

Swimming Pools Broadform Liability Insurance Application

Period of Insurance

to at 4.00pm
 Day Month Year Day Month Year

Name of Insured <i>(inc. all subsidiary companies)</i>	<input type="text"/>		PLEASE ADVISE US Is your business registered? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your input Tax Credit? _____% What is your ABN?
Postal Address	<input type="text"/>		
Description of Business	<input type="text"/>		
Insured Phone & Fax No.s	PRIVATE PH	<input type="text"/>	
	FACSIMILE	<input type="text"/>	
	BUSINESS PH	<input type="text"/>	
	MOBILE	<input type="text"/>	
Location of Premises	<input type="text"/>		
Interest of Party	<input type="text"/>		

Cover (Please tick or complete)

Limit of Liability	\$ <input type="text"/>		
Extensions	<input type="checkbox"/> Tenants Liability	<input type="checkbox"/> Products Liability	<input type="checkbox"/> Professional Indemnity
	<input type="checkbox"/> Property Owners Liability	<input type="checkbox"/> Cross Liability	<input type="checkbox"/> Car Parking

Describe Activities (Please tick or complete)

No: of Pools	<input type="text"/>	Size of Pools	<input type="text"/>	No: of Lanes	<input type="text"/>
Depth at Shallow End	<input type="text"/>	Depth at Deep End	<input type="text"/>	Starting blocks	<input type="text"/>
No: of Diving Boards:	<input type="text"/>	Height of Diving board:	<input type="text"/>	No: of Diving Towers:	<input type="text"/>
Wading Pool:	<input type="text"/>	Playground Equipment	<input type="text"/>	Kiosk:	<input type="text"/>

Is coaching covered by the associations? No: of admissions Income from Admissions

What safety precautions are in place: (safety signs/depth markers)

What is the duration of your operating season?

Do you provide swimming coaching/ instruction?

Do you provide aquatic programs?

Are video/cctv cameras recording during operating hours?

Are first aid facilities available?

Are lifeguards or qualified personnel present during operating hours?

Are the premises hired out for other activities?

Do you have any additional activities/Facilities

Number of Employees

Number of years experience in this business

Annual Turnover

Number of Attendees per annum

Annual Wages

Age Range Attending

From the above noted turnover pleas split into the following sub categories:

Public Usage	
Aqua Aerobics	
Swimming School	
Squad Training	
Pool hire	
Kiosk/Café	
Goods Sold	
Other (Please provide details)	

YOUR PREVIOUS HISTORY

Have you in the past, either alone or in partnership or jointly with any party, or if a corporation any of its directors:

- Suffered any loss, destruction or damage for risks to be insured under the proposed policy? Yes No
- 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
- Have you entered into any contracts or agreements where you have assumed the liability of others or released others from liability (hold harmless)? Yes No

Note: This insurance does not cover such liability unless agreed by the Companies. Please provide full details of such contracts and agreements? I.e. council contracts

If you answered "Yes" to any of the above, please give details (or attach if insufficient space):

Insurance Declaration and Claims History

Insured's previous insurer Expiry Date / /

Detail all insurance claims made in the last five years together with any uninsured losses. Please include dates and amounts. (If insufficient room continue on a separate sheet)

DATE OF LOSS	TYPE OF LOSS	AMOUNT	NAME OF INSURER

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, 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 his 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 avoiding the contract from its beginning.

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate you for any loss, damage or liability which is covered by this Policy but you have agreed not to seek recovery of any monies from that person, we will not cover you under this policy for that loss, damage or liability.

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 don't give us complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time.

If you give us personal information about anyone else, we rely on you to notify them:

- that you will give your 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 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 for a copy.

I acknowledge that:

- 1) I have read and understood the Important Information set out in the application and I/we are authorised to make this application.
- 2) All information given on this application and any attachment is true and correct
- 3) No insurance is in force until this application has been accepted by the Insurer and the premium paid or unless an interim contract had 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 application or in any attachments.
- 5) Although the signing of this application does not bind the applicants to effect insurance, the applicants acknowledge that the particulars and statements contained in this application and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the application and attachments will be incorporated in the Policy.

SIGNATURE(S) OF INSURED(S)

DATE

DATE

NOTE: We act only as your broker in relation to the above Public & Products Liability insurance covers. Should you wish to obtain a quotation on any other insurance please do not hesitate to contact our office on 02 9482 7422