

Accommodation & Camps Liability Proposal



Important Notices

Please read these Important Notices before completing the Proposal.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

IMPORTANT NOTICE

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

This application is for New Business Renewal - Policy Number (if known) is: _____

1. YOUR DETAILS:

Full Name: _____

Trading Name: _____

Interested Parties: _____

What Interest do the above parties have: _____

Full Business Description including all activities: _____

2. YOUR CLAIM HISTORY

In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought?

If Yes, please provide details:

Yes No

DATE	INSURER	DETAILS

3. BUSINESS OPERATION DETAILS

Turnover last year \$ _____

Turnover estimate for this year \$ _____

Any changes or new activities introduced or planned for the coming year? _____

4. RISK MANAGEMENT SYSTEMS

a) Please attach risk assessments on the various activities

b) Do you have an external risk manager that conducts annual or more regular risk assessments or technical support ? Yes No If yes please provide details of name and services _____

c) Please confirm if you check for validity of this person/company's insurance for such Inspections Yes No

5. ACCOMMODATION INFORMATION

a) Do you supply meals for guests? Yes No

b) Do you comply with ANZFA food handling regulations? Yes No

c) Do you have a documented system of inspection of toilets and common area floors to detect any spills? Yes No

d) Do you have emergency procedures displayed in common areas for guests to see? Yes No

e) Who is responsible for supervising students/visitors at night after lights out? _____

6. ACTIVITY INFORMATION

- a) What activities are contracted out (if any)? _____

- b) Do contractors have to provide evidence of their own insurance policies? _____

- c) How much do you pay to contractors performing these activities? _____

- d) Do your activities comply with Australian Standards and State Workplace Health and Safety Requirements (please confirm which activities and which standard it complies with if required to)? _____

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.

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 <i>(please tick)</i>		I AGREE <i>(please tick)</i>	
NAME OF INSURED (1)		NAME OF INSURED (2)	
DATE		DATE	
SIGNATURE (1)		SIGNATURE (2)	