

# Sports Insurance Proposal Form



SPECIALIST INSURANCE FOR LEISURE, AMUSEMENT, SPORT, ENTERTAINMENT & RECREATION

  
**OAMPS**  
INSURANCE BROKERS

# Sports Insurance Proposal Form

## ORGANISATION DETAILS

Full Name of Organisation: \_\_\_\_\_

Is the Organisation Incorporated? \_\_\_\_\_

YES

NO

ABN Number: \_\_\_\_\_ Input Tax Credit: \_\_\_\_\_ %

Street Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Web: \_\_\_\_\_

Email: \_\_\_\_\_

Name of State or National Sporting Organisation you are affiliated with (if applicable): \_\_\_\_\_

## SPORT DETAILS

What sport(s) does your organisation conduct? \_\_\_\_\_

Please describe all the activities of your organisation: \_\_\_\_\_

## SPORTING CLUBS/ASSOCIATIONS

Number of Junior Members: \_\_\_\_\_

Number of Senior Members: \_\_\_\_\_

Number of Non-Playing Officials: \_\_\_\_\_

Number of Qualified Coaches/Referees/Instructors: \_\_\_\_\_

## COACHING/TRAINING/INSTRUCTION ORGANISATIONS

Number of Registered Clients: \_\_\_\_\_

Number of Sessions run per week: \_\_\_\_\_

Average number of clients per session: \_\_\_\_\_

Number of qualified Coaches/Referees/Instructors: \_\_\_\_\_

Are your activities conducted continuously throughout the year or are they conducted in competition seasons? \_\_\_\_\_

Continuously

Seasons

If Seasons, how many competition seasons do you have in a year? \_\_\_\_\_

If Seasons, what is the duration (in weeks) of each competition season? \_\_\_\_\_

If Seasons, how many fixture matches does each of your teams play in each competition season?

Senior (open age) \_\_\_\_\_

Juniors - Up to & including Under 18 \_\_\_\_\_

Are all your Coaches, umpires/referees and other officials accredited? \_\_\_\_\_

YES

NO

# General Details

What is the annual turnover of your organisation? \$ \_\_\_\_\_

Does your organisation own its premises or are they hired/leased?

OWN  LEASED

If owned, are these premises hired out to others?

YES  NO

If yes, please provide details: \_\_\_\_\_

If yes, is the hirer required to have its own public liability insurance for a minimum of \$10,000,000?

YES  NO

Does your organisation hire out any equipment?

YES  NO

If yes, please provide details: \_\_\_\_\_

Are there any grandstands at your organisations premises?

YES  NO

If yes, please advise seating capacity and type of construction(e.g. 10,000, brick, steel and concrete):

Does your organisation operate licenced premises?

YES  NO

If yes, please provide licence details(how often open, hours of licence):

Does your organisation have poker machines?

YES  NO

If yes, please advise number: \_\_\_\_\_

Does your organisation sell goods to the public?

YES  NO

If yes, please provide details: \_\_\_\_\_

Has your organisation entered into any contracts where it has assumed the liability of others or agreed to hold them harmless?

YES  NO

If yes, please provide details \_\_\_\_\_

## RISK MANAGEMENT DETAILS

Does your organisation have documented risk management policies and procedures in place?(copies of these documents may be requested)

YES  NO

Does your risk management program include policies/procedures regarding:

Member Protection (i.e. child protection, discrimination, harassment, codes of conduct, etc.)

YES  NO

Facility and equipment maintenance and safety

YES  NO

First Aid, including blood and infectious diseases

YES  NO

Emergency/disaster plan e.g. very serious injury/s

YES  NO

Was any consultant involved or specialised computer program used in preparing these risk management policies and procedures?

YES  NO

If yes, please provide details?

Does your organisation operate using an Indemnity/Waiver Form?

YES  NO

If yes, please provide a copy.

# Insurance Cover Required:

**Note:** Whilst Sports Personal Accident, Public Liability and Professional Indemnity insurance is usually organised on a package basis, we can provide both Personal Accident and Public Liability in isolation, however Professional Indemnity can only be provided in conjunction with Public Liability.

Required period of insurance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 1. Personal Accident (Sports Injury)

YES  NO

If YES, please complete the below

GOLD cover

SILVER cover

BRONZE cover

Loss of Income cover required?

YES  NO

Three options of cover (Gold, Silver or Bronze) are available.

Outlined below are the differences in cover between the 3 options, plus details of cover common to all three options.

### a) GOLD cover

- Death and Permanent Disability as per scale (Capital Benefits) \$75,000
- Non Medicare medical expenses – 85% to a maximum of \$2,500 with a \$50 excess if no private health insurance; nil excess if private health insurance

Gold Optional Loss of Income Extras

- Loss of Income - \$500 per week up to 52 weeks with a 7 day excess, or
- Student Assistance Benefit - \$500 per week up to 52 weeks with a 7 day excess, or
- Home Help Benefit - \$500 per week up to 52 weeks with a 7 day excess

### b) SILVER cover

- Death and Permanent Disability as per scale (Capital Benefits) \$50,000
- Non Medicare medical expenses – 85% to a maximum of \$2,000 with a \$50 excess if no private health insurance; nil excess if private health insurance

Silver Optional Loss of Income Extras

- Loss of Income - \$350 per week up to 52 weeks with a 7 day excess, or
- Student Assistance Benefit - \$350 per week up to 52 weeks with a 7 day excess, or
- Home Help Benefit - \$350 per week up to 52 weeks with a 7 day excess

### c) BRONZE cover

- Death and Permanent Disability as per scale (Capital Benefits) \$50,000
- Non Medicare medical expenses – 85% to a maximum of \$1,500 with a \$50 excess if no private health insurance; nil excess if private health insurance

Bronze Optional Loss of Income Extras

- Loss of Income - \$250 per week up to 52 weeks with a 7 day excess, or
- Student Assistance Benefit - \$250 per week up to 52 weeks with a 7 day excess, or
- Home Help Benefit - \$250 per week up to 52 weeks with a 7 day excess

### The following covers are included under all of Gold, Silver and Bronze covers in addition to the benefits outlined above.

- Parents inconvenience allowance - \$25 per day to a maximum of \$1,500
- Funeral Expenses to a maximum of \$5,000
- Ancillary non medical expenses to a maximum of \$1,500
- Home/car modification benefits to a maximum of \$10,000
- Vocational Tuition to a maximum of \$3,000
- Rehabilitation expenses to a maximum of \$500
- In Memoriam expenses to a maximum of \$1,000
- Home Nursing Care benefit \$300 per week up to 52 weeks with a 7 day excess
- Dependant Children's Allowance to a maximum of \$500
- Unexpired membership benefit to a maximum of \$500
- HIV Positive benefit to 10% of the Capital Sum Insured
- Miscarriage or Premature Childbirth Benefit to \$2,500
- Kidnapping Benefit to 10% of Capital Sum Insured.

**Note:** The benefits outlined are a broad summary of cover. Refer to the policy wording for terms and conditions.

Please advise if you wish to pursue Personal Accident benefits with different sums insured to those outlines above.

## 2. Public Liability Insurance

 YES NO

If YES, please complete the below:

Select Gold or Silver cover from below by ticking the relevant box.  
If an optional \$1,000 excess is required tick the relevant box.

### a) GOLD cover

— Public liability – Limit of Indemnity any one event \$20,000,000

— Products liability – Limit any one event and in the aggregate \$20,000,000

### b) SILVER cover

— Public liability – Limit of Indemnity any one event \$10,000,000

— Products liability – Limit any one event and in the aggregate \$10,000,000

The standard Gold and Silver public liability cover has no excess.

Tick the box if a \$1,000 excess is required with a discount applying to the premium.

## 3. Professional Indemnity Insurance for Coaches, Referees/Umpires and Match Officials

 YES NO

If YES, please complete the below:

Note: Professional Indemnity cannot be taken in isolation.  
It can only be taken in conjunction with Public Liability cover.

Select Gold or Silver cover from below by ticking the relevant box.  
If an optional \$1,000 excess is required tick the relevant box.

### a) GOLD cover

Professional Indemnity – Limit any one event and in the aggregate \$2,000,000

### b) SILVER cover

Professional Indemnity liability – Limit any one event and in the aggregate \$1,000,000

The standard Gold and Silver professional indemnity covers have no excess.

Tick the box if a \$1,000 excess is required with a discount applying to the premium.

Retroactive Date (refer to note on page 7). \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# Claims Made and Notified Cover

The Professional Indemnity Section 3 is a 'claims made' cover. This means that the policy covers you for claims first made against you during the period of insurance and notified to the insurer during such period of insurance.

This extension does not provide cover in relation to:

- Events which occurred prior to the period of insurance or such earlier retroactive date as may be stipulated in the policy schedule;
- Claims made against you after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
- Claims rising from or attributable to any facts, circumstances or occurrences noted on the proposal for the current period of insurance or on any previous proposal or of which notice had been given under any previous policy;
- Claims rising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have realised) prior to the commencement of the period of insurance may give rise to a claim.

As explained above, the policy does not provide cover for claims made after the expiry of the period of insurance cover provided by the Policy.

Section 40(3) of the Insurance Contracts Act 1984 however provides that an insurer is not relieved from liability under a contract of insurance in respect of a claim by reason only that the claim was made after the expiry of the period of insurance cover provided by the contract where the insured has given notice in writing to the insurer:

- of the facts that might give rise to a claim against the insured;
- as soon as was reasonably practicable after the insured became aware of those facts; and
- before the expiry of the period of insurance.

It is therefore important that you advise the insurer of any circumstances that could rise to a claim during the period of insurance to protect your position in case the circumstances give rise to a claim after the expiry of the period of insurance.

## Important Notices

Please read these notices before completing this form.

### Sports Personal Accident Duty of Disclosure

This duty of disclosure applies to Sports Personal Accident cover.

#### What you must tell us

When answering our questions you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in the answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

#### Who needs to tell us?

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

#### If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat this policy as never having been in force.

**You, Your or Your's Means –**

— Each person who is shown in this form; — Each legal entity that is shown in this form.

**Your Duty of Disclosure**

This policy is subject to The Insurance Contracts Act 1984. Under that Act You have a Duty of Disclosure.

This means:

— When You ask for cover, You must tell Your Insurer all that You know about the risk You want covered that may affect Their decision: — To offer You cover; and — The Terms and the cost of such cover.

— If You ask for the cover to be renewed, extended, altered or reinstated You must tell Your Insurer:

— If there have been any changes in what is covered; and — Of all things that may increase the chances of a claim.

**If Things Change**

After Your Insurer has agreed to cover You and while You are covered You must tell Them of all changes that may increase the chances of a claim. The sort of changes that may increase the chances of a claim are if:

— You vary the scope of activities You conduct; — You change the facilities You provide;

— You increase the size of Your operations.

**Non Disclosure**

If You don't tell Your Insurer something that You know which may affect Their decision To offer You cover or the terms of that cover They may be allowed to:

— Reduce that amount that They have to pay for a claim. This may mean that They would pay You nothing.

— Cancel this policy. They may even be allowed to cancel this policy from the date that the cover started if:

— You lie to Them; — Deliberately keep information from Them, or — Mislead Them.

**What You Don't Have to Tell Your Insurer**

You do not have to tell Them of anything:

— That reduces the chances of a claim, but, if You Do, it may let Them offer You better terms or a lower price

— That is common knowledge; — That They should know as a normal part of Their business;

— If They waive Your Duty of disclosure.

**If You Reduce Your Insurer's Rights**

They will not pay that part of a claim where You have by agreement limited or excluded Your rights to recover Your loss from any person or entity.

**Declaration:**

I represent that the following statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The company's acceptance of this proposal is required before cover may be bound and the policy issued.

Furthermore, I:

1. have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
2. have read and understood the information concerning claims made cover, important notices and duty of disclosure.
3. agree to the Insurer obtaining from my previous insurer(s) any information it may need about prior claims or insurance history.
4. agree to the Insurer making enquiries from any third party to verify claims history and other information disclosed herein or statements made by myself in making this application.
5. agree to the Insurer disclosing to any insurance intermediary appointed by myself or to any former or future insurer of myself the claims history or any other information as may be determined.

**PLEASE SIGN BELOW**

**NAME:**

\_\_\_\_\_

(Please Print)

**SIGNATURE:**

\_\_\_\_\_

**POSITION:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NOTE: Please attach any additional information that you wish to tell Your Insurer as part of Your Duty of Disclosure on a separate page.**