

Protecting and supporting your community



Community Sports Club Combined Insurance

Proposal Form

Important Notices

Your duty of disclosure

Before you enter into a contract of general insurance with Ansvr Insurance Limited ('Ansvr' or 'us' or 'we'), you have a duty under the Insurance Contracts Act 1984 to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- a) that diminishes the risk to be undertaken by us;
- b) that is of common knowledge;
- c) that we know or, in the ordinary course of our business, ought to know;
- d) as to which compliance with your duty is waived by us.

Your duty of disclosure continues after this proposal form has been completed up until the contract of insurance is entered into.

Non Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Change to circumstances

You should advise Ansvr as soon as practicable of any material change to the organisation insured and any of its subsidiaries and controlled entities as disclosed in this proposal form.

Basis of Cover

Please ensure you have read the product disclosure statement/policy document and the important notices in this application to assist your understanding. If you require any assistance, please contact your insurance intermediary or your local Ansvr Insurance office.

Waiver of rights

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability which would have been covered by this policy, we will not cover you under this policy for that loss, damage or liability other than to the extent provided under any Section of this policy or agreed by us in writing.

Privacy Statement

Ansvr places the highest priority on providing prompt, efficient and friendly service including the protection of your privacy.

We collect your personal information to provide you with general insurance products. The information we collect is used to assist us to provide you with our general insurance products, to manage our relationship with you and to assess and process claims. We will not be able to supply you our policy if you do not provide us with your personal information. The information is generally collected from you when you are applying for or enquiring about our insurance products or when making a claim.

At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities. They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act. We are unlikely to provide your personal information to overseas recipients.

Our Privacy Policy includes further information about how we handle your personal information including how you can access and correct your information or make a privacy related complaint. For more information please visit our website: www.ansvar.com.au/privacy/ or you can contact one of our offices.

Code of Practice

As a signatory to the General Insurance Code of Practice (the "Code"), we are committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you. You can obtain more information on the Code and how it assists you by contacting us.

Contact us

The registered office of Ansvr Insurance is Level 5, 1 Southbank Boulevard, SouthbankVictoria.

Our contact details are:

Ansvr Insurance

Phone: 1300 650 540
Post: GPO Box 1655, Melbourne, Victoria 3001
Email: insure@ansvar.com.au
Website: www.ansvar.com.au

ABN 21 007 216 506 AFSL 237826

Complaints and disputes

If you are not satisfied with the service provided by Ansvr please contact the employee with whom you have had contact to see if he or she can resolve the problem.

If your complaint cannot be resolved you can request that the matter be referred to the Secretary of the Ansvr Internal Dispute Resolution (IDR) process at insure@ansvar.com.au. Alternatively, you can write to The Secretary, Internal Dispute Resolution Committee, Ansvr Insurance, GPO Box 1655, Melbourne, Victoria 3001.

We will attempt to resolve the matter in accordance with our IDR procedures.

If our IDR process is unable to resolve your dispute and you wish to take the matter further you can lodge a claim with the Financial Ombudsman Service (FOS). A dispute can be referred to FOS subject to its Terms of Reference. It provides a free independent dispute resolution service for consumers who have general insurance disputes falling within its terms and its contact details are:

The Financial Ombudsman Service

Phone: 1300 780 808
Post: GPO Box 3, Melbourne, Victoria 3001
Website: www.fos.org.au.

How to fill out this proposal form

All questions must be answered in relation to the organisation to be insured and all its subsidiaries and controlled entities (if any). Please tick the box next to the correct answer and/or write the information requested in the space provided.

If you require more space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document(s) to this proposal.

It is critical that you refer to the Industrial Special Risk, General Public and Products Liability, Personal Accident Volunteers, Management Liability and Commercial Motor Insurance policies for full terms and conditions of the policy.

Please ensure this form is signed and dated by an authorised person.

Proposal form

Please select the Sections of cover you require:

Sections		
Industrial Special Risk	Yes	No
General Public and Products Liability	Yes	No
Management Liability	Yes	No
Personal Accident Volunteers	Yes	No
Commercial Motor	Yes	No

Policyholder details

This section must be completed.

Name of organisation to be insured (including any subsidiaries)

Trading Name(s) past and present (if applicable)

ABN / ACN / ARBN

Date your organisation first commenced operations

Postal Address, State, Postcode

Do you have a current stamp duty exemption for general insurance?

yes no

If yes, which State(s) or Territory does it apply for?

Exemption certificate date

A copy of your exemption certificate must be provided with this proposal form, otherwise Stamp Duty will be applied to your premium.

Are you registered for GST?

yes no

If yes, what is your ITC percentage?

%

Website

Authorised contact person

Position

Telephone

Mobile

Email

Period of insurance

This section must be completed.

Required period of insurance

Commencement date

Expiry date

History

Previous Insurance

This section must be completed.

The questions relate to all Sections of cover being requested under this proposal for insurance.

Are you currently insured? yes no

If yes, name of previous insurer(s):

Expiry date:

 / /

Have you ever had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? yes no

If yes, please provide details:

During the last five years, have you claimed under a policy of insurance that this insurance is proposed to replace? yes no

If yes, please provide details:

Is there now any claim pending or are you aware of any circumstances that may give rise to a claim against you or any other director or officer of the entity applying for this insurance? yes no

If yes, please provide details:

Insurer	Date of incident	Description of loss/circumstances	Amount paid/outstanding
	/ /		\$
	/ /		\$
	/ /		\$

Is there any other information that you know would be relevant to our decision to accept this insurance? yes no

If yes, please provide details.

Organisation History

This section must be completed.

The following questions relate to all Sections of cover being requested under this proposal for insurance.

Has your organisation or any of its directors / officers / executive managers / trustees:

- a) ever been convicted of a criminal offence? yes no
- b) ever been declared bankrupt? yes no
- c) ever become insolvent or placed into liquidation or receivership? yes no

The following questions must be completed if any Section(s) of Management Liability is required.

These questions apply to you or any of your directors, officers and other persons applying to be insured.

Has your organisation, you or any director / officer / executive manager / trustee in your business:

- a) ever had a disciplinary proceeding against you? yes no
- b) ever been the subject of a sanction in your profession, trade or business (not being a conviction or fine for a traffic offence)? yes no
- c) had any complaint or disciplinary proceeding or other inquiry made in relation to your professional conduct? yes no

Are you aware of any fact, event or circumstance which:

- | | | |
|---|-----|----|
| a) might reasonably be expected to lead to civil or criminal proceedings being instituted against your organisation, any director, officer, manager, trustee or employee? | yes | no |
| b) might require you or any of these persons to attend an official investigation, inquiry or other proceedings? | yes | no |
| c) could possibly or validly result in a claim under this proposed insurance? | yes | no |
| d) would have resulted in a claim under this proposed insurance which was not insured? | yes | no |

Have you or any of the persons applying to be insured been the subject of any complaint or received notice of an enquiry by any State, Territory or Federal regulatory body or other body to which you are accredited in the last three years? yes no

If yes to any of the above, please provide summary details below and attach full details including the name of the claimant, the outcome of any claim, the total amount paid in judgement or settlement, and claims defence and other settlement costs.

Date	Amount	Details of loss or damage
/ /	\$	
/ /	\$	
/ /	\$	

Details of premises

This section must be completed.

Please advise the locations from which you operate	Address		
	State		
	Postcode		
	Owned by you?	yes	no
	Occupied by you?	yes	no

Information about your organisation

The following questions must be completed if any Section(s) from **General Public and Products Liability and / or Management Liability** are required.

How is your organization structured?	Company limited by guarantee	Incorporated partnership	Incorporation under own statute
	Privately held company	Public Company (not listed)	Cooperative/Mutual Trust
	Public Company (ASX listed)		
Is your organisation a subsidiary of another entity?		yes	no

If yes, please provide the name of the ultimate holding organisation, its country of incorporation and its website

Name of subsidiaries and controlled entities required to be insured (if any)

Please provide details of any companies or businesses acquired or disposed of by the business entity or any mergers, consolidation or staff reduction during the last twelve months or any such proposed changes over the next twelve months:

Type of Sport Club

This section must be completed.

Please check the type of sport club you operate from the list below:

Category 1	Category 2	Category 3
Angling	Archery	Basketball
Athletics	Calisthenics	Boxing
Baseball	Dance	Football
Badminton	Gymnastics	Gridiron
Bocce	Pony/Horse/Equestrian	Hockey
Bowls		Martial Arts
Cricket		Netball
Croquet		Rugby
Cycling		Soccer
Golf		Wrestling
Table Tennis		
Tennis		
Rowing		
Running		
Squash		
Walking		

If your club is in Category 2 you will not be covered for Bodily Injury claims under the Personal Accident section that arise from the claimant participating in the sporting activity.

If your club is in Category 3 you will not be covered for personal injury claims under the General Liability section and/or Bodily Injury claims under the Personal Accident section that arise from the claimant participating in the sporting activity.

If the type of sport club you operate is not listed above, please describe your sporting club here

Risk management

The following questions must be completed if any Section(s) from General Public and Products Liability and / or Professional Indemnity/Management Liability are required.

Are you required to be licensed, registered or accredited? yes no

If yes, do you have such licence, registration or accreditation? yes no

Expiry date: [] / [] / []

Is there any matter currently pending which may impact on your licence, registration or accreditation, or cause them to be suspended or withdrawn? yes no

If yes, please provide details

Do you follow a documented risk management system which includes regular analysis, evaluation and prevention of risks associated with your business including the use of incident report procedures? yes no

Ansvar may request evidence of your risk management policy.

Is management actively involved in the risk management of your organisation? yes no

Do you have an audit or compliance committee in place? yes no

Do you have an OH&S or WorkSafe committee in place? yes no

Do you ensure all Government regulations are closely abided with and have a dedicated person to implement and monitor? yes no

Are all your premises, plant and machinery in good repair and are all statutory requirements complied with? yes no

Are there proper policies in place for the screening of all new employees and / or volunteers? yes no

If no to any of the above, please provide full details:

If you engage any subcontractors / contractors / labour hire personnel to perform business-related activities on your behalf:

What is the estimated annual payment to subcontractors / contractors / labour hire personnel?

Do you ensure all subcontractors / contractors / labour hire personnel have their own Public Liability insurance? yes no

This section only needs to be completed if Management Liability Insuring Clause 4 – Employment Practices Liability Cover is required.

Does the organisation:

- a) carry out all reasonable reference checks for all its directors, employees, contractors, volunteers and representatives? yes no
- b) distribute an employee handbook to all its employees? yes no
- c) keep a register of those employees who have received the handbook and agree to abide by its guidelines and procedures? yes no
- d) have up to date written policies on equal opportunity, sexual harassment, all types of discrimination and abuse? yes no
- e) have documented performance, incident / allegation / grievance and complaint procedures? yes no
- f) have a formal termination of employment policy? yes no
- g) comply with all statutory requirements concerning its employees? yes no
- h) post all notices required by law in places conspicuous to all employees? yes no

People

The following questions must be completed if General Public and Products Liability and / or Management Liability are required.

Number of employees / other persons engaged in the organisation in Australia	This year	Last year
Directors / Partners / Supervisory / Management:		
Full-time employees (administration only):		
Full-time employees (some manual work):		
Part-time / Casual employees:		
Contract workers / temporary employees:		
Volunteers (max. any one time)		
Estimated total number of members:		

Financials

This section only needs to be completed if General Public and Products Liability and /or Management Liability are required.

Please provide a copy of your latest 2 annual reports, financial accounts, rules and procedures, codes of conduct or other documentation which may assist us to gain a complete appreciation of the nature of your organisation.

If your organisation is commencing operations now, please provide a copy of your budgeted financials.

Particulars	Last Financial Year	Previous Financial Year
Current assets		
Current liabilities		
Total assets		
Total liabilities		
Intangibles		
Total income/turnover (including grants, subsidies, fees)		
Net profit (loss) after tax		
Estimated total income/turnover (including grants, subsidies, fees, donations) for the next 12 months		
Turnover % derived from gaming machines or gambling operations		%
Turnover % split per state		
		ACT %
		NSW %
		VIC %
		QLD %
		SA %
		WA %
		TAS %
		NT %

Industrial Special Risks

Only complete this section if Property and Income Protection is required.

Details of the premises

Situation	Address & postcode	Occupied as
1.		
2.		
3.		
4.		
5.		
6.		

Are any of your buildings over 50 years old? yes no
 If yes, have they been rewired? yes no
 If so, when? / /

Do you use or have any radioactive, explosives, flammable, toxic, corrosive or potentially dangerous goods on your premises? yes no
 If yes, please provide details.

Are all your premises, plant and machinery in good repair and are all statutory requirements complied with? yes no
 If no, please provide details.

Are any of your buildings heritage listed? yes no

Who do we contact if we wish to carry out a survey?
 Name: Position: Telephone: ()

Section 1: Material Loss or Damage

About the buildings

Situation	Construction			Protection	
	Floor	Exterior walls	Roof	Fire	Burglary
1.					
2.					
3.					
4.					
5.					
6.					

Are you aware of any asbestos material forming part of any of your buildings? yes no

If no, have you undertaken a thorough search for asbestos? yes no

If yes, describe the type of material, quantity and your management plan.

Are you aware of any particular thing which would increase the cost of repairing / delay the repairs to your premises if it happened to be damaged? yes no

If yes, please provide details.

Declared values

Situation	Building	Contents	Stock	Machinery and Maintenance	Age of Building
	\$	\$	\$	Buildings Description \$	
1.					
2.					
3.					
4.					
5.					
6.					

Section 2: Consequential Loss

Do you require Business interruption insurance? If yes, please complete the following: yes no

Indemnity period required: 12 months 18 months 24 months
 Other (specify) months

What is the annual income / turnover of the business?

Payroll Limits:

Total (100%) payroll \$, 100% for weeks

Followed by \$, % for weeks

Uninsured working expenses (List the major expenses which will terminate or reduce in case of damage to your premises or their contents and indicate the percentage reduction).

Extent of cover required – Limit of Liability

Section 1 – Material Loss or Damage \$
 Section 2 – Consequential loss \$
Or Combined sections 1 & 2 (alternative if required) \$

Sub limits of liability

Section 1 – Material Loss or Damage

	Standard	Alternative
Accidental loss or damage	\$ 150,000	
Burglary / theft with forcible entry/exit	\$100,000	\$ <input type="text"/>
Burglary/theft with no forcible entry/exit	\$10,000	\$ <input type="text"/>
Burglary/Theft of Property in the Open Air	\$15,000	\$ <input type="text"/>
Theft of unregistered mobile plant & machinery	\$75,000	
Extra Cost of Reinstatement	\$250,000	
Additional Extra Cost of Reinstatement	\$250,000	
Glass	Replacement Value	
Liability to make enquiries	\$25,000	
Money:		
- On Premises During Business Hours	\$30,000	\$ <input type="text"/>
- On Premises Outside Business Hours	\$10,000	\$ <input type="text"/>
- In locked safe	\$30,000	\$ <input type="text"/>
- In Poker Machines 24 Hours	\$30,000	
- In Transit (including money carriers)	\$30,000	\$ <input type="text"/>
- In Private Residence or Personal Custody	\$5,000	\$ <input type="text"/>
Personal Property of Directors & Employees whilst on premises (excl sporting equipment & money)		
Limit per person	\$5,000	
Limit any one period of insurance	\$50,000	
Removal of Debris	\$500,000	\$ <input type="text"/>
Rewriting of Records	\$50,000	\$ <input type="text"/>
Cost of Clearing Drains	\$20,000	
Loss of Land Value	\$50,000	
Damage to Landscaping, Greens & Tees and Sport Playing Surfaces	\$300,000	
Damage to Shade Sails	\$25,000	
Replacement of Locks & Keys	\$25,000	
Expediting Expenses	\$50,000	
Liability for Duty	\$50,000	
Exploratory Costs	\$10,000	
Temporary Removal	\$10,000	
Claims Costs Extended	\$25,000	
Construction (erection, alteration or addition)	10% of Limit of Liability or \$500,000 whichever is the lesser	
Prevention of Imminent Damage	\$25,000	

Property In Transit	\$20,000
Unpacking Expenses	\$10,000
Works of art, Antiques and Curios	\$10,000
Acquired Companies	\$2,000,000
Tab / Keno Tickets	\$25,000
Members' Equipment (including golf clubs & push-buggies);	
Limit per person	\$5,000
Limit any one period of insurance	\$50,000
Other – please specify: <input type="text"/>	\$ <input type="text"/>

Section 2 – Consequential Loss

	Standard	Alternative
Accounts receivable	\$100,000	\$ <input type="text"/>
Additional increased cost of working	\$250,000	\$ <input type="text"/>
Professional / Accountant Fees	\$200,000	\$ <input type="text"/>
Payroll		\$ <input type="text"/>
Prevention of Access	\$50,000	\$ <input type="text"/>
Unspecified suppliers and/or customers premises	\$250,000	\$ <input type="text"/>
Infectious or Contagious Diseases, Vermin, Pests or Defective Sanitary Arrangement; Murder, Suicide	\$250,000	\$ <input type="text"/>
Public Utilities	\$250,000	\$ <input type="text"/>
Other – please specify: <input type="text"/>		\$ <input type="text"/>

Deductibles

1. Earthquake, Subterranean Fire or Volcanic Eruption: Damage caused by earthquake, subterranean fire or volcanic eruption; \$20,000 each and every loss or 1% of total sum insured at the situation whichever is the lesser.
2. Others:
 - a) Named Cyclone: Each and every loss at each and every situation for risks domiciled below the 26th Parallel \$ 10,000
 - b) Named Cyclone: Each and every loss at each and every situation for risks domiciled above the 26th Parallel with a combined Section 1 and 2 declared value less than \$1,000,000: \$ 25,000
 - c) Named Cyclone: Each and every loss at each and every situation for risks domiciled above the 26th Parallel with a combined Section 1 and 2 declared value more than \$1,000,000: \$ 50,000
 - d) Members Equipment \$1,000
 - e) Golf Carts \$1,000
 - f) Storm (Including wind, rain, lightning and hail) \$10,000
 - g) Public Utilities 48 hours
 - h) Infectious Diseases 48 hours
 - i) Closure by Public Authority 48 hours
 - j) Unregistered plant and machinery \$1,000
 - k) All other losses \$1,500

General Public and Products Liability

Only complete this section if General Public and Products Liability is required.

Activities

Over the next twelve months, do you intend to organise any events, exhibitions or festivals held at premises NOT permanently occupied by you where the expected number of attendees would exceed 500? yes no

If yes, please provide details:

What is the expected number of attendees?

Do you perform any activities outside Australia? yes no

If yes, please advise type of activities and the countries where they are conducted.

Do you manufacture, import or export any Products? yes no

If yes, please provide full details of all Products manufactured, imported or exported, including the countries, over the last ten years:

Do you provide any advice, design or specification to third parties

for a fee yes no

for no fee yes no

If yes, please provide details

Policy Coverage

General Public and Products Liability Section

Only complete this section if General Public and Products Liability Section is required.

Limit required: \$5,000,000
\$10,000,000
\$20,000,000

Standard Excess: \$1,000

Note: an additional excess applies to claims for personal injury to subcontractors / contractors and / or volunteers. This will be detailed within our terms.

Optional Extensions

	Required?		Limit required
1. Sexual Abuse:	yes	no	\$1,000,000
<i>Note: a quotation may be provided, however cover will not be confirmed until a satisfactory "Prevention of Abuse" questionnaire is received. Please contact Ansvar for this form if required.</i>			\$2,000,000
			\$5,000,000

2. Replacement Wages of Stood Down Staff: yes no

Note: this extension is only available if we agree to provide cover for Sexual Abuse under Optional Extension 1.

3. Medical Malpractice: yes no \$1,000,000

\$2,000,000

\$5,000,000

Other

[Redacted]

Please advise the number of:

Health care practitioners who are not required to be registered under National Law:

[Redacted]

4. Retroactive Liability (Prior Claims Made): yes no Limit required

[Redacted]

Prior to insuring with Ansvar, was your previous liability cover on a "Claims Made" basis? yes no

If yes, please provide a copy of your most recent policy schedule so we can tailor this extension appropriately.

Management Liability

Only complete this section if Management Liability is required.

Activities

Please provide details of any medical examinations, treatments, medications that you or your professionally qualified staff might provide:

Are all persons who provide treatment registered, qualified and employed by you? yes no

If no, please provide details:

Have you any ongoing or temporary arrangements to employ contractors on your premises (or intend entering into a contract) as part of your business? yes no

If yes, please detail the nature and terms of the contract:

Please provide a copy of the contract as it relates to any insurance arrangements

Prior insurance

Prior Management Liability or Directors' and Officers' insurance

If you are selecting Management Liability cover to replace an existing policy, please advise:

Current insurer:

Current policy number:

Current expiry date:

Current retroactive date:

Continuous cover in place since:

Employment Practices Liability

Current insurer:

Current policy number:

Current expiry date:

Current retroactive date:

Continuous cover in place since:

For each selected Section and / or Insuring Clause the retroactive date will be the inception date of this Section of cover, unless you provide evidence of existing insurance, including the current retroactive date, and you confirm that your coverage for each selected Section and / or Insuring Clause has been continuously in force since that retroactive date. The applicable retroactive date may be different for each Section and/or Insuring Clause.

Policy Coverage

Management Liability Section

Only complete this section if Management Liability Section is required.

Optional Extensions

	Required?		Limit required
1. Entity Liability	yes	no	\$1,000,000 \$2,000,000 \$5,000,000

2.	Directors and Officers Liability	yes	no	\$1,000,000
				\$2,000,000
				\$5,000,000

Does any director / executive / senior manager hold more than a 10% shareholding in the organisation(s) to be insured or any of its subsidiaries?

3.	Entity Reimbursement	yes	no	
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4.	Employment Practices Liability	yes	no	\$250,000
				\$500,000
				\$1,000,000
				\$2,000,000
				\$5,000,000

Number of employees dismissed by you or made redundant this year:

Number of employees dismissed by you or made redundant last year:

Number of employees who resigned voluntarily this year:

Number of employees who resigned voluntarily last year:

Do you anticipate any retrenchments or lay-offs in the next twelve months?	yes	no	
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Number of employees earning more than \$50,000 per year:

5.	Trustees Liability	yes	no	\$1,000,000
				\$2,000,000
				\$5,000,000

Number of trustees to be insured:

Do you manage real and other funds / deposits / assets entrusted to you by others?	yes	no	
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If yes, please advise:

The nature of assets under management:

Total value of assets under management:

Is there any obligation to invest or grow or return such funds to owners?	yes	no	
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If yes, please provide full details:

Is any director, officer or employee of the organisation or subsidiaries currently a trustee of a corporate superannuation fund established for the benefit of your employees?	yes	no	
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If yes, please advise:

Name of fund:

Appointed trustees:

Name of actuary:

Last valuation:

Annual contribution:

6.	Statutory Liability	yes	no	\$250,000	
				\$500,000	

Are your publications and contents of your websites vetted by management for potential breaches of legislation prior to release to the public?

7.	Internet Liability	yes	no	\$250,000	
				\$500,000	
				\$1,000,000	
				\$2,000,000	

Internet site for which coverage is sought (show full path – http://www.serveroute.com/path/to/file.html)

Projected annual gross revenues from these websites:

Please detail any advice, materials or services provided from these websites:

Do you collect personal or sensitive information of a private nature from visitors to these sites?	yes	no
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If yes, please provide purpose of collection of this personal or sensitive information:

Do you have a privacy policy posted on all of your sites?	yes	no
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Is fundraising or electronic commerce conducted from any of these sites?	yes	no
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If yes, are transactions encrypted?	yes	no
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Are transactions processed by an independent contractor?	yes	no
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If no, please describe the system in place to prevent access to customers' private and financial card details:

8.	Organisation Crisis Cover	yes	no	\$100,000	
				\$200,000	
				\$500,000	

Extensions

Required?

Limit required

Employee and Third Party Fidelity	yes	no	\$50,000	
			\$100,000	
			\$200,000	
			\$500,000	

Other than directors, is any employee authorised to:

- a) issue a cheque or any other bank instrument as a sole signatory, or to authorise any payment in excess of \$5,000 without authorisation by a supervisor or manager? yes no
- b) process a refund to customers or accept any return of goods in excess of \$5,000 without authorisation by a supervisor or manager? yes no
- c) reconcile any bank account which they are also authorised to deposit funds into or withdraw funds from? yes no

If yes to any of the above, please provide full details:

Tax Audit	yes	no	\$20,000
			\$50,000
			\$100,000
			\$250,000
			\$500,000

Do you comply with requirements under Commonwealth, State or Territory legislation in relation to tax audits? yes no

If no, please provide details:

Have you been subject to any investigation or tax audit by any Commonwealth, State or Territory department in the last twelve months? yes no

If yes, please provide details:

Excesses

Standard Excess: \$500 \$1,000 \$2,500 \$5,000 Other

Note:

1. *Nil excess applies to Insuring Clause 2 – Directors and Officers Liability & Tax Audit*
2. *Minimum \$5,000 excess applies to Employment Practices Liability & Employee and Third Party Fidelity*

Personal Accident

Only complete this section if Personal Accident is required.

Policy Coverage

The policy limits the Capital Benefits for all Insured Persons under the age of 18 years or over the age of 75 years to \$50,000 maximum.

Weekly Benefits are only payable to persons who are earning an income.

	Required?		Estimated number of individual Volunteers engaged over the next 12 months
	yes	no	
Category A: Your Volunteers for injury whilst performing volunteer duties			
Capital Benefits:			\$50,000 \$100,000
Weekly Benefits:			Nil \$500 \$750 \$1,000
Benefit Period:			26 weeks 52 weeks
Deferral Period (waiting period before weekly benefits will be paid):			1 week 2 weeks
	Required?		Estimated number of individual Members enrolled over the next 12 months
	yes	no	
Category B: Your Members for injury whilst participating in your activities. Note this cover is not available to Members of Category 2 & 3 types of sports clubs (refer page 5 of this form)			
Capital Benefits:			\$10,000 \$20,000 \$50,000 \$100,000

Weekly Benefits (only relevant for income earners):	Nil
	\$500
	\$750
	\$1,000
Benefit Period:	26 weeks
	52 weeks
Deferral Period (waiting period before weekly benefits will be paid):	1 week
	2 weeks

Commercial Motor

Vehicles Details and Cover

Please complete the attached schedule of vehicles or on a separate page if there are more than fifteen (15) vehicles which should be signed and dated.

No.	Year of Make	Vehicle Make	Vehicle Model	Body Type	Registration Number	Vehicle Value	Cover Type
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Do you carry any dangerous goods yes no

If Yes, Please provide details

Optional Covers (Available if selected and an Additional Premium is Payable)

a) Hire Vehicle following and Accident yes no

(Only available if Your Vehicle is a sedan, station wagon, four wheel drive, panel van, SUV or utility or other Vehicle up to five (5) tonne)

List vehicle Number/s this is to be applicable to:

b) Windscreen Extension yes no

Member's Golf Carts

Please complete the attached schedule of vehicles or attach a schedule which should be signed and dated.

No.	Member/Owner's Name	Year of Make	Vehicle Make & Model	Registration Number	Vehicle Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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23					
24					
25					
26					
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28					
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31					
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33					
34					
35					
36					

Declaration

I/we:

- a) declare that the answers given and statements made are to the best of my/our knowledge true and correct, and that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.
- b) declare that I/We have read and understood the Important Notices set out in the proposal and I/we are authorised to make this proposal.
- c) acknowledge that the information contained in this proposal and any attachments will be the basis of the Community Sports Club Scheme Insurance contract between the named organisation and Ansvar Insurance Limited and is subject to the terms, conditions and provisions contained in the Community Sports Club Scheme Insurance Policy underwritten by Ansvar.
- d) acknowledge and consent to the information supplied in this proposal to Ansvar being used for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy and services distributed or offered by Ansvar.
- e) declare that I/we have made all due enquiries necessary in order to comply with the Duty of Disclosure.
- f) declare that I/we have read Ansvar's Privacy Policy and consent to the collection, use and disclosure of personal information about the insured for the purposes shown on the Privacy Statement.

Please tick the box if you do **not** wish to receive any marketing material from us.

Signed

Name

Date

Position

Attachments

Please attach to this proposal:

- a) any documentation we have requested for the Sections of cover you require (including copies of your latest 2 annual reports, financial accounts, rules and procedures, codes of conduct);
- b) details of any other information which you think may affect your insurance or which we should be advised of (see "Your duty of disclosure");
and
- c) any additional information which may assist us to gain a complete appreciation of the nature of your organisation.

Additional information

Proposal section	Question number	Further details



1300 650 540 www.ansvar.com.au

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