

PROPOSAL FORM ➔

## Sports, Leisure and Events Insurance

EXTF080

For assistance in completing this form, please speak to your insurance broker.

1. Before answering any question, please read carefully the general disclosure requirements and declaration at the end of this proposal form; which must be signed and dated.
2. Every question must be answered fully and correctly by the company/individual to be insured or on the company's/individual's behalf by the proposer. Not declaring a material fact may nullify any policy issued.
3. A material fact is one likely to influence the assessment and acceptance of the proposal by the Underwriters. If you are in doubt as to whether a fact is material, it should be disclosed.
4. Please keep a copy of the completed proposal form and any attachments for your records.
5. Please return the completed proposal form directly to your broker with any accompanying documents.

### 1. Proposal Details

Proposers name in full \_\_\_\_\_

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Period of Cover

From \_\_\_\_\_ to \_\_\_\_\_ at 4:00pm local standard time

Describe all business activities (including any retail or online activities)

\_\_\_\_\_

ABN \_\_\_\_\_

How many years has your business been in operation? \_\_\_\_\_ years

Please provide details of your qualifications and experience relevant to the business activities you require cover for under this policy

\_\_\_\_\_

How many years have you been working in this industry? \_\_\_\_\_ years

Have you ever been convicted of or charged with any offence (other than a motoring offence)? Yes  No

Have you ever been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt either in a personal capacity or as a business? Yes  No

## 2. Business Overview

Total wages excluding earnings of contractors and sub-contractors \$ \_\_\_\_\_

(a) Number of full time employees \_\_\_\_\_

(b) Number of part time/casual employees \_\_\_\_\_

(c) Number of volunteers \_\_\_\_\_

Estimated annual turnover \$ \_\_\_\_\_

Total number of participants/members \_\_\_\_\_

Total number of referees/umpires \_\_\_\_\_

Total number of trainers/coaches \_\_\_\_\_

Are all trainers/coaches adequately qualified? Yes  No

Do you have appropriate risk management plans in place for all activities? Yes  No

Do you and all of your employees hold an appropriate first aid qualification? Yes  No

If you are running a sports association, club, coaching business, event or sporting group, please complete the below information:

ACTIVITY	NUMBER OF TEAMS	NUMBER OF SENIORS	NUMBER OF JUNIORS	NUMBER OF NON-PLAYING MEMBERS	NUMBER OF COMPETITORS	NUMBER OF WEEKS PER SEASON	NUMBER OF FIXTURES PER SEASON

Are you a member of a governing body? Yes  No  NA

If yes, please state the name of the governing body: \_\_\_\_\_

Have you reviewed the practices and guidelines of the governing body and do you operate within these guidelines? Yes  No  NA

### 3. Public Liability, Professional Indemnity and Management Liability

Do you require Public Liability, Professional Indemnity or Management liability insurance?  
(If yes, please complete this section)

Yes  No

#### Limit of Liability

- (a) Public Liability (Limit of Liability any one occurrence) \$ \_\_\_\_\_
- (b) Professional Indemnity (Limit of Liability any one occurrence and in the aggregate) \$ \_\_\_\_\_
- (c) Management Liability (Limit of Liability any one occurrence and in the aggregate) \$ \_\_\_\_\_

#### Property in Your Care, Custody and Control

Do you wish to increase the sub-limit for your legal liability in respect of property in your Care, Custody or Control above \$100,000?

Yes  No

If so, what limit do you require? \$ \_\_\_\_\_

Please describe the property in your Care, Custody or Control?

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#### Additional Information

If you answer 'Yes' to any of the below, please provide additional information in the area provided.

- (a) Do you own any grandstands? Yes  No
- (b) Do you, your club, organisation, association or federation operate any licensed premises? Yes  No
- (c) Do you provide any child minding services? Yes  No
- (d) Do you sell any products to visitors or other third parties? Yes  No
- (e) Do you undertake any activities in the USA/Canada? Yes  No
- (f) Do you sell any products to the USA/Canada? Yes  No
- (g) Do you import any products/equipment from overseas? Yes  No

If so, please provide country of origin \_\_\_\_\_

- (h) Do you operate overseas or travel overseas as part of your business? Yes  No

Additional information (if answered 'yes' to any of the above):

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Do you use contractors? Yes  No

If so, please advise total payments \$ \_\_\_\_\_

Do you ensure all contractors/sub-contractors have adequate insurance  
in with a minimum public liability limit of \$10,000,000? Yes  No

### 4. Personal Accident Insurance

Do you require Personal Accident insurance? (If yes, please complete this section) Yes  No

- (a) What Accidental Death benefit do you require? (benefit payable in the event of an accidental death)  
 N/A  \$10,000  \$25,000  \$50,000  \$100,000  \$250,000  Other \$ \_\_\_\_\_
- (b) What maximum Permanent Disability benefit do you require? (maximum benefit payable in the event of a permanent disability)  
 N/A  \$10,000  \$25,000  \$50,000  \$100,000  \$250,000  Other \$ \_\_\_\_\_
- (c) What non-Medicare medical expenses benefit do you require? (Percentage of certain expenses not covered by Medicare up to a maximum amount – please select one of each)  
 50%  75%  80%  85%  UP TO \$1,000  \$1,500  \$2,000  \$2,500  \$3,000
- (d) Do you require Loss of Income cover? (If yes, please complete the below) Yes  No 
  - i. What percentage of income do you wish to cover? (the percentage of a claimant’s income paid under the policy)  
 50%  75%  80%  85%  90%  100%  Other \_\_\_\_\_
  - ii. What maximum level of income do you wish to cover? (the maximum amount paid to the claimant each week)  
 \$100  \$200  \$250  \$300  \$350  \$500  Other \_\_\_\_\_
  - iii. What waiting period do you require? (the period of time a claimant must wait before a loss of income benefit can be considered)  
 7 days  14 days  28 days  60 days  Other \_\_\_\_\_

(Please note: Various other additional benefits will be provided under the policy which will be shown on a formal ATC Insurance Solutions quotation document. If these limits need to be amended, please let us know so we can review accordingly.)

### 5. Claims History

- (a) Has any insurer ever declined to issue insurance to you or any person to be covered by this insurance? Yes  No
- (b) In the past five years, have you made any claim under any of the insurances applied for as part of this application or suffered any insured or uninsured loss or damage which would be covered by the insurance being applied for? Yes  No
- (c) Are you aware of any incidents, claims or investigations in the past five years which may give rise to a claim being made against You, Your business, it’s directors or employees or any person to be covered by this insurance? Yes  No

If ‘yes’, please provide full details below.

For multiple claims, it may be easier to obtain a claims experience from the current insurer.

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT SETTLED
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$

## 6. General Disclosure

Please carefully read the following important information before signing and dating the declaration.

### Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell Us anything that you know, or could reasonably be expected to know, may affect Our decision to insure you and on what terms.

You have this duty until We agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure you for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive your duty to tell Us about.

If You do not tell Us something

If you do not tell Us anything you are required to, We may cancel your contract or reduce the amount We will pay you if you make a claim, or both.

If your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

## 7. Privacy

In this statement “we”, “us” and “our” means the insurer and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the *Privacy Act 1988* (Cth), the *Privacy Amendment (Private Sector) Act 2000* (Cth) and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at [www.atcis.com.au](http://www.atcis.com.au) or by calling us on the number below.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about you from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom. These parties which include our related entities, distributors, agents insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory

authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law).

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

By providing us with personal information, you and any person you provide personal information for, consent to these uses and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with please contact ATC on (03) 9258 1777 or write to us at the address given above.

## 8. Declaration

I/We represent that the above statements and facts are true and that no material facts have been suppressed or misstated.

Furthermore, I/We

- have either completed all the questions on this form personally or they have been completed by someone else on my/ our behalf and the answers have been checked for fullness and accuracy by me/us;
- have read and understood the information concerning the duty of disclosure and all other important notices;
- agree to ATC Insurance Solutions obtaining from my/our previous insurer(s) any information it may need about my/our claims or insurance history;
- agree to ATC Insurance Solutions making enquiries from any third party to verify my/our claims history and other information disclosed herein or statements made by myself/ourselves in making this application;
- agree to ATC Insurance Solutions disclosing to any insurance intermediary appointed or to any former or future insurer of myself/ourselves the claims history or any other information as may be determined;
- have received and read a full copy of the Product Disclosure Statement for this insurance with this proposal form.

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposer's Job Title \_\_\_\_\_