

Indoor Play Centre & Indoor Rock Climbing Proposal



Period of Insurance _____ to _____ at 4:00pm.

INSURED DETAILS

Insured Name/ABN: _____

Trading Name: _____

Address: _____

Description of Business *(please list any changes to the business in the last 12 months)*: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Other Parties to be noted on Schedule & their interest: _____

Full Business Description including all activities:

Party 1: _____

Party 2: _____

Holding Insurer: _____

Holding Broker: _____

Name of Partners/Directors _____

Qualifications & Experience _____

Previous industry experience if less than five years in business _____

BUSINESS OPERATION DETAILS

Number of Staff *(Expiring Policy Period)*: Full Time _____ Part Time: _____

Number of Staff *(Predicted for cover period)*: Full Time _____ Part Time: _____

Actual Turnover \$ _____ Estimated Annual Turnover \$ _____

Actual Wages \$ _____ Estimated Wages \$ _____

Number of annual participants/members: _____

Split of turnover between activities and food/beverage: _____

Activities: _____ Food/Beverage \$ _____

Please specify type of work expected to be undertaken by sub-contractors and/or labour hire personnel_____

Are sub-contractors expected to have their own insurance and do you obtain evidence of this insurance? Yes No

PUBLIC LIABILITY

Limit of Indemnity - Public Liability	\$10m	\$20m	Other \$	Any one occurrence
Limit of Indemnity - Products Liability	\$10m	\$20m	Other \$	Any one occurrence
Third Party Goods in your Care, Custody and Control (Automatic Cover \$100K)				\$

ADDITIONAL INFORMATION

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

Please describe your Business Activities in detail below: _____

What are your Operating Hours and Days? _____

Please confirm what type of belay systems are involved are they auto belay or manual belay? (if applicable) _____

If manual belay, what systems are in place to avoid human error? _____

Please provide details of the number of climbs, maximum height and number of safety belay systems (if applicable) _____

Please advise the type of activities do you operate at the premises:

Indoor Play Structure? Yes No

Inflatables? Yes No

Trampolines? Yes No

Other (please specify) Yes No

Please estimate the number of participants that you will have for the Period of Insurance is:

INDOOR CLIMBING FACILITIES

Are there any height/age restrictions? Yes No

Is instruction only provided by appropriately qualified instructors? Yes No

Do you require cover for instructors? Yes No

Are all persons made aware of dangers before participating? Yes No

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

Are the belay operators provided with individual training and their competency assessed and approved by centre staff? Yes No

Do you undertake a pre-check inspections and keep a written log of such inspections? Yes No

Do you have suitable first aid equipment? Yes No

EQUIPMENT DETAILS

Who is the manufacturer of the equipment? _____

Are there any ongoing inspection or maintenance service/s provided by the manufacturer? _____

Do you provide any other child care services? Yes No

If yes, please provide full details: _____

Do you have any Third Party's Property in your care, custody or control? Yes No

If yes, please provide full details: _____

Do you own or lease any real property? Yes No

If yes, please provide full details: _____

Do you have any temporary seating? Yes No

Do you have a Cafe, Snack Bar or Restaurant? Yes No

Does the Cafe / Snack Bar or Restaurant include Deep Frying or Wok cooking?
(If yes, please complete Cooking Addendum) Yes No

Do you sell, supply or serve alcohol? Yes No

If yes, do Bar Staff meet legislative requirements with respect to Responsible Service of Alcohol? Yes No

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

Do you have a written maintenance and service program and keep a log of this? Yes No

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

Do you have a written Risk Management program? Yes No

Do you have the appropriate current accreditation in Risk Management and Occupational Health & Safety? Yes No

Do you have Emergency Evacuation procedures in place? Yes No

Do you have appropriate First Aid equipment? Yes No

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

Are soft fall areas in place for all fall zones? Yes No

Does the soft fall area comply with all relevant Australian/New Zealand standards for playground surfacing? Yes No

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 No

Had any Insurer decline any Proposals submitted? Yes No

Had any Insurer cancel or refuse to renew a Policy? Yes No

Had any Insurer require any increased premium or imposed special conditions? Yes No

Ever been bankrupt?

Yes No

Been convicted of or charged with 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

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 No

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 No

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.

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)	