)		\$ _____
Accidental Damage NB: automatic cover is 10% of the Fire, Contents & Stock Sums Insured or \$100,000, whichever is the lesser)		\$ _____

FIRE AND OTHER DEFINED EVENTS - ADDITIONAL BENEFITS		Amount required above policy limits
Professional Fees –	We pay up to \$10,000 or the limit you specify	\$ _____
Removal of Debris –	We pay up to \$10,000 or the limit you specify	\$ _____
Temporary Repair –	We pay up to \$25,000 or the limit you specify	\$ _____
Exploratory Costs –	We pay up to \$10,000 or the limit you specify	\$ _____
Fire Extinguishing Costs –	We pay up to \$25,00 or the limit you specify	\$ _____
Cost of Rewriting Record and Books -	We pay up to \$25,000 or the limit you specify	\$ _____
Playing Surfaces -		\$ _____

FIRE AND OTHER DEFINED EVENTS - OPTIONAL COVER		Sum Insured
Loss of Rent Receivable by you:		\$ _____
Book Debts		\$ _____
Extra Cost of Reinstatement:		\$ _____

BUSINESS INTERRUPTION SECTION		Sums Insured
Insured Items		
Indemnity Period Required 6 months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months <input type="checkbox"/>		
Annual Gross Profit		\$ _____
Uninsured Working Expenses (Please provide a full list of these):	- - -	
Do you require payroll to be covered on a Dual Wages Basis:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please advise the following details?	Sum Insured Required Percentage of payroll % - for a period of Percentage of payroll % - for a period of	\$ _____ weeks. weeks

BUSINESS INTERRUPTION - ADDITIONAL BENEFITS		Amount required above policy limits
Accountants' Fees –	We pay up to \$10,000 or the limit you specify	\$ _____

BUSINESS INTERRUPTION - OPTIONAL COVERS		Sum Insured
Additional Increased Cost of Working		\$ _____
Suppliers' or Customers' Premises		\$ _____

BURGLARY SECTION		Sums Insured
Insured Property		
Contents		\$ _____
Stock in Trade including Customers Goods		\$ _____

BURGLARY – ADDITIONAL BENEFITS		Amount required above policy limits
Temporary Protection -	We pay up to \$2,000 or the limit you specify	\$ _____
Repairing Damage to Buildings -	We pay up to \$5,000 or the limit you specify	\$ _____
Cost of restoring Record Books -	We pay up to \$1,000 or the limit you specify	\$ _____

MONEY SECTION		Sums Insured
Insured Property		
Blanket Cover (Note: Money in Premises outside Business Hours is limited to a maximum of \$2,000)		\$ _____
Money in Premises during Business Hours		\$ _____
Money in Premises outside Business Hours (maximum of \$2,000)		\$ _____
Money in Transit		\$ _____
Money in Locked Safe		\$ _____
Money in Residence (your own and/or business partner)		\$ _____

GLASS SECTION		
Insured Property		
All fixed internal and external glass	Yes/No	Replacement Value
Advertising/Illuminated signs (an automatic sub limit of \$5,000 applies)		\$ _____

SPORTS LIABILITY / PROFESSIONAL INDEMNITY SECTION		
Please select the Limit of Liability:		
Public Liability:	\$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000 <input type="checkbox"/>	
Professional Indemnity:	\$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/>	
Do you currently hold Professional Indemnity or Errors & Omissions insurance cover in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you require Property Owners Liability Only cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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)		

MACHINERY BREAKDOWN SECTION			
Please complete the following table. This policy does NOT cover motors over 10hp or limits in excess of \$10,000 per unit			
Machinery (please describe):			Limit any one unit
(i)	_____ HP / KW	No. of units: _____	\$ _____
(ii)	_____ HP / KW	No. of units: _____	\$ _____
(iii)	_____ HP / KW	No. of units: _____	\$ _____
MACHINERY BREAKDOWN - ADDITIONAL BENEFITS			Sum Insured required
Refrigerated Stock Yes <input type="checkbox"/> No <input type="checkbox"/>			\$ _____
Overseas Air Freight			\$ _____

ELECTRONIC EQUIPMENT	
Please list all electronic items to be covered under this Section including make, model, serial number etc.	
(i)	\$ _____
(ii)	\$ _____
Total Sum Insured	
\$ _____	
ELECTRONIC EQUIPMENT - OPTIONAL COVERS	
Sum Insured	
Portable Equipment - Please list all electronic items to be covered under this Optional Cover including make, model, serial number etc.	
(i)	\$ _____
(ii)	\$ _____
Electronic Data Processing Media: Loss of Information	
\$ _____	
Increased Cost of Working – (N.B. An Indemnity Period of 3 Months applies with an Excess of 2 working days)	
\$ _____	

FRAUD OR DISHONESTY	
Please select from the following two (2) options:	
(i) Sum Insured limited to \$2,000 any one loss and \$4,000 in the aggregate	Yes <input type="checkbox"/>
(ii) Sum Insured limited to \$5,000 any one loss and \$10,000 in the aggregate	Yes <input type="checkbox"/>

GENERAL PROPERTY	
Please list all items to be covered against Accidental Damage (anywhere within Australia) under this Section including make, model, serial number etc.	
Mobile phones / Laptops / PDAs	Sum Insured Required
(i)	\$ _____
(ii)	\$ _____
(iii)	\$ _____
(iv)	\$ _____
Other Specified Items	Sum Insured Required
(i)	\$ _____
(ii)	\$ _____
(iii)	\$ _____
(iv)	\$ _____

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:

- (b) Had any insurance declined or cancelled, application/proposal rejected, renewal refused, claim rejected, or special conditions imposed by an insurer? Yes No
- (c) Been charged with or convicted of any criminal offence?(excluding traffic offences) Yes No
- (d) 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 and/or Sports Underwriting Australia, 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.