

Sports • Leisure • Licensed Clubs

Please use this application for occupations relating to leisure including:

- Abseiling
- Adventure Tours
- Boating/Fishing
- Bushwalking
- Canoeing
- Canyoning
- Catamaran Hire
- Challenge Ropes (low)
- Climbing
- Fishing
- Kite Surfing
- Mountaineering
- Orienteering
- Rafting
- Ropes Course
- Sailing
- Sandboarding
- Snorkelling
- Snow
- Sports Tours
- Surf Schools
- Surf Tours
- Trekking
- Wind Surfing
- Function Centres
- Bingo Centres
- Aquariums
- Arcade Centres
- Amusement Hire
- Bed & Breakfasts
- Caravan Parks
- Camps
- Cinemas
- Concert Venues
- Conference Centres
- Historical Attractions
- Jet boat/jet skiing
- Laser Skirmish
- Sightseeing Tours
- Corporate Days/ Functions
- Paintball
- Animal Nursery
- Four Wheel Driving Tours
- and more.....

Please complete the following application sections:

Section 1:
Your Details
(Compulsory)

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Section 2:
Your Business Details
(Compulsory)

Page 02

Section 3:

Cover Option: Platinum Liability

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Section 4:
Declaration
(Compulsory)

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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 (continued)

7. Please complete where applicable and attach information if required

ACCOMODATION

a. Please provide number of beds:

b. Are other activities included in the package? Yes No

WATERSPORTS

a. Length, Type and size of all vessels:

Vessel	Length	Carrying Capacity

b. Grade of river:

ROPE ACTIVITIES

Please provide the following:

Type of activity	Heights	Length	% of each
Ropes - outdoor			
Ropes - indoor			
Flying Foxes			

THEME PARKS / TOURISM ATTRACTION

Please provide details of rides and supervision:

Please advise annual number of patrons:

AMUSEMENT HIRE

Please provide details of the amusements hired:

Do you:

Stay onsite for the duration of the hire? Yes No

Set-up/pack up all amusements? Yes No

Operate within a carnival or festival environment? Yes No

If yes, please provide details:

Offer any mechanical amusements? Yes No

If yes, please provide details:

Your Business Details (continued)

8. Do you have a Risk Management program in place? Yes No

Please attach a copy of the report as well as providing the following:

a. It is in a condition of cover with water and rope activities that a waiver be used with each participant?
Please attach a copy of the waiver/disclaimer.

b. Equipment Maintenance Reports and Inspection logs - how often is equipment checked and replaced?
Do you use a maintenance logbook? If yes, provide an example.

c. Please provide the experience/qualifications of all guides / leaders.

Name	Qualifications/experience

d. Do you have a training manual for staff? Yes No

e. What is the ratio of guides to participants?

f. What is the company's policy on First Aid certification? How Many guides / leaders on each tour are first aid qualified?

g. Do you use Incident/Accident report forms? Yes No

h. Do you have passengers complete Medical Reports prior to tours? Yes No
What is the procedure?

i. Does your business comply with Industry regulations? Yes No
If not please advise when these will be obtained:

j. Does your business carry the relevant licences & permits to operate? Yes No
If not, please advise when these will be obtained:

k. Please provide a summary of the Compulsory Safety equipment used on tours.

l. Please provide a copy of your emergency procedures.

m. Please provide a copy of your general safety procedures.

**n. Please provide a list (or photographs) of all signs displayed at your facility.
(Specify for attractions and /or onsite Tourism facilities)**

Cover Option 2 – Platinum Liability Cover

PART A: GENERAL LIABILITY

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

Limit of Indemnity for Part 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
Excess Option:	<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

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

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

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

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

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

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 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 and Management Liability sections, 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.

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	\$

Declaration (continued)

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:

DD / MM / YYYY

Proposer's Name:

Proposer's Title:

Club/Business:

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.