COVERSURE PTY LTD
ABN 84 413 814 665
AFS 407505
Phone: 0450 490 950

LIABILITY INSURANCE
AMUSEMENT OPERATOR PROPOSAL FORM

IMPORTANT NOTICES

The information provided is the proposals together with other information you provide to the insurer will form the basis of any contract of insurance entered into.

Your Duty of Disclosure
Before you enter into a contract of insurance, you have a duty under the *Insurance Contracts Act 1984 (Cth)* to disclose to your insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept this risk and, if so, on what terms.

This includes but is not limited to every fact and matter that you know, or could reasonably be expected to know that might give rise to a claim against you. This may also include disclosure of information which is additional to the questions asked in this proposal form.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary, or reinstate a contract of general insurance. This means that as well as advising new information you also need to advise the insurer of any changes to the facts previously notified.

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 its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Your duty continues after the proposal form has been completed until the policy inception.

Non-Disclosure
If you fail to comply with your duty of disclosure or make a material misrepresentation, the insurer may be entitled to reduce their 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 avoiding the contract from its beginning and therefore decline to pay any claim.

If you have any questions or concerns about whether information needs to be disclosed, please discuss these with you general insurance broker or advisor.

Claims Made Policies
Some of the insurance that may be provided in conjunction with this Proposal will be issued on a "claims made" basis.

Policies, or Policy Sections, issued on a "claims made" basis means that the policy provides indemnity in relation to:

- Claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- Written notification pursuant to section 40(3) of the *Insurance Contracts Act 1984 (Cth)* of facts which might give rise to a claim against you. if you give written notification of facts as soon as reasonably practicable after you become aware of the facts prior to the expiry of the policy period, the policy will respond even though a claim arising from those facts is made against you after the policy has expired.

After your "claims made" policy has expired no new claims can be made on the expired policy even though the act error or omission giving rise to the claim may have occurred during the expired policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to insurers during the policy period, the insurers may not cover you under a subsequent policy for any claim which arises from these unreported circumstances.

When completing the proposal you are obliged to include full details of all circumstances of which you are aware or which a reasonable person in your position would consider may give rise to a claim.

Retroactive Date
You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission first occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

Average Provisions
One of the insuring provisions of the proposed policy provides that where the amount required to dispose of a claim exceeds the limit of indemnity, the insurer 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 limit of indemnity bears to the total amount required to dispose of the claim.

Liability Assumed Under Contract
Indemnity provided by your policy may not include additional liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.
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Privacy Notice
Coversure is committed to compliance with the provisions of the Australian Privacy Principles and the Privacy Act 1988 (Commonwealth) and protecting your privacy.

In order for Coversure to assess you insurance proposal, provide you with insurance and manage any claims under those policies, it is necessary to obtain personal information from you.

If you do not provide us with this information it may prevent Coversure from providing you with the insurance or services requested.

If you provide us with information about someone else, you must obtain their agreement to do so.

Coversure may disclose your information to insurers, their reinsurers, and insurance reference service or other advisers used by Coversure and insurers such as loss adjusters, lawyers or others who may be engaged to assist in claims handling, underwriting or for the purpose of fulfilling compliance and/or regulatory requirements. These third parties will all be required to adhere to privacy obligations.

Our privacy policy contains information about how you can access the information we hold about you, ask us to correct and how you may make a privacy related complaint. You can obtain a copy of our privacy policy at www.coversure.com.au.

When completing this Proposal Form:

- Please answer **all** questions giving full and complete answers
- If the space required on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer.
- It will be necessary to provide additional supporting documents with the proposal.
- **Please ensure that this Proposal Form declaration is properly signed and dated.**
- **Signing the proposal does not form a contract of insurance.**

SUBMISSION CHECKLIST

	New Submissions	Renewals
A signed and dated proposal	Required	Required
Risk Assessment documentation A risk matrix including issues arising from WH&S, weather, regulatory compliance, Australian Standards compliance, staff training, emergency and evacuation protocols, access to first responders, crowd control, drugs, and alcohol.	Required	If updated
Business Management or Operation Plan Description on how the Business activity will be conducted and include: ▪ the operational plan and processes ▪ the staffing plan ▪ a list of leisure/entertainment equipment used (photos of equipment will assist in the underwriting process) ▪ clear description and detail of all business activities ▪ a location map or diagram ▪ assessment of risk from contractual obligations ▪ details of any waivers or terms of service used by the Proposer	Required	If updated
Schedule/List of Leisure or Amusement equipment used in the Business (if applicable)	Required	Required
Staff Training Register, including evidence of: ▪ specific WH&S, business policy and procedures training ▪ toolbox meetings ▪ induction training and ▪ ongoing staff training ▪ evacuation drills & training	Required	If updated with refresher or new training
Adverse weather policy noting operational weather parameters	Required	If updated
Minimum 5 years documented claims history on an underwriter or TPA's letterhead including paid and reserve amounts For any risk with a claim or notification, it is important to provide clear details of the steps that have been taken to avoid similar losses in the future. This review process is usually evident in the Risk Assessment and Operational Plan updates and training or maintenance schedules submitted for consideration.	Required	Required if any open claims in last disclosure

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Amusement Operator Insurance Proposal

INSURED DETAILS

1. Proposed Insured: (Please provide full legal name of **all entities** to be insured, subsidiaries are not included automatically)		
2. Trading name: (Please provide all trading names of the Insured)		
3. ABN of each proposed Insured:		
4. Address of Proposer(s):		
5. Contact Details	Business Phone:	
	Email Address:	
6. Interested Party(s) The Policy provides for a defined entities to be included automatically. Please use an addendum to list the full legal name additional required entities.	Entity 1	
	Relationship	
	Entity 2	
	Relationship	

7. Period of Insurance		to		at 4:00 pm	
8. Current Insurer					
9. Limit		Annual Premium		Excess	

GENERAL INFORMATION

10. Full description of the business activities to be insured:	
11. Number of years the business has been in continuous operation:	
12. If (11.) is less than 3 years outline the Proposers previous business experience relevant to the business activities to be insured:	
13. Name & qualifications of person responsible for risk management and work health & safety.	

14. Please provide the following details for all directors/partners:

Name of all directors/partners	Qualifications	Date qualified	Years practicing as director/partner

15. Please advise the number of people engaged in the business:

	Full time	Part time	Casual
Directors or Partners			
Operational staff			
Administration / other staff			

16. Are you a member of any industry association and do You comply with its code of conduct/ethics? If yes, please provide details:

17. Proposers Total Turnover	Last 12 months	$	Next 12 months estimate	$
18. If turnover has changed by more than 20%, please provide explanation to support the change?				

19. Please provide a percentage breakdown of turnover by location as follows:

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S	TOTAL
									100%

SUBCONTRACTORS

20.	Do You engage subcontractors or labour hire workers? If not please proceed to Section 1	Yes ☐ No ☐
21.	Do You provide subcontractors or labour hire workers to others?	Yes ☐ No ☐
a)	Which of Your business activities are completed by subcontractors or labour hire workers?	
b)	How do You ensure that subcontractors or labour hire workers operate in the business to the same required procedures and systems as the proposer?	
c)	Do You ensure all sub-contractors and labour hire workers are indemnified by insurance similar to this proposed policy for all the activities they do for you, or on your behalf?	Yes ☐ No ☐

Please provide subcontractor or labour hire turnover:				
Subcontractor Payments	Last 12 months	$	Next 12 months estimate:	$
Labour Hire Payments	Last 12 months	$	Next 12 months estimate:	$
Sub-contracting by You to others	Last 12 months	$	Next 12 months estimate:	$

SECTION 1 – LIMITS OF LIABILITY

22. Limit of indemnity required

a)	Policy Section 1: Limit required	$10M ☐	$20M ☐	
b)	Property Owners Liability Extension (Owner Occupied Only)	Yes ☐ / No ☐	Number of Premises	
c)	Third party goods in Your care, custody, and control:	$50,000 ☐	$100,000 ☐	Other ☐ $

SECTION 2 – ERRORS AND OMISSIONS (Complete only if required)

23.	Do you require Errors & Omissions insurance? Please note indemnity may not be available for all requests for insurance in Section 2 If not please proceed to Section 3		Yes ☐ No ☐
a)	Limit required:	$1M ☐	Other:
b)	Please provide details of technical services and/or professional design or advice provided		
c)	Do you have a current Errors & Omissions policy?		Yes ☐ No ☐
d)	Current insurer:		
e)	Retroactive date: (attach copy of your current policy CoC)		

SECTION 3 – WORKCOVER & CRIMINAL DEFENSE (Complete only if required)

24.	Do You require WorkCover & Criminal Defense insurance? Please note indemnity may not be available for all requests for insurance in Section 3 If not please proceed to Specific Details of Equipment/Rides Q25				Yes ☐ No ☐
a)	Limit required:	$10,000 ☐	$20,000 ☐	$25,000 ☐	$50,000 ☐
b)	Do You have a workplace health a safety program that includes documented safe work method statements, operating polices and a safety training and compliance program?				Yes ☐ No ☐
c)	Have You had any personal injury, compliance breaches, notices, investigations, or proceedings that may result in a criminal charge or conviction in the last 5 years?				Yes ☐ No ☐

Date of Fine	Amount	Offence

DETAILS OF EQUIPMENT / RIDES

25. Please complete the Coversure Schedule of Amusements and Equipment Addendum including all the amusements or equipment owned, leased, or operated by the Proposer. Please provide details of any other insurance that is maintained to provide indemnity for any of the listed amusements or equipment.	📎

INFLATABLE APPARATUS

26.	Do You operate inflatable apparatus? If not please proceed to Q36		Yes ☐ No ☐
27.	Do You hire inflatable devices at events open to the public such as markets and carnivals?		Yes ☐ No ☐
28.	Do You "dry hire" inflatable devices?		Yes ☐ No ☐
29.	Do You require a hire agreement to be completed? If so, please provide a copy.		Yes ☐ No ☐ 📎
30.	Do You ensure that a competent person:	a) Operates / supervises the inflatable in operation?	Yes ☐ No ☐
		b) Sets up and dismantle the inflatable to Australian Standards?	Yes ☐ No ☐
31.	Do You ensure that all inflatables are designed, set up, constructed, and maintained to comply with Australian Standards?		Yes ☐ No ☐
32.	If yes, do You have a certificate for each inflatable issued in the last 24 months by an Australian based competent person, who is not You, confirming Your inflatables comply to Australian Standards?		Yes ☐ No ☐
33.	If yes, please attach the certificate/s.		📎
34.	Please attach for each inflatable the statutory registration certificates issued within the past year if the item is operated in a location that requires registration.		📎
35.	Do You have a check list for set up & maintenance, and keep a record of the set-up checks completed? Please attach a copy.		Yes ☐ No ☐ 📎

MECHANICAL / NON-INFLATABLE AMUSEMENTS

36.	Do operate mechanical or non-inflatable rides or amusements? If not please proceed to Q45 If yes, please provide full details in the Coversure Schedule of Amusements (see above)	Yes ☐ No ☐
37.	Do You ensure that a trained person checks the erection and operation of each amusement to Australian Standards prior to use by members of the public?	Yes ☐ No ☐
38.	Do You ensure that all mechanical or non-inflatable rides or amusements are designed, constructed, and maintained to comply with Australian Standards?	Yes ☐ No ☐
39.	If yes please attached for each mechanical, non-inflatable, ride or amusement the most recent Australian Standards certification issued by an Australian based competent person, who is not You.	📎
40.	Please attach for each mechanical or non-inflatable ride or amusement the statutory registration certificate issued within the past year if the item is operated in a location that requires registration.	📎
41.	Do You have a check list for set up and to keep a record of the operational checks and maintenance completed?	Yes ☐ No ☐
42.	Do You ensure that a trained competent person operates the amusements when in use?	Yes ☐ No ☐
43.	Do You rebuild and scan each amusement as required by regulation or statute and to Australian Standards?	Yes ☐ No ☐
44.	In the last 24 months have You had a work or corrective action order issued by any work health and safety or other regulatory body relating to the maintenance, operation, or condition of any mechanical or non-inflatable ride or amusement. If Yes, please provide details below.	Yes ☐ No ☐

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SLIDES	
45. Do You operate slides, including any slide forming part of another (inflatable or non-inflatable) apparatus? If No please proceed to Q46	Yes ☐ No ☐
a) Do any of the slides have a platform height of over 2m?	Yes ☐ No ☐
b) If Yes, do You have two operators with these slides with one controlling the access to the top and the other the landing area and exit of the slides?	Yes ☐ No ☐
c) Do You have CCTV, or operator body cameras, that provide video monitoring footage of the slides when in operation?	Yes ☐ No ☐

SIDE SHOW GAMES AND NON-MECHANICAL AMUSEMENTS		
46. Does Your Business activities involve: If No please proceed to Q43	Slide Show Games / Amusements	Yes ☐ No ☐
	Food Stands	Yes ☐ No ☐
	Other entertainment devices or apparatus	Yes ☐ No ☐
a) If yes, please provide full details in the Coversure Schedule of Amusements (see above)		📎
b) Do You ensure these items are well maintained are operated in a safe manner?		Yes ☐ No ☐

PRODUCTS			
47. Do You sell or distribute any products imported from overseas? If No, please proceed to Q48			Yes ☐ No ☐
If Yes, do You import the following:		For Your own use:	To be supplied to others:
Amusement rides		Yes ☐ No ☐	Yes ☐ No ☐
Inflatable apparatus		Yes ☐ No ☐	Yes ☐ No ☐
Safety equipment		Yes ☐ No ☐	Yes ☐ No ☐
Soft toys / Game Prizes		Yes ☐ No ☐	Yes ☐ No ☐
Food & beverage		Yes ☐ No ☐	Yes ☐ No ☐
Do You ensure that all imported items comply with Australian Standards and Australian Product safety regulations?			Yes ☐ No ☐
Do You:	a) Supply or sell food and/or beverages (non-alcoholic)?		Yes ☐ No ☐
	b) Supply, sell, serve or distribute alcoholic beverages?		Yes ☐ No ☐
	c) Arrange fireworks or pyrotechnics displays by others?		Yes ☐ No ☐
If yes, do You have the appropriate licenses/qualification for the above activities?			Yes ☐ No ☐
If yes, please provide full details:			

VENUES	
48. Other than annual shows and events organised by others, do You arrange, organise, promote or attend any carnivals or fairs?	Yes ☐ No ☐
a) If Yes please provide detail of the carnivals You organise, promote or attend.	📎

RISK MANAGEMENT

Our underwriting criteria places a significant focus on risk analysis, management and planning together with documented business operations and compliance to WH&S.

Staff induction checklists & training is considered integral to WH&S compliance.

CCTV is considered to have a significant influence on claim outcomes. Incidents can become first known to operators many months or years after they occurred CCTV data can form critical evidence in managing these reports.

49.	Do You:	
a)	have CCTV / recording devices installed on all amusement rides, slides, and inflatables.	Yes ☐ No ☐
b)	If Yes, how many months does the Proposer maintain the data recordings from CCTV?	
c)	If Yes, are the data recordings secured to ensure compliance to the Privacy Act?	Yes ☐ No ☐
50.	Prior to daily operation do You:	
a)	run a full operational test cycle of the amusements/rides/inflatables?	Yes ☐ No ☐
b)	review barriers and safety fencing surrounding amusements/rides/inflatables to confirm required standards	Yes ☐ No ☐
c)	review, update, and complete operational logs?	Yes ☐ No ☐
d)	ensure identified and required maintenance has been completed?	Yes ☐ No ☐
e)	ensure height/weight signage is installed to manufacturers specification?	Yes ☐ No ☐
f)	ensure standard amusements/rides/inflatables rules and disclaimers are displayed?	Yes ☐ No ☐
g)	Ensure the amusements/rides/inflatables are installed and secured according to the manufacturer's instructions and the Australian Standards?	Yes ☐ No ☐
51.	Do You conduct:	
a)	Statutory operator training in the last 12 months?	Yes ☐ No ☐
b)	WH&S training in the last 12 months?	Yes ☐ No ☐ 📎
c)	a risk management assessment in the last 12 months?	Yes ☐ No ☐ 📎
52.	Do You utilise an online or computer-based system for:	
a)	training for WH&S awareness and business policy	Yes ☐ No ☐
b)	statutory operator training	Yes ☐ No ☐
c)	compliance management systems	Yes ☐ No ☐
d)	maintenance reporting and recording	Yes ☐ No ☐
e)	setting up Records and amusement activation with time and date stamps	Yes ☐ No ☐
f)	If so, please provide details and example screens.	📎
53.	Do You conduct regular toolbox meeting or discussions at each new work site? If Yes, please provide a copy of two recently completed meeting minutes.	Yes ☐ No ☐ 📎
54.	Do You conduct actual emergency evacuation drills at least every 6 months? Please provide documentation of the last drill.	Yes ☐ No ☐ 📎
55.	Do You execute written contracts of engagement with hirers and venues where they operate? If so, please provide details below or a copy of the contract.	Yes ☐ No ☐

56. Do You provide or enter into any "hold harmless" agreements with any person, businesses or organisations? If Yes, please provide details below or a copy of the contract.	Yes ☐ No ☐
57. Do You use legal disclaimers or waivers? If No, please proceed to Q58.	Yes ☐ No ☐
a) if so have they been reviewed by an Australian Legal Practitioner to ensure reference to, and compliance with, Australian Consumer Law?	Yes ☐ No ☐
58. Do You keep and maintain incident reports and logs?	Yes ☐ No ☐
59. Do You utilise pict-o-grams in addition to written warning and conditions of entry signs?	Yes ☐ No ☐
60. What updates or changes have You made to risk management or risk mitigation in the last 12 months?	

ADVERSE WEATHER & NATURAL CONDITIONS

61. Do You maintain an Adverse Weather Policy that outlines the weather and other variable conditions that may impact the operation of Your Business? If Yes, please attached a copy of Your Adverse Weather Policy. If No, Coversure can assist by providing a template example of an Adverse Weather Policy.	Yes ☐ No ☐	📎
a) Do You periodically measure and record details of weather and other observations when operating amusements?	Yes ☐ No ☐	

INSURANCE HISTORY

62.	Have You in the past 5 years, in this business or any other or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:	
a)	Had an insurance proposal declined, renewal refused, or insurance terminated, for any reason including for non-payment of premium?	Yes ☐ No ☐
b)	Had any special conditions imposed?	Yes ☐ No ☐
c)	Ever been bankrupt or involved with a business that has become liquidated, bankrupt, insolvent or had administrators appointed?	Yes ☐ No ☐
d)	Been charged with or convicted of any civil or criminal offence?	Yes ☐ No ☐

If You answered "Yes" to any of the above, please give details (or attach a separate sheet if there is insufficient space):

CLAIMS HISTORY

(These questions apply to all sections of the policy)

63.	Has any claim occurred or been reported in the last 5 years against any Insured or any principal, partner or director (either as a principal, partner or director of the Insured or any other business or any previous business), consultant or employee in respect of the risks to which this proposal relates?	Yes ☐ No ☐
64.	Is the Insured or any principal, partner, director, consultant or employee aware of any other incident(s) that have occurred or been reported in the last 5 years that may give rise to a claim against You, whether the subject of insurance or not?	Yes ☐ No ☐

If You have answered yes to either of the above questions, please complete the table below:

Date of Claim or Loss	Nature of each Claim or Loss	Estimated Outstanding Loss	Name of Insurer

What action has been taken to prevent a recurrence of the situation which gave rise to each incident, claim or loss?

INSURANCE DECLARATION & AGREEMENT

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorised by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Business:	
Signature/s:	
(This Proposal should be signed by a Partner or Director of Proposed Insured)	
Title of Signatory:	
Full Name:	
Date of Signing:	

INSURANCE DECLARATION & AGREEMENT – BROKER SIGNED PROPOSAL

At Coversure we understand and recognize that brokers are required to have completed a “know Your client assessment” and have a close relationship with their clients.

We have noted that in preparing the submission for this insurance, You have completed the documentation on behalf of Your client. Coversure understands that this would have been done with the express agreement and instruction from Your client.

Coversure, and its underwriters, rely on the accuracy of all information and declaration provided to us. In doing so, we are also relying that there are no omissions made in the information provided. Your attention is drawn to Your Duty of Disclosure outlined in the Important Notices provided in the Coversure proposals and policy documents.

Coversure strongly suggests that all information provided to us as part of the insurance submission is verified by Your client to avoid any of the consequences of non-disclosure. Coversure has a commitment to provide contact certainty to all of its customers and we ask Your assistance in helping us achieve this outcome. Coversure does accept digitally time stamped electronic signatures executed through PDF in addition to handwritten signatures to expedite the declaration process.

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorized by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Authorised Representative Group:	
Full Name of Broker signing on behalf of their client:	
Broker’s Signature/s:	
Title of Signatory:	
Date of Signing:	