

Sports • Leisure • Licensed Clubs

Please use this application for occupations relating to the Martial Arts including:

- Aikido
- Kempo
- Qi Gong
- Jujitsu
- Boxing
- Kendo
- Taekwondo
- Brazilian Jujitsu
- Hapkido
- Kickboxing
- Tang So Go
- Kung Fu
- Judo
- Muay Thai
- Wrestling
- Tai Chi
- Karate
- Ninjitsu

Please complete the following application sections:

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

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**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**  
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**Cover Option 2: Platinum Liability**  
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**Cover Option 3: Personal Accident**  
Page 07

**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

1. 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 annual participants/members:	
(e) number of trainers, coaches, referees and officials:	

## Your Business Details (continued)

### 2. Please provide the following details regarding the styles of Martial Arts offered:

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

### 3. 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	Contact	No contact	Weapons used?		Type of weapon
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### 4. Do you have written risk management procedures for:

Responsible service of alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
First Aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Blood spillage and infectious diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Maintenance of premises and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Inspection of playing surfaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Emergency procedures in event of serious injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Discrimination policies and codes of conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

## Your Business Details (continued)

5. 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

6. Are all participants required to sign a "disclaimer" to "release and indemnify" your business/company in regards to acknowledgment of risks, injury and obligations?  Yes  No

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

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

9. Does your business 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.

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

## Cover Option 1 – Business Property Cover

1. Are you the sole occupier of your premises &/or building you occupy?  Yes  No

If no, please state the occupations of other tenants:

2. Please complete the following table about the premises you own / occupy: (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						

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

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

## Cover Option 1 – Business Property Cover (continued)

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

Deadlocks on external doors:  Yes  No      Local alarm:  Yes  No  
 Key locks fitted to external windows:  Yes  No      Self monitored alarm:  Yes  No  
 Bars/Grills on all windows and doors:  Yes  No      Dialer, Securitel or GSM alarm:  Yes  No

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

Fire Extinguishers:  Yes  No      Sprinkler systems:  Yes  No  
 Hard-wired smoke detectors:  Yes  No → If yes, are they monitored?  Yes  No  
 Heat detectors:  Yes  No → If yes, are they monitored?  Yes  No

7. Do the premises have cooking facilities?  Yes →  No → If Yes, do you use a deep fryer. Does the fryer have a thermostatic cut-off switch?  Yes →  No → If Yes, is the deep fryer:  Less than 5 Litres  More than 5 Litres

## 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

Indemnity Period Required	<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 Months	<input type="checkbox"/> 24 Months	Sums Insured
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	\$

**Cover Option 1 – Business Property Cover (continued)**

**GLASS SECTION**

**Insured Property**

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

**ELECTRONIC EQUIPMENT SECTION**

Please list all electronic items to be covered under this Section including make, model, serial number etc.	
(i)	\$
(ii)	\$
(iii)	\$
<b>Total Sum Insured</b>	\$
<b>Electronic Data</b>	\$
<b>Increased Cost of Working</b>	\$

**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:	\$
<b>Limit any one event:</b>	\$	<b>Deterioration of Refrigerated Stock</b>	\$

**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)	\$
<b>Total of Specified Items</b>	\$
<b>Unspecified Items (maximum \$1,000)</b>	\$

## 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 <input type="checkbox"/> Other \$
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.

**Cover Option 3 – Personal Accident Cover**

**PERSONAL ACCIDENT COVER**

**Do you require Player Accident Insurance?**  Yes  No

<b>Capital Benefits</b> (death under 18 – 20%)	<b>\$50,000</b>
<b>Loss of Income</b> 7 day excess / 52 weeks max	<b>\$250 per week</b>
<b>Student Assistance</b> 7 day excess / 52 weeks max	<b>\$250 per week</b>
<b>Home Help</b> 7 day excess / 52 weeks max	<b>\$250 per week</b>
<b>Parents Inconvenience</b> Max \$1,500	<b>\$25 per day</b>
<b>Non Medicare Medical</b> Max 85% / Excess \$50	<b>\$1,500</b>
<b>Funeral Expenses</b>	<b>\$5,000</b>
<b>Modification Expenses</b>	<b>Up to \$10,000</b>

**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:**

<b>Year of Claim</b>	<b>Description of Incident</b>	<b>Is claim settled</b>	<b>Amount claim settled for</b>
		<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](http://www.calliden.com.au)
- by phone 02 9551 1111
- by email to [privacy@calliden.com.au](mailto: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.