

Amusement Device Operator Public & Products Liability

Proposal Form

IMPORTANT NOTES

This insurance cover is based upon representations given to us by you. Should any particulars have changed or be incorrect you must notify us immediately. We reserve the right to revise or withdraw this quotation at any time subject to any changes in the underwriting or claims information provided. Some of the key factors that may influence your premium are nature of risk, limit of cover required, claims history and occupation.

ROLE OF WINSURE UNDERWRITING PTY LTD

In arranging this insurance, the Winsure Underwriting Pty Ltd A.B.N. 68 169 336 252 is acting under an authority given to it by the insurer, and is acting as the insurer's agent and not as your agent.

THE INSURER

Certain underwriters at Lloyd's.

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 the 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 any 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 its business, ought to know;
- ▼ as to which compliance with your duty is waived by the insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

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

Non – Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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.

CHANGE OF RISK OR CIRCUMSTANCES

You should advise Winsure as soon as practicable of any material change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

SUBROGATION

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy that you will not seek to recover such loss or damage from that person, Winsure will not cover you, to the extent permitted by law, for such loss or damage.

PRIVACY STATEMENT

Only in this statement "we", "us" and "our" means Lloyd's and Winsure Underwriting Pty Ltd as its agent.

We are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

Our Privacy Policy, available at www.winsure.com.au or by calling us, sets out how:

- ▼ we protect your personal information;
- ▼ you may access your personal information;
- ▼ you may correct your personal information held by us;
- ▼ you may complain about a breach of the Privacy Principles or Registered Privacy Code and how we will deal with such a complaint.

We need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties who assist us in providing the above services. These parties (which include our related entities, distributors, agents, insurers - including reinsurers - and service providers) will only use the personal information for the purposes we provided it to them for (unless otherwise required by law). It is likely that the information will be disclosed overseas.

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insured's). If you provide information for another person you represent to us that:

- ▼ you have the authority from them to do so and it is as if they provided it to us;
- ▼ you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by us by contacting Winsure.

INSTRUCTIONS TO PROPOSER

This proposal is to be completed by a director, partner, principal or an authorised officer of the Insured, as the answers to the following questions will determine the acceptance or declination of coverage proposed. There is a duty on you as the proposing Insured to answer all questions accurately and fully as all statements shall form the basis of, and be incorporated into any contract of insurance which may be issued by Winsure.

Please answer all the questions fully. If there is insufficient spaces please provide further details on your letterhead. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".

Please attach the following to assist your proposal for insurance: (1) brochures, pamphlets, advertisements or other descriptive literature of your operations and/or services; (2) financial statement and/or annual report; and (3) copies of standard contract(s) with clients, if applicable.

PROPOSERS DETAILS

Period of Insurance

Start Date

TO

End Date

Cover Requested

Liability Insurance

Errors and Omissions

PROPOSERS DETAILS (Continued)

Full name of insured and trading name
(if applicable)

First Name

Last Name

Trading Name (e.g. Company Name Pty Ltd)

Address

Number, Street Address

Suburb

State

Postcode

Contact Number

Business Phone

Mobile

Email

Email

Website

Website

ABN

Australian Business Number

Registered for GST?

Yes

No

GST % (If varied from 100%)

%

RISK MANAGEMENT

Do you have documented risk management policies and procedures in place? If "Yes", copies may be requested.

Yes No

Is your business accredited under an Industry best practice program? If "Yes", please advise details below.

Yes No

Do you require your participants to sign a disclaimer / release and indemnity / waiver form? If "Yes", attach.

Yes No

Are all devices erected, operated and maintained in accordance with the Australian Standard AS3533?

Yes No

Do you undertake any welding activities?

Yes No

If "Yes" to the above Question, are you fully qualified to the Australian Standards?

Yes No

Do you have a copy of the Certificate issued by the engineer, during the device's annual registration examination?

Yes No

Do you ensure that a competent person has been trained to operate or erect the device?

Yes No

Do you provide any instruction, advice, design or specification to third parties? If "Yes", please advise details below and any fee income.

Yes No

Do you or your employees supervise all devices on site? If "No", please provide details of who is responsible for supervision?

Yes No

If you answered "Yes" to any of the above - provide details below.

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DETAILS OF AMUSEMENT

Name of Device	Description <small>Including dimensions for inflatables</small>	# of Days set up	# of times set up / Pulled Down	# of Participants any one time # per Year	% of Turnover
1.					%
2.					%
3.					%
4.					%
5.					%
6.					%
7.					%
8.					%
9.					%
10.					%

Any and all subcontractors whose services are used by You are deemed NOT to be Employees and shall provide their own liability insurance in an amount as least equal to this insurance or a greater Limit of Liability as required by You.

CLAIMS INFORMATION

History
Have you in the past 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 or had an insurer cancel or refuse to renew a policy? Yes No

Have you ever been bankrupt? Yes No

Have you ever been convicted of or charged with any civil or criminal offence? Yes No

Have you suffered any loss, destruction or damage to risks to be insured under the purposes of this policy? Yes No

Have you had any insurer require any increased premium or impose special conditions? Yes No

Have you or any other parties noted as the Insured ever had insurance refused or cancelled or has any insurance company ever imposed special terms, conditions or restrictions on your policies? Yes No

If you answered "Yes" to any of the above, please provide full details.

General Liability Have you been previously insured for general liability and / or errors and omissions insurance? Yes No

If you require Retroactive Cover under Errors and Omissions (for acts committed prior to this insurance), please provide details of prior period of continuous errors and omissions cover:

Insurer

Period of Insurance

\$

Limit of Liability

CLAIMS INFORMATION (Continued)

Detail all insurance claims made in the last five years together with any uninsured losses. Please include dates and amounts. Please also include details of any known facts or circumstances which are reasonably likely to give rise to a claim in the future, even if no claim has yet been made.

Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid / Outstanding
				\$
				\$
				\$
				\$

EMPLOYEES AND MEMBERSHIPS

Staff Numbers

<input type="text"/>	<input type="text"/>
Full Time	Part Time

Police Checks Do you have police checks on all employees? Yes No

Turnover

<input type="text"/>	<input type="text"/>
Actual Turnover Last Year	Actual Wages Last Year
<input type="text"/>	<input type="text"/>
Estimated Turnover for this Year	Estimated Wages for this Year

Memberships Are you a member of any association? If "Yes", please provide details including membership number, type and expiry date. Yes No

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Membership and Type	Membership Number	Expiry Date

CONTRACTORS AND SUBCONTRACTORS

Contractors Do you engage contractors or subcontractors in any part of your business/activities? Yes No

Do you check to ensure that all contractors or subcontractors have their own Public Liability Insurance with an adequate limit of liability and an indemnity to Principal clause? Yes No

Payments Estimated Annual payments

\$

Total of all Payments

Activities

Describe in full the nature of work carried out.

[Empty box for describing work nature]

LABOUR HIRE

Do you use personnel supplied by labour hire companies to perform work in your business operations?

Yes No

[Empty box for Company]

Company

[Empty box for Type of Work]

Type of Work

\$ [Empty box for Annual Payments]

Annual Payments

[Empty box for Company]

Company

[Empty box for Type of Work]

Type of Work

\$ [Empty box for Annual Payments]

Annual Payments

[Empty box for Company]

Company

[Empty box for Type of Work]

Type of Work

\$ [Empty box for Annual Payments]

Annual Payments

[Empty box for Company]

Company

[Empty box for Type of Work]

Type of Work

\$ [Empty box for Annual Payments]

Annual Payments

Insurance

Are you required to insure these labour hire personnel for Workers Compensation?

Yes No

Please provide copies of the indemnity clauses and insurance clauses of agreements entered into with the labour hire company

ADDITIONAL SPACE IF REQUIRED

[Large empty box for additional information]

DECLARATION AND SIGNATURE BY PROPOSER

We acknowledge that we have read and understand the Important Notices contained in this application.

We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Company.

We declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the Company of any material alteration to those facts before completion of the contract of insurance.

Signed

Name

Title / Position

Signed

Dated