

MARTIAL ARTS PROPOSAL FORM

PLEASE USE BLOCK LETTERS

Please ensure you have read and understood the "Important Notices" on page 7 of this document.

1. INSURED DETAILS – PLEASE COMPLETE THIS SECTION FOR ALL APPLICATIONS

1. Full Name of Insured _____

2. Trading Name _____

3. Is the Club / Association Incorporated? **Yes No**

4. Contact Name _____

5. Phone (Pri) _____ (Bus) _____ (Fax) _____

6. Postal Address _____

_____ State _____ Postcode _____

7. Email _____

8. Website _____

9. Physical Address(es) of business:

(a) _____

_____ State _____ Postcode _____

(b) _____

_____ State _____ Postcode _____

(c) _____

_____ State _____ Postcode _____

10. Period of Insurance from ____ / ____ / ____ to ____ / ____ / ____

11. (a) Describe all activities undertaken at the Club or by the Club including details of use of weapons: _____

Are these activities (*select all applicable*): **Full Contact** **Semi Contact** **Non-contact**

(b) What weapons are used? Provide full description including construction of weapons, how often used and whether contact or non-contact: _____

1. INSURED DETAILS continued...

12. Please detail below details of each style undertaken:

Aikido _____ %	Karate _____ %	Muay Thai _____ %	Tang So Do _____ %
Boxing _____ %	Kempo _____ %	Ninjitsu _____ %	Wrestling _____ %
Hapkido _____ %	Kendo _____ %	Qi Gong _____ %	Yoga _____ %
Judo _____ %	Kickboxing _____ %	Taekwondo _____ %	Jujitsu _____ %
Brazilian Jujitsu _____ %	Kung Fu _____ %	Tai Chi _____ %	Other _____ %

If Other, please provide details: _____

13. Who is your current insurer for: (a) Player Accident _____
(b) Public Liability _____

14. Which Industry body(s) are you accredited through? _____

2. PUBLIC LIABILITY / PROFESSIONAL INDEMNITY

1. Does the Club or Association:

a) Host International / National Events <i>(select all applicable)</i>	International	National	No
b) Own the Club premises?		Yes	No
If Yes, does the Club / Association have Building Liability Insurance?		Yes	No
c) 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**

d) Own the equipment used?	Yes	No
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(Please list equipment. EG: Cricket Bats, footballs, etc.) _____

e) Hire out the equipment?	Yes	No
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(List equipment and details of hiring) _____

f) Have a liquor licence?	Yes	No
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(Provide Licence type) _____

g) Own or operate a cafeteria	Yes	No
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2. PUBLIC LIABILITY / PROFESSIONAL INDEMNITY continued...

1. Does the Club or Association:

h) Manufacture goods? **Yes No**

i) Sell goods to the public? **Yes No**

(List Goods manufactured / sold) _____

j) Has the Club / Association entered into any Contractual agreements? **Yes No**

If yes, please give details _____

5. Give details of the following (*please complete all questions*) *If insufficient space, please attach a separate page.*

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 _____

6. What was the business turnover for the previous financial year? \$ _____

7. Is there a policy in place for members or workers with regard to:

a) Pregnancy? **Yes No**

b) Blood spillage? **Yes No**

c) Infectious diseases? **Yes No**

d) Discrimination? **Yes No**

If yes, please give details _____

8. a) Are all Coaches / Referees / Instructors to be covered qualified **Yes No**

If yes, please supply details including minimum qualification obtained (eg: Black Belt, 1st Dan, etc.)

If internal qualifications, please attach full details as to that qualification. **Yes No**

8. b) Do all people working or volunteering with children under the age of 18 years, carry the appropriate working with children clearance, based on the state or territory that they are operating in. **Yes No**

2. PUBLIC LIABILITY / PROFESSIONAL INDEMNITY continued...

8. c) Number of Coaches / Referees / Instructors to be insured _____

Please attach a list (names and addresses) of all coaches / referees (note: cover not limited to those listed):

3. PREVIOUS and PENDING CLAIMS (Public Liability / Professional Indemnity)

1. Have any claims for Public Liability and/or Professional Indemnity been made against the Proposer or anyone associated with the Proposer in the last five (5) years? **Yes** **No**
2. Have there been any incidents in the last five (5) years that may result in claims against the Proposer (whether or not the Proposer was insured)? **Yes** **No**

If you have answered yes to either of the above, please complete the following:

Year _____ Number of Incidents _____ Number of Claims made _____

Amount Settled: \$ _____ Amount Outstanding: \$ _____

Description of Incident/s _____

(please attach additional page/s if more space is required)

Name of previous insurer _____

3. Has any Insurer ever declined, refused to renew or imposed special terms and conditions to any application, renewal or policy held by the Proposer? **Yes** **No**

If yes, please give details _____

4. LIMIT OF INDEMNITY REQUIRED

1. Public Liability (*tick one*)
\$5,000,000 \$10,000,000 \$20,000,000 Other \$ _____

2. Professional Indemnity (*tick one*)
\$2,000,000 \$5,000,000 Other \$ _____

5. PLAYER ACCIDENT INSURANCE

- 1. Total Club Membership _____
- 2. Number of Senior players or teams Players _____ Teams _____
- 3. Number of Senior players or teams Players _____ Teams _____
- 4. Number of non-playing Officials _____
- 5. Cover required:
Standard Accident Budget Accident Loss of Income Only
(amount required \$ _____ PW)
- 6. What is the current Accident cover held by your Club / Association?
Capital Benefits \$ _____
Medical \$ _____ Excess Medical \$ _____
Income \$ _____ per _____ Excess Income _____ days

6. PREVIOUS and PENDING CLAIMS (Player Accident)

- 1. Have any claims for accident been made by the Club / Association in the last five (5) years? Yes No
If yes, please complete the following for each of the last five (5) years:

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

- 2. 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: _____

7. DECLARATION – THIS DECLARATION MUST BE COMPLETED IN ALL CASES

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 authorised 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 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 / /

PLEASE RETURN THIS FORM TO YOUR SPORTSCOVER ACCREDITED BROKER

BROKER USE ONLY

Broker _____	Sportscover Number _____
Broker Contact _____	Quote Number _____

IMPORTANT NOTICES

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

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.

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.

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.

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.

UNDER INSURANCE

One of the insuring provisions of the Fire and Business Interruption (not applicable to Fitness Package) provides that the Sum Insured for each specific Category of Property at a specific Premises at the start of the Period of Insurance is not less than 85% of the Replacement Cost of all Property located at that Premises. If the Sum Insured is less than 85% We will pay that proportion of the cost of Reinstatement that the Sum Insured bears to 85% of the Replacement Cost of all Property at that Premises that can be designated to that Category.

Calculation Example – Underinsurance

At a specific Premises when the value of a claim for Property designated to a specific Category exceeds 5% of the Sum Insured for that Category, then:

the amount that We will pay = Cost of Reinstatement x Sum Insured for the Category
Replacement Cost of all items of Property in that Category x 85%.

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.

NON-DISCLOSURE

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

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.

PRODUCT DISCLOSURE STATEMENT

Before considering this product you should refer to our Product Disclosure Statement, available by contacting Sportscover - www.sportscover.com or (03) 8562 9100

PRIVACY

Sportscover Australia values your privacy and we are committed to the safe and careful use of your personal information in accordance with the Privacy Act 1988. For further information on our privacy statement please visit our website at www.sportscover.com.

MARTIAL ARTS PROPOSAL FORM CLUB AND TEAM REGISTRATION SHEET

PLEASE USE BLOCK LETTERS | PLEASE COPY FOR ADDITIONAL TEAM MEMBERS

TEAM CAPTAIN / INSTRUCTOR

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____

Player 2

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____

Player 3

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____

Player 4

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____

Player 5

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____

Player 6

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____

Player 7

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____

Player 8

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____

Player 9

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____

Player 10

Family Name _____ First Name _____
 Date of Birth ____ / ____ / ____ Sex **M** or **F**
 Address _____
 Suburb _____ Postcode _____
 Phone (H) _____ Phone (B) _____
 Occupation _____