

Martial Arts Clubs & Studios - Mulgrave

Sports Insurance Proposal Form



**Offshore Market
Placements**

A DIVISION OF ARTHUR J. GALLAGHER

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Gallagher

Insurance | Risk Management | Consulting

Martial Arts Clubs & Studios

Public Liability, Civil Liability (PI) and Personal Accident Proposal Form

Insured Details

Full Name of the Insured: _____

Trading name (if applicable): _____

ABN Number: _____ Input Tax Credit: _____ %

Business Address: _____

_____ State: _____ Postcode _____

Postal Address: _____

_____ State: _____ Postcode _____

Business Phone: _____ Mobile: _____ Web _____

Email: _____ Period of Insurance: _____ / _____ / _____

Name of Industry Association you are affiliated with (if applicable): _____

Name of Interested Parties (e.g. Mortgagees or Lessors) _____

Type of Interest: _____

Address: _____

_____ State: _____ Postcode _____

Activities / Services Conducted

Please complete the following in regard to the events that take place at the premises where you operate: -

What is the approximate number per year of events/tournaments? _____

How many spectators attend these events/tournaments? Minimum _____ to Maximum _____

Please complete the following schedule in regard to the disciplines your organisation provides, numbers involved etc.

Please tick the appropriate column to advise whether the discipline is Full Contact, Semi Contact or No Contact, and also advise whether or not weapons are used in the discipline by circling either of Yes or No.

Discipline	% of total activities	No. of >18yrs players	No. of <18yrs players	Full Contact	Semi Contact	No Contact	Weapons Used	Type of Weapon
Class A								
Yoga							Yes/No	
Tai Chi							Yes/No	
Baguazhang							Yes/No	
Yin Fu							Yes/No	
Kyudo							Yes/No	
Wushu/Gungfu							Yes/No	
Xingyiquan							Yes/No	
Class B								
Aikido							Yes/No	
Bushidoken							Yes/No	
Capoeira							Yes/No	
Daito RyuAiki-							Yes/No	
Hapkido							Yes/No	
Hwa Rang Do							Yes/No	
Judo							Yes/No	
Jujutsu							Yes/No	
Karate							Yes/No	
Kendo							Yes/No	
Kempo (Ryukyu)							Yes/No	
Krav Maga							Yes/No	
ROSS							Yes/No	
SAMBO							Yes/No	
Tae Kwon Do							Yes/No	
Class C								
Brazilian JiuJitsu							Yes/No	
Kali/Escrima/Arn							Yes/No	
Kenjutsu							Yes/No	
Kickboxing							Yes/No	
Kobudo							Yes/No	
MMA/NHB							Yes/No	
Muay Thai							Yes/No	
Ninjutsu							Yes/No	
Sanshou							Yes/No	
Savate							Yes/No	

Please advise the total participation numbers for your organisation: -

Number of participants over 18 years _____

Number of participants under and including 18 years _____

Number of Coaches / Trainers _____

Number of Referees / Officials _____

Number of other non-participating members _____

Does your organisation provide the following services?

Professional Massage Therapy	Yes	No	Crèche / Child-minding	Yes	No
Physiotherapy	Yes	No	Café / Canteen	Yes	No
Professional Nutritionist	Yes	No	Other Activities	Yes	No

If 'Yes' to 'Other Activities' please list below a full list of all other activities conducted and the facilities providing for conducting those activities.: -

If your organisation provides any of professional massage therapy, professional physiotherapy, professional nutritionist or crèche / child-minding services, who conducts these services?- Please circle

Massage Therapy	Employees	Contractors
Physiotherapy	Employees	Contractors
Nutritionist	Employees	Contractors
Crèche / Child-minding	Employees	Contractors

If you circled employees for any of the above, what are the minimum qualifications of each employee providing the service?

If you circled contractors above:

Are they separately insured for Public Liability and Civil Liability (PI) insurance?	Yes	No	N/A
Do you provide evidence of this insurance?	Yes	No	N/A

General Information

What is the annual turnover of your business? \$ _____

What is the gross annual wages paid to employees? \$ _____

What are the annual fees paid to contractors/sub-contractors? \$ _____

Does your business own its premises or are they rented / leased? Own Leased

Please Circle below

If owned, are these premises hired out to others? Yes No

If yes, please provide details:

If yes, is the hirer required to have their own public liability insurance for a minimum of \$10,000,000? Yes No

Does your business hire out any equipment? Yes No

If yes, please provide details:

Are there any grandstands at your premises? Yes No

If yes, please advise the following: - **Fixed Grandstands** **Portable Grandstands**

Seating capacity _____ _____

Construction (e.g. wooden, steel, etc) _____ _____

How old is the grandstand? _____ _____

Who is responsible for maintenance? _____ _____

Does your organisation sell alcohol? Yes No

If yes, please provide licence details (how often open, hours of licence):

Does your organisation have signage clearly displayed stating the risks associated with the consumption of alcohol prior to participating in any sporting / physical activities? Yes No

Does your organisation sell goods to the public? Yes No

If yes, please provide details:

Has your organisation entered into any contracts where it has assumed the liability of others or agreed to indemnify them or hold them harmless? Yes No

If yes, please provide details:

Please note that the cover will apply only to any contracts where the insurer has specifically agreed to extend the policy to cover those contracts

Do you operate or use Drones or Unmanned Aerial Vehicles as part of your business? Yes No

If Yes, do you require cover for operating a Drone or Unmanned Aerial Vehicle? Yes No

Risk Management

Please circle below

- | | | |
|---|-----|----|
| 1. Does the principal have a minimum 3 years experience in the field of operations? | Yes | No |
| 2. Is the business operator a member of the relevant industry association? | Yes | No |
| 3. Does the insured arrange any excursions/trips/activities? | Yes | No |
| 4. Does the insured undertake any additional activities/operations not covered by this insurance? | Yes | No |
| 5. Does your organisation have documented risk management policies and procedures in place? | Yes | No |
| This should consist of all of the following: | | |
| a. Member Protection (i.e. child protection, discrimination, harassment, codes of conduct, etc.) | Yes | No |
| b. Facility and equipment maintenance and safety | Yes | No |
| c. First Aid, including blood and infectious diseases | Yes | No |
| d. Emergency/disaster plan e.g. very serious injury/s | Yes | No |
| 6. Was any consultant involved in preparing these Risk management policies and procedures? | Yes | No |
| 7. Does your organisation operate using an Indemnity/Waiver Form? | Yes | No |

Insurance cover required

Note 1: Whilst Public Liability, Civil Liability (PI) and Personal Accident insurance is usually organised on a package basis, we can provide both Personal Accident and Public Liability in isolation, however Civil Liability (PI) can only be provided in conjunction with Public Liability.

Note 2: As your organisation is built around participation in physical / sporting activities it is important that you have Public Liability and Civil Liability (PI) insurance cover that extends to include protection against liability incurred from participation in these activities.

Coverage Details (please indicate the limit(s) required)

Public and Products Liability Limit of Indemnity	\$10,000,000 <input type="checkbox"/>	\$20,000,000 <input type="checkbox"/>
Public and Products Liability Excess	Nil (standard) <input type="checkbox"/>	
Civil Liability (PI) Limit of Indemnity	\$5,000,000 <input type="checkbox"/>	
Civil Liability (PI) Excess	Nil (standard) <input type="checkbox"/>	
Civil Liability (PI) - Retroactive Date	____ / ____ / ____	
Management Liability Limit of Indemnity	\$1,000,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/>
Management Liability Excess	\$1,000 (standard) <input type="checkbox"/>	Other: _____
General Legal Expenses - \$100,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Accident	Standard Covers <input type="checkbox"/> Capital Benefits - \$50,000 Medical Benefits - As per Agreed Schedule Loss of Income - Limit \$300 As per Agreed Schedule	

*If Management Liability and/or Legal Expenses cover are requested, a separate Addendum will be required to be completed and submitted for consideration.

Claims & Insurance History

Current Policy Due Date _____ Current Broker _____

Please advise the name of previous and current Insurers

1 Years on Risk from _____ to _____

2 Years on Risk from _____ to _____

3. Years on Risk from _____ to _____

Have you, or any director/partner/manager of the organisation ever: -

Please circle below

Sustained any loss or damage or incurred liability during the last 5 years whether insured or not of a type against which insurance is now sought?	Yes	No
Are there any circumstances of which you are aware which could give rise to a claim under the proposed policy?	Yes	No
Had any insurance declined or cancelled?	Yes	No
Had an insurer refuse or not invite renewal?	Yes	No
Had any special conditions imposed?	Yes	No
Had an excess imposed, other than a standard excess?	Yes	No
Had a claim rejected?	Yes	No
Been declared bankrupt, or put into receivership or voluntary liquidation?	Yes	No
Been charged/convicted of any criminal offence in the last 10 years?	Yes	No
Are there any other matters you should disclose (see "Your duty of disclosure")?	Yes	No

If you have answered YES to any of the above questions please supply full details. For incurred claims please advise date of loss, total amount paid, total amount outstanding, legal costs and describe occurrence and associated injury or damage. Confirmation of claims history on insurer's letterhead may be requested. Details of the insurance cover in place at the time of these claims may also be required.

IMPORTANT NOTICES

It is important you understand that we will rely on the accuracy and completeness of the information you provide to us. Should you provide inaccurate or incomplete information, a claim may be refused or reduced once a policy is in force. Please ensure all relevant questions are answered accurately and in full. Should you require additional space for any answers, please use the "Additional Information" section of this form. We will be sharing this information with third parties such as insurers in order to assess your risks and meet your insurance needs.

Your Duty of Disclosure

Before you enter into an insurance contract with an insurer, you have a duty under the *Insurance Contracts Act 1984* to disclose information to the insurer. The Duty of Disclosure applies until the insurer agrees to insure you or renew your insurance. The Duty of Disclosure also applies before you extend, vary or reinstate your insurance.

If you are applying for or renewing insurance in relation to your motor vehicle, home building and/or contents, residential strata, travel, personal accident or sickness and/or consumer credit products, you must answer the specific questions asked by the insurer truthfully and accurately. In answering those questions, you must tell the insurer all information that's known to you and that a reasonable person would be expected to provide in answer to the questions.

At renewal, the insurer may ask you to advise it of any changes to something you have previously disclosed, or may give you a copy of the information you previously disclosed and ask you to advise the insurer if there has been a change. If you do not tell the insurer about a change, you will be taken to have told the insurer there is no change.

If you are applying for or renewing any other insurance, you must tell the insurer all information that is known to you that a reasonable person could be expected to know or that is relevant to the insurer's decision to insure you and on what terms. You do not need to tell the insurer anything:

- that reduces the risk it insures you for;
- is common knowledge;
- that the insurer knows or should know; or
- which the insurer waived your duty to tell it about.

Non-Disclosure

If you fail to comply with your Duty of Disclosure, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in doubt about whether or not a particular matter should be disclosed, please contact your Gallagher broker.

People You Represent

You must make sure you explain the Duty of Disclosure to any person you represent when we arrange any insurance cover for you. Alternatively, you may ask any person you represent to contact us and we will explain their Duty of Disclosure to them directly.

Claims Made Policies

Your attention is drawn to the fact that some policies provide cover on a "claims made" basis. This means that the policy responds to claims first made against you and notified to the insurer in writing during the period of insurance, provided that the originating act or omission occurred after the retroactive date. Where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts, but before the expiry of the period of insurance, the policy will, subject to its terms and conditions, provide cover even if that claim is made after the expiry of the period of insurance.

Directors' and Officers' Liability, Comprehensive Crime, Professional Indemnity, Civil Liability, Superannuation Trustees' Liability policies, Molestation sections and some other liability policies are written on a "Claims Made" basis.

As explained above, the Civil Liability & Management Liability sections of the policy do 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 however 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.

It is therefore important that you advise the insurer of any circumstances that could give rise to a claim during the period of insurance to protect your position in case the circumstances give rise to a claim after the expiry of the period of insurance.

Not a renewable contract

Cover under this policy will terminate on the date already advised to you or as indicated in the policy. We emphasise that the policy is NOT a renewable contract. If you wish to effect similar insurance for any subsequent period, it will be necessary for you to complete a new Proposal/Declaration prior to the termination of the current policy so that terms of insurance and quotation(s) can then be developed for your consideration.

Privacy

Gallagher is committed to protecting your personal information in accordance with the Australian Privacy Principles under the *Privacy Act 1988* (Cth)

We may disclose personal information to:

- a state or federal authority;
- an assessor or investigator (for the purpose of assessing or investigating your claims);
- a lawyer or recovery agent (for the purpose of defending an action by a third party against you or for the purpose of recovering our costs);
- another insurer or a reinsurer (for the purposes of seeking recovery from them or to assist them to assess insurance risks); and
- other service providers (only for a purpose in connection with this insurance)

Personal information may also be obtained about you from the above people or organisations. We will give you the opportunity to correct this personal information or obtain access to it.

We will provide our dispute resolution procedures to you in respect of any complaint you may have regarding your personal information. You may request access to your personal information held by us. Our Privacy Statement is available on our website: ajg.com.au

Financial Services Guide

Our Financial Services Guide (FSG) contains important information to help you decide whether to use the services we offer. It includes details about who we are, the services we can provide, the remuneration we and our representatives receive and our complaints process.

A copy of our FSG can be obtained on our website: ajg.com.au

Terms of Business

Where we have provided a Terms of Business document to you please take the time to read it carefully as it sets out the basis on which we provide our services to you and outlines our limitation of liability to you.

About Gallagher

As a global insurance, risk management and benefits consulting brokerage, Gallagher operates in more than 45 countries with an alliance of network partners in 150 countries. We make a difference by challenging conventional thinking and delivering unwavering commitment to claims advocacy and service excellence.

Visit ajg.com.au to find out more.

Declaration

I represent that the following 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 company's acceptance of this proposal form is required before cover may be bound and the policy issued.

Furthermore, I:

1. 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.
2. have read and understood the information concerning claims made cover, important notices and duty of disclosure.
3. agree to the Insurer obtaining from my previous insurer(s) any information it may need about prior claims or insurance history.
4. agree to the Insurer making enquiries from any third party to verify claims history and other information disclosed herein or statements made by myself in making this application.
5. agree to the Insurer disclosing to any insurance intermediary appointed by myself or to any former or future insurer of myself the claims history or any other information as may be determined.

Please Sign Below

Name (Please Print) _____

Signature: _____ **Position:** _____ **Date:** ____ / ____ / ____

Note: Please attach any additional information that you wish to tell Your Insurer as part of Your Duty of Disclosure on a separate page