

Sports • Leisure • Licensed Clubs

Please use this application for occupations relating to:

- Golf Hole in One
- Soccer Goal
- Performance Targets
- and More...
- Basketball Shot
- Rugby Goal
- Sales Promotions

Please complete the following application sections:

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

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**Section 2:
Your Event Details**
(Compulsory)

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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 Event Details

Proposed event date:	
Event Venue(s)	

Your event details (continued)

Event Type

<input type="checkbox"/> Golf - Hole In One	Hole (1-18):		
	Yardage:		
	Are any participants professional golfers:		
	Proportion of golfers with sub - 10 handicap		
	Index of hole		
	Hole in one history past 5 years	5 yrs. ago:	
		4 yrs. ago:	
3 yrs. ago:			
2 yrs. ago:			
Last 12 mths:			

<input type="checkbox"/> Basketball	Full or Half Court?	
	Full Court	<input type="checkbox"/> Yes
	Half Court	<input type="checkbox"/> Yes
	Shooting from:	

<input type="checkbox"/> Rugby Union/League	Kicking From?	
	Penalty Line	<input type="checkbox"/> Yes
	Other	<input type="checkbox"/> Yes
	Please Describe	

<input type="checkbox"/> Soccer	Kicking From?	
	Penalty Spot	<input type="checkbox"/> Yes
	Penalty Box	<input type="checkbox"/> Yes
	Half Way	<input type="checkbox"/> Yes

<input type="checkbox"/> Other	
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Prize to be awarded	\$
Expected number of participants <small>(who will actually try for the prize)</small>	
Name(s) of Independent contest supervisor(s) & Position	

2. Have you held identical or similar events in the past Yes No → If yes, are they:

a. When did the event take place?

b. How many people participated?

c. Provide details of the winners, if any, of past events
(attach separate sheet if more space required)

Date(s) of event(s)	
Name(s) of winner(s)	
Prize(s) awarded	

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.