Sportscover Australia Pty Ltd
A.C.N. 006 637 903
A.B.N. 43 006 637 903
AFS Licence No. 230914

APPLICATION FORM – EVENT LIABILITY INSURANCE

PLEASE USE BLOCK LETTERS
Please ensure you have read and understood the "Important Notices" on page 3 of this document.

1. APPLICANT / EVENT DETAILS – PLEASE COMPLETE THIS SECTION FOR ALL APPLICATIONS

1. Full Name of Applicant _____
2. Is the Applicant Incorporated? **Yes** **No**
3. Applicant/Organiser Address _____
   _____ State _____ Postcode _____
4. Contact Name _____
5. Phone (Pri) _____ (Bus) _____ (Fax) _____
6. Address _____
   _____ State _____ Postcode _____
7. Email _____
8. Website _____
9. Activities Undertaken during event _____
   _____
10. Does the Club/Applicant or persons assisting the Applicant:
    a) Own the premises being used? **Yes** **No**
    (Provide details) _____
    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) Have Council sanctioning **Yes** **No**
    (Provide details) _____
    f) Sell goods to the public? **Yes** **No**
    (List Goods manufactured / sold) _____
    _____
    g) Is there a Grandstand or similar structure **Yes** **No**
    (Provide details) _____
    h) Have roads blocked off **Yes** **No**
    (Provide details) _____

1. APPLICANT / EVENT DETAILS – continued...

11. Has the Applicant organised a Risk Management Program **Yes** **No**

If yes, attach a full copy

12. Has the Applicant entered into any Contractual agreements in respect of this event? **Yes** **No**

13. Give details of the following: *(please complete all questions)*

a) Number of activities within the event _____

b) Total number of Spectators at the event _____

c) Duration of each activity _____

d) Number of Officials _____

e) Number of Registered participants / competitors / teams per activity _____

f) Number of Registered non participants _____

2. LIMIT OF LIABILITY REQUIRED

1. Public Liability *(tick one)*

$5,000,000 ☐ $10,000,000 ☐ $20,000,000 ☐

2. Period of Insurance required from ____/____/____ to ____/____/____

3. PROFESSIONAL INDEMNITY *(If you require this cover an additional Premium may apply)*

1. Do you require Professional Indemnity Cover **Yes** **No**

If yes, please complete the following:

a) Are the Coaches or / and Referees to be covered qualified **Yes** **No**

Please supply details _____

b) Number of Coaches or / and Referees to be insured _____

Please attach a list (names and addresses) of all coaches / referees that require cover:

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

1. Have any claims for Public Liability and/or Professional Indemnity been made against the Applicant 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 Applicant (whether or not the Applicant 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 Applicant? **Yes** **No**

If yes, please give details _____

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.

8. 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

5. 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 _____

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Claims Hotline: 1300 134 956 (Aust Only) **Email:** asiapac.claims@sportscover.com

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25 YEARS OF INSURING SPORT

UAC UNDERWRITING AGENCIES COUNCIL FOUNDATION MEMBER

Australia & New Zealand Insurance Industry Awards 2010 WINNER

Underwriting Agency of the Year 2009 & 2010

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