

COMBINED GENERAL & PRODUCTS LIABILITY INSURANCE

Adventure/Leisure Related Business

Application Process

1. Complete all sections below
2. Provide any relevant risk management documentation, including but not limited to, operations manuals, staff training, risk assessments, incident reports, checklists and qualifications
3. Email completed application and risk management documentation to insurance@affinityib.com.au

Please do not hesitate to contact the Affinity Team with any questions on +61 (0)3 8587 7777

1) Contact Details

Insured Name <i>Including any individual and any registered business name</i>		
Contact Name		
Address		
City	State	Post Code
Phone Number	Email	
Website		
ABN		

2) Limit of Indemnity

Please tick the Liability sum insured required		
<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> \$25,000,000

3) Turnover

State the total turnover derived from your business activities over the last 12 months:?	\$
State the estimated turnover to be derived from your business activities over the next 12 months:?	\$

4) Business Description

List of all activities to be insured under this policy <i>(Including hours of operation, description of clientele etc.)</i>		
Please provide details regarding your experience including the number of years in the industry, and any other relevant experience (employment) or training, and qualifications		
Business Activity Split		
Activity	Number of participants	Associated turnover

5) Stamp Duty

For the purpose of Stamp Duty please provide a breakdown of where you operate across Australia:									
ACT	NSW	VIC	QLD	TAS	SA	WA	NT	OS	Total
%	%	%	%	%	%	%	%	%	%

6) Accommodation/Catering

Do you require cover for accommodation? <i>If No, go to Section 15</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
Do you require cover for catering? <i>If No, go to Section 15</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
Relevant Approvals/Qualifications:	

7) Property Owners/Lessee Liability

Do you require cover for:			<input type="checkbox"/> Property Owners Liability	<input type="checkbox"/> Lessee Liability	<input type="checkbox"/> Not Applicable
Address					
City		State		Post Code	
Number of Acres			Select activities conducted on the premises below		
<input type="checkbox"/> Hobby Farm		<input type="checkbox"/> Breeding/Grazing		<input type="checkbox"/> Agricultural	
<input type="checkbox"/> Cropping		<input type="checkbox"/> Host Farm		<input type="checkbox"/> Facility Hire	
Please provide further details on the activities conducted on the farm					
Are Quad Bikes/ATVs in use on the property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Risk Management
8) Staff Training & Induction

Do you have a staff training and induction manual?		<input type="checkbox"/> Yes & Attached	<input type="checkbox"/> No
Do you have a record of all staff members? <i>Including staff qualifications, training and induction undertaken, professional development.</i>		<input type="checkbox"/> Yes & Attached	<input type="checkbox"/> No
Please provide detail on the staff attitude towards risk			
Do you engage contractors and/or subcontractors to complete your business activities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe nature of work performed			
Estimated payments to contractors/subcontractors		\$	
Do contractors/subcontractors hold their own liability insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

9) General Business

Do you have a risk management plan?	<input type="checkbox"/> Yes & Attached	<input type="checkbox"/> No
Do you have documented operating procedures?	<input type="checkbox"/> Yes & Attached	<input type="checkbox"/> No
Do you have a documented risk assessments?	<input type="checkbox"/> Yes & Attached	<input type="checkbox"/> No
Describe the philosophy of the business including approach and attitude towards risk		
Do you have a COVIDSafe plan?	<input type="checkbox"/> Yes & Attached	<input type="checkbox"/> No

10) Maintenance & Inspections

Do you have a maintenance and inspection program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide details of all internal maintenance and inspections		
Do any activities require external maintenance and inspection? <i>(E.g. high ropes, flying fox, giant swing)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details below (i.e. daily, weekly, monthly inspections)		
I have attached copies external maintenance reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have attached copies of design and engineering documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11) Emergency Response

Does the business have an emergency response plan?	<input type="checkbox"/> Yes & Attached	<input type="checkbox"/> No
Does the business have activity-specific emergency response plans?	<input type="checkbox"/> Yes & Attached	<input type="checkbox"/> No
Does the business have incident reporting and analysis procedures?	<input type="checkbox"/> Yes & Attached	<input type="checkbox"/> No

12) Staff

Staffing Numbers	Full Time	Part Time	Casual
Owner Operators			
Employees			
Volunteers			
Totals			

13) Further Questions (Answer all questions)

Are any activities held off your property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details (eg 80% of lessons are run at local showgrounds)		

Are any permits/contracts/permissions required to undertake your business activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details		

Do you assume liability under contracts or hold others harmless? (other than lessee liability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide full details and attach copies of agreements		

14) Claims History (Answer all questions)

Have you had any insured and/or uninsured liability claims in the past five years?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Dates	Amount Paid & Outstanding	Applicable Excess	Description			

Please list your current insurer, number of years of insurance, and due date of your current policy

15) Declarations (Answer all questions)

After investigation, are you aware of any circumstances which could give rise to a claim under the proposed policy and which are not mentioned above?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details					
Have you ever had your public liability insurance cancelled, declined non-renewed, or special terms imposed?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details					
Have you ever been convicted of a criminal offence, been declared bankrupt or had your business placed in liquidation?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details					
I declare that the proposed insured is a small business with a turnover of less than AU\$2 million in the last financial year. Note that if No is selected or the question is left blank, in accordance with Ch 8, Pt 5A of the Duties Act 1997 (NSW), from 1 January 2018 LIU will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property.		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and I have not withheld any material information from this proposal
- that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.
- that until a Contract of Insurance is entered into, I am obliged to inform Liberty International Underwriters of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty International Underwriters relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposer's acceptance of an offer by Liberty International Underwriters, if any:

Name	Title
Signature	Date

(To be signed by a partner or director.)

Privacy Notice

Liberty Specialty Markets (Liberty) is a trading name of Liberty Mutual Insurance Company, which is a company incorporated in the United States. It is a member of Boston-based Liberty Mutual Group (LMG). Liberty Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225, Australia Phone : +61 2 8298 5800

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When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.

Important Notices

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 (Cth), 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 the 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 its 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 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.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything that might conceivably influence the insurer's consideration of your proposal.

Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the insurer will not cover you under the policy for any such loss or damage.

Role of Affinity Insurance Brokers

In arranging this insurance, Affinity Risk Partners (Brokers) Pty Ltd t/as Affinity Insurance Brokers ("Affinity") is acting under an authority given to it by Liberty Mutual Insurance Company t/as Liberty Specialty Markets ("Liberty") and is acting as Liberty's agent and not as your agent.

Inadequate Space to Answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.