

Intermediary		Date	/ /
Contact Name		Phone	()

Period of Insurance		to		at 4.00pm
---------------------	--	----	--	-----------

INSURED DETAILS

Insured Name / ABN (Full details required, inc. Trading Name if Applicable)			
	ABN:		
Address / Situation			
Description of Business (Please detail any changes to business over last 12 months)			
Phone & Fax Nos	Private Ph:		Business Ph:
	Fax:		Mobile:
	Email Address:		
Other Parties to be noted on Schedule & their interest	Party 1		
	Party 2		
Holding Insurer:			
Holding Broker:			

NAME OF PARTNERS/DIRECTORS

QUALIFICATIONS & EXPERIENCE

No. of years business has been operating			
Previous industry experience if less than five years in business			
Number of Staff: Full Time		Part Time	
Estimated Annual Turnover	\$		
Estimated Annual Gross Rental	\$		
Are you a member of a professional / industry association? If so please provide details:			

SECTION 1 - INSURANCE COVER (PLEASE TICK OR COMPLETE)

Limit of Indemnity - Public Liability	\$10m <input type="checkbox"/>	\$20m <input type="checkbox"/>	Other \$	Any one occurrence
Limit of Indemnity - Products Liability	\$10m <input type="checkbox"/>	\$20m <input type="checkbox"/>	Other \$	Any one occurrence
Third Party Goods in your Care, Custody and Control (Automatic Cover \$100K)				\$
Errors & Omissions	\$Nil <input type="checkbox"/>	\$1m <input type="checkbox"/>	Other	\$

SECTION 2 - STATUTORY LIABILITY

Statutory Liability		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Limit required	\$1m <input type="checkbox"/>	Other \$	
Have you had any fines or penalties in the last 5 years		Yes <input type="checkbox"/> No <input type="checkbox"/>	
DATE OF FINE	AMOUNT	OFFENCE	

SECTION 3 - PROFESSIONAL INDEMNITY

Professional Indemnity		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Limit required	\$1m <input type="checkbox"/>	Other \$	
a) Please provide details of professional services and/or advice provided for a fee			
b) Estimated annual fees in respect to professional services/ advice provided			
c) Do you have a current PI Insurance policy in place		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered YES please provide the following details			
a) Current Insurer			
b) Retroactive Date (attach copy of your current policy schedule			
c) Are you aware of any incident(s) that have occurred in the last 5 years that have given or may give rise to a claim against you in respect to Professional Indemnity		Yes <input type="checkbox"/> No <input type="checkbox"/>	

ADDITIONAL COVERS

Additional Covers	Yes <input type="checkbox"/> No <input type="checkbox"/> Criminal Defence Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> Workcover Defence Expenses
-------------------	--	---

CONTRACTORS / SUBCONTRACTORS

Do you use contractors/subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do they work under your direct supervision and control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do subcontractors have their own insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do you sight their policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the minimum limit for their public liability insurance?	\$
Actual Payments to subcontractors last year:	\$
Estimated Payments to subcontractors this year:	\$
For what activities do you use subcontractors?	

CONTRACTUAL LIABILITY

Please give full details and attach copies of all agreements where you assume liability under contract or hold others harmless:

LABOUR HIRE

Do you use personnel supplied by labour hire companies to perform work in your business operations? If yes, please advise: Yes No

Company	Type of Work Performed	Annual Payments (\$)

Are you required to insure these labour hire personnel for Workers Compensation? Yes No

Please provide copies of the indemnity and insurance clauses of agreements entered into with the labour hire company(s)

PRODUCTS

Do you sell or distribute any products? If yes, please complete our Product Addendum Yes No

ADDITIONAL INFORMATION

Please advise the maximum number of participants at any one time:

Please provide full details of how many times per week you hold classes or training sessions:

Please provide full details of the premises used for classes or training sessions:

Is instruction only provided by appropriately qualified personnel? Yes No

With respect to your instructors, please provide the following details:

Name	Experience	Certification

Do you undertake a pre-evaluation of participant fitness levels, skills, health etc? Yes No

Do you ensure that disclaimers are signed prior to participation? Yes No

Do you keep and maintain Incident Reports and logs? Yes No

Do you have a written cleaning procedure and log? Yes No

Do you have Risk Management procedures in place? Yes No

Do you have an appropriate First Aid kit? Yes No

Are your staff appropriately trained in administering First Aid? Yes No

PREMISES

Location of Premises occupied for the purpose of conducting the business OR owned but not occupied by you for which property owners cover is required.	Owned	Leased
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>

INSURANCE HISTORY

In respect of any of the risks against which you wish to insure, have you in the past 5 years, in this business or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:

Had any Insurer decline any claims submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer decline any Proposals submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer cancel or refuse to renew a Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer require any increased premium or imposed special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ever been bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been convicted of or charged with any civil or criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered "Yes" to any of the above, please give details (or attach a separate sheet if there is insufficient space):		

CLAIMS HISTORY

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 <input type="checkbox"/>	No <input type="checkbox"/>	
Are you aware of any other incident(s) that have occurred in the last 5 years that have given or may give rise to a claim against you, whether the subject of insurance or not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you have answered yes to either of the above questions, please complete the table below:			
DATE OF INCIDENT	DESCRIPTION OF INCIDENT	AMOUNT	NAME OF INSURER

IMPORTANT INFORMATION

YOUR DUTY OF DISCLOSURE

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

- that diminishes the risk to be undertaken by the Insurer
- that is of common knowledge
- that your Insurer knows, or in the ordinary course of business, ought to know
- as to which compliance with your duty is waived by the Insurer

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of voiding the contract from its beginning.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or if you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application, giving full details of the additional information.

CONDITIONS OF QUOTATION

Any quotation provided by Insurers as a result of this proposal will be subject to:

- final acceptance by the Applicant(s) and then the Insurers prior to the acceptance date shown in the quotation
- the Applicant(s) undertaking to advise Insurers of any change in the information supplied occurring prior to the inception date of any insurance
- the Insurers having no obligation to accept the risks if there has been any happening or circumstance, whether advised by the Applicant(s) or otherwise, arising prior to acceptance by Insurers which increases or could increase the possibility of a loss or in any way materially alters the risks as quoted. However, Insurers at their sole discretion, may decide to provide an alternative quotation.
- The Applicant(s) having declared all material facts likely to influence a reasonable Insurer in determining:
 - whether or not to accept the risk
 - the premium
 - the terms, conditions, exclusions and limitations
- any Applicant(s) who acts on behalf of others being deemed to have obtained and declared all the information provided after making inquiry of each of them; this condition only applies to any intermediary
- the Applicant(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium
- the Applicant(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Insurer's written approval, in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Insurers

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate you for any loss, damage or liability which is covered by this Policy but you have agreed not to seek recovery of any monies from that person, we will not cover you under this policy for that loss, damage or liability.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you give us to quote on and insure your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under your policy.

We will not trade, sell or rent your information.

If you give us personal information about anyone else, we rely on you to notify them:

- that you will give the information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information you give us about someone else is sensitive, we rely on you to obtain their consent prior to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement. For a full statement of our Privacy Policy, ask our office for a copy.

INSURANCE DECLARATION

I acknowledge that:

1. I have read and understood the Important Information set out in the Proposal and I/We are authorised to make this Proposal.
2. All information given on this Proposal and any attachment is true and correct.
3. No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract has been issued.
4. Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform the Insurer of any change in the particulars or statements contained in this Proposal or in any attachments.
5. Although the signing of this Proposal does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this Proposal and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the Proposal and attachments will be incorporated in the Policy.

I AGREE	<input type="checkbox"/>	I AGREE	<input type="checkbox"/>
NAME OF INSURED (1)		NAME OF INSURED (2)	
DATE		DATE	
SIGNATURE (1)		SIGNATURE (2)	