

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

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

Please complete the following application sections:

Section 1:
Your Details
(Compulsory)
[Page 01](#)

Section 2:
Your Business Details
(Compulsory)
[Page 01](#)

Section 3: Cover Selection
(please complete the sections relevant to the coverage required)

Cover Option 1: Business Property Cover
[Page 03](#)

Cover Option 2: Platinum Liability
[Page 05](#)

Cover Option 3: Member Insurance Plan
[Page 07](#)

Section 4:
Declaration
(Compulsory)
[Page 08](#)

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

Cover Option 1 – Business Property Cover (continued)

Select the Types of Insurance You Require

FIRE AND OTHER DEFINED EVENTS SECTION

Insured Property		R/R or Indemnity Conditions? Please indicate	Sums Insured
Building (including fixtures and fittings/tenants improvements)	<input type="checkbox"/> R/R	<input type="checkbox"/> Indemnity	\$
Contents including Machinery, Plant, Electronic Equipment,	<input type="checkbox"/> R/R	<input type="checkbox"/> Indemnity	\$
Stock in Trade & Customers Goods	<input type="checkbox"/> R/R	<input type="checkbox"/> Indemnity	\$
Accidental Damage NB: automatic cover is 100% of the Fire, Contents & Stock Sums Insured to a maximum of \$250,000	<input type="checkbox"/> R/R	<input type="checkbox"/> Indemnity	\$

BUSINESS INTERRUPTION SECTION

Insured Items			Sums Insured
Indemnity Period Required	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months		
Annual Gross Profit	\$	Wages (if not included within Annual Gross Profit)	\$
Additional Increased Cost of Working	\$	Claim Preparation Expenses	\$
Accounts Receivable	\$	Rent Receivable	\$

BURGLARY SECTION

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

MONEY SECTION

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

GLASS SECTION

Insured Property	Replacement Value
All fixed internal and external glass <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advertising/Illuminated signs (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)	\$
Total Sum Insured	\$

Cover Option 1 – Business Property Cover (continued)

ELECTRONIC EQUIPMENT SECTION

Please list all electronic items to be covered under this Section including make, model, serial number etc.

(i)		\$
(ii)		\$
(iii)		\$
Total Sum Insured		\$
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)	\$	
Total of Specified Items		\$
Unspecified Items (maximum \$1,000)		\$

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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	<input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$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	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3500 <input type="checkbox"/> \$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

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 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.