



INSURANCE PROPOSAL FOR AMATEUR SPORTS

PLEASE COMPLETE THIS SECTION FOR ALL APPLICATIONS

1. Name of Club / Association.....
.....
2. Is the Club / Association Incorporated Yes () No ()
3. Contact Name.....
4. Phone (Pri).....(Bus).....(Fax).....
5. Address.....
.....Postcode.....
6. Internet Email.....
Internet Site.....
7. Club / Association Address.....
.....Postcode.....
8. Activities Undertaken by the Club / Association.....
.....
9. Has any insurer ever declined, refused to renew or has imposed special terms and conditions to any insurance policy /renewal or application for insurance held or made by the club or association
Yes () No ()
If yes please supply details
.....
10. Has any member of your Club / Association completed a Risk Management course Yes () No ()
If yes please supply details of where and when.....
11. Does your Club / Association have a written policy for the following:

Risk Management	Yes ()	No ()
Alcohol Service	Yes ()	No ()
Blood Spillage	Yes ()	No ()
Discrimination	Yes ()	No ()
12. Has the Club / Association had an independent Risk Survey conducted on the playing surfaces and/or venues?
Yes () No ()
If Yes, please provide details and a copy of the report
.....

IMPORTANT NOTICES

*PLEASE TAKE NOTICE OF THE FOLLOWING STATEMENTS PURSUANT
TO PROVISIONS OF THE INSURANCE CONTRACTS ACT 1984.*

1. UTMOST GOOD FAITH

This insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

2. LIABILITY ASSUMED UNDER AGREEMENT

Cover provided by this form of liability insurance does not cover liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

3. CLAIMS MADE

The Professional Indemnity in this proposal is a claims made insurance contract, i.e., it only covers claims made against you and notified to Underwriters during the period of insurance. However, provided you give Underwriters notice in writing of any facts that might give rise to a claim against you, as soon as reasonable practicable after you become aware of those facts and before the expiry date of this insurance, then this insurance will respond, notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

4. AVERAGE PROVISION

One of the insuring provisions of the Professional Indemnity Insurance Policy provides that where the amount required to dispose of a claim exceeds the Limit of Liability in the policy Underwriters shall be liable only for a part of the total costs and expenses which shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

5. YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with Underwriters, you have a duty, under the Insurance Contracts Act 1984, to disclose to Underwriters every matter that you know, or could reasonably be expected to know, is relevant to Underwriters' decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Underwriters before you renew, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of a matter;

- That diminishes the risk to be undertaken by Underwriters;
- That is common knowledge;
- That Underwriters know or, in the ordinary course of their business, ought to know;
- As to which compliance with your duty is waived by Underwriters.

If you fail to comply with your duty of disclosure, Underwriters may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

6. NON-DISCLOSURE

If your non-disclosure is fraudulent, Underwriters may also have the option of avoiding the contract from its beginning.

7. HOW TO COMPLETE THIS FORM

Please complete the proposal form by ticking the box next to the correct answer or writing the information requested in the space provided. If there is insufficient space to answer any question please attach a separate sheet of paper.

13. Period of Insurance required from/...../..... to/...../.....
14. Total Club Membership.....
15. Number of Senior players or teams Players Teams
16. Number of Junior players or teams Players Teams
17. Number of non-playing Officials
18. Cover required. Standard Accident ☐ Budget Accident ☐ Loss of Income Only ☐
(amount required \$.....PW)
19. Who is your Current Insurer (Name and address).....
.....
20. What is the current Accident cover held by your Club/Association
Capital Benefits \$..... Medical \$..... Income \$.....per.....
Excess Medical Excess Income

PREVIOUS and PENDING CLAIMS

- 21(i). a) Have any claims for accident been made by the Club /Association in the last five (5) years

Yes ()

No ()

If you have answered yes to the above please complete the following for each of the last 5 years

Number of Claims	Year	Amount Settled \$	Amount Outstanding \$

- b) Have there been any incidents in the last five (5) years that may result in claims against the applicants

Yes ()

No ()

If yes please supply details.....

.....

PLEASE COMPLETE THIS SECTION FOR **CLUB/ASSOCIATION LIABILITY COVER**

22. Does the Club / Association *(If yes, please give full details)*
- a) Own the Club premises Yes () No ().....
 If "Yes", does the Club/Association have Building Liability Insurance? Yes () No ()
- b) Hire out those premises to others Yes () No ().....
(Provide details of hiring)
-
- If "Yes", do you require third parties hiring out the premises to have their own Liability Insurance?
 Yes () No ()
- c) Own the equipment used Yes () No ().....
(Please list equipment Eg: Cricket Bats, Footballs etc)
-
- d) Hire out the equipment Yes () No ().....
(List equipment and details of hiring)
-
- e) Operate licensed premises Yes () No ().....
(Provide License type)
-
- f) Sell goods to the public Yes () No ().....
(List Goods sold)
-
- g) Is there a Grandstand Yes () No ().....
(Provide capacity and construction)
-
- h) Host International events Yes () No ().....
(Provide event details)
-
23. Has the Club / Association entered into any Contractual agreements Yes () No ()
If yes please give details.....
-
24. Give details of the following *(please complete all questions)*
- a) Number of events / meetings / games / tournaments per year.....
- b) Number of Spectators at each event / meeting / game / tournament (average).....
- c) Approximate duration of season.....
- d) Number of the Committee members and Officials.....
- e) Number of Registered players / members / teams.....
- f) Number of Registered non playing members.....
- g) The number of Clubs / Associations / Members to be covered.....
25. Limit of Liability required by the Club / Association *(tick one)*
 \$2,000,000 () \$5,000,000 () \$10,000,000 () Other ()\$.....
26. Period of Insurance required from/...../..... to/...../.....

PLEASE COMPLETE THIS SECTION FOR **CLUB/ASSOCIATION LIABILITY COVER**

PREVIOUS and PENDING CLAIMS

27. a) Have any claims for Liability or Indemnity been made against the Applicants or anyone associated with the Applicants in the last five (5) years Yes () No ()
- b) Have there been any incidents in the last five (5) years that may result in claims against the applicants (whether the applicants was insured or not) Yes () No ()

If you have answered yes to any of the above please complete the following

Total Number of incidents

Total Number of Claims made

Total Amount Settled \$.....

Total Amounts Outstanding \$.....

Description of Incident	Year	Amount Settled \$	Amount Outstanding \$

PLEASE COMPLETE THIS SECTION FOR PROFESSIONAL INDEMNITY

28. Do you require Professional Indemnity Cover Yes () No () If yes Please complete the following
- a) are the Coaches / Referees / Instructors to be covered qualified Yes () No ()
- If yes please supply details including minimum qualification obtained.....*
-
- b) number of Coaches / Referees /Instructors to be Insured.....
29. Please attach a list (names and addresses) of all coaches / referees (note cover not limited to those listed)
-
-
30. Has any Insurer ever declined, refused to renew or has imposed special terms and conditions to any application, renewal or policy held by the applicants Yes () No ()
- If yes please supply details*
-
-
31. (a) Have any claims for Indemnity been made against the Applicants or anyone associated with the Applicants in the last five (5) years Yes () No ()
- (b) Have there been any incidents in the last five (5) years that may result in claims against the club / association or any of its members (whether the applicants were insured or not) Yes () No ()
- If you have answered yes to either of the above please complete the following:*
- No of incidents..... Year/s..... No of Claims made..... Amount/s Settled \$.....
- Amounts Outstanding \$..... Description of the Incident/s.....
-
-
- (c) Are you or any member of the Club / Association aware of any incident that has occurred which could give rise to a claim Yes () No ()
32. Limit of Indemnity required by the Club / Association (tick one)
- \$1,000,000 () \$2,000,000 () \$5,000,000 () Other ()\$.....

THIS DECLARATION MUST BE COMPLETED IN ALL CASES

DECLARATION

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation and the company's acceptance of the applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Club / Association I :

- have either completed all the questions on this form personally or they have been completed
- by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorized officer of the club / association applying for insurance for the purpose of completing this application.
- have read and understood the information concerning ,the duty of disclosure, average provisions, utmost good faith, the notice regarding unauthorized foreign Insurers and all other important notices.
- agree on behalf of the applicant to Sportscover obtaining from the applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sportscover making enquires from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- agree to Sportscover disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

Full Name Position held

Signature

Date/...../.....

Broker Use Only

Broker

Sportscover Number

Broker Contact

Quote Number

Return this form to:

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