



	Are you a member in good standing of a Registered Industry Association/s?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide full particulars:
	Number of years in these business activities:	years
Turnover	Actual total turnover in this business for the prior 12 months:	\$
	Estimate of total turnover in this business for the next 12 months:	\$

<b>Contractors/Sub-Contractors</b>	
Do You employ any contractors (including sub-contractors and/or labour hire personnel) e.g. Fitness trainers, exercise physiologists, masseurs, cleaners, etc. <i>If yes, please provide full details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, do they have their own liability insurance in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the minimum level of insurance You require Your Contractors to carry? (In the event of a Claim You will need to show proof that these people were insured).	\$
Are Your interests noted on their Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What services are these Contractors contracted to provide?	
Please provide an estimate of the annual amount paid to all persons working for you who are not direct employees i.e. sub-contractors, labour hire etc.	\$
What percentage of the workforce do Your "indirect" employees represent?	%
<i>Please supply a copy of the Insurance Clauses of the contract between You and the contractor.</i>	

<b>Contractual Liability</b>	
Do You assume liability under any contract or hold others harmless (other than lease liability)? <i>If YES, please provide FULL details and attach copies of all agreements (other than lease liability):</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Products</b>	
Do You manufacture or sell any locally produced products or merchandise (excluding food) or re-package/re-label any products? <i>If YES, please provide FULL details PLUS Annual Turnover:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
\$	
Do You import any items direct from an overseas supplier for re-sale (excluding food) or re-package/re-label any products? <i>If YES, please provide FULL details PLUS Annual Turnover:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
\$	
Do You sell/serve food and beverage? <i>If YES, please provide FULL details PLUS Annual Turnover:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\$	
Do You prepare the food/beverage or purchase complete? <i>If You prepare, please provide details:</i>	Prepare <input type="checkbox"/> Purchase Complete <input type="checkbox"/>
Do You serve alcohol? <i>If YES, please advise the location PLUS Annual Turnover:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location:	
\$	

<b>General Risk Management</b>	
Do You have documented risk management policies and procedures in place? <i>(copies of these documents may be requested).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are You and/or Your business accredited under an industry Best Practice Program? <i>If YES, please provide full details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a qualified first aid person available to patrons at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is first aid equipment available for patrons at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You require Your customers/guests/patrons to sign a Disclaimer (Indemnity & Release form)? <i>If YES, please attach a copy.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You have a documented incident reporting system in place for all incidents? <i>(a copy of this system may be requested).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do Your facilities, equipment & signage comply with the relevant Australian Standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You have a preventative and remedial maintenance program in place for all equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If You have a swimming pool/spa, do You comply with the relevant standards in respect to water quality?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have You a disaster plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Fitness Centre Information</b>	
Is the centre part of a fitness centre chain, or does the owner own/operate other fitness centres?	Chain <input type="checkbox"/> Own/Operate <input type="checkbox"/>
Are the facilities owned or leased/rented?	Owned <input type="checkbox"/> Lease/Rent <input type="checkbox"/>
Hours and days of operation?	
Facilities at Centre e.g. exercise equipment, swimming pool (size), spa (size), etc.	
Do You provide child minding facilities? <i>If YES, please advise usual number of children and number, qualifications and experience of carer(s):</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe equipment e.g. approx. number/amount of treadmills, pin weight machines, free weight equipment etc.			
List of Activities provided e.g. aerobic classes, spin classes, aqua aerobics etc. Details on number of classes per week. <i>(Provide class timetables if available).</i>			
What sort of advice/consulting is provided? <i>(associated with Professional Indemnity exposure)</i>			
Are the premises hired out to other parties? <i>If YES, please provide details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are the premises used for children's parties? <i>If YES, please provide details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are any activities conducted off-site? <i>If YES, please provide details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Number of Members (Annual):		Estimated Number of Casuals using the facility:	
Number of Employed Fitness Trainers:		Number of Contracted Fitness Trainers:	
Number of "other" employees i.e. non-Fitness trainers:			
Details of qualification/accreditation of employees/contractors:			
Actual wages paid for 12 months		\$	
Estimate of wages to be paid for next 12 months		\$	
Do You have a formalised, documented training procedure in place for staff?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Turnover from all fitness activities i.e. excluding products sold as detailed on pg.2		\$	
Are any of the activities contracted out e.g. fitness testing, coffee shop, child minding? <i>If YES, does the contractor arrange separate insurance cover? (Please provide details).</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the car parking situation e.g. parking specific for customers, or part of large shopping centre complex? <i>If car parking provided, provide number of spaces and advise details of lighting provided:</i>			

How often are the premises cleaned?	
Do You use contracted cleaners?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Security Details</b>
<i>Details</i>

<b>Fire Protection Details</b>
<i>Details</i>

<b>Construction &amp; Age of Premises</b>			
Walls		Age	
Floor		Age	
Roof		Age	

<b>Insurance Required – Sum Insured</b>			
<b>Fire &amp; Perils Section</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Sum Insured</i>			
Buildings	\$	Contents	\$
General Stock in Trade	\$	Customers Goods	\$
Removal of Debris	\$	Loss of Rent	\$
Accidental Damage	\$	Increased Cost of Working	\$
Extra Cost of Reinstatement	\$	<b>Total</b>	\$
<b>Business Interruption Section</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Gross Trading Profit	\$	Indemnity Period <i>(please insert number of months required)</i>	
Increased Cost of Working	\$	Additional Claims Preparation Costs	
		<b>Total</b>	\$
<b>Burglary/Theft Section</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contents	\$	General Stock in Trade	\$
Cigarettes, Tobacco & Alcohol	\$	Customers Goods	\$
		<b>Total</b>	\$
<b>Money Section</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
In Transit	\$	During Business Hours <i>(premises)</i>	\$

Personal Custody/Residence	\$	In Locked Safe/Strongroom	\$
Damage to Safe/Strongroom	\$	<b>Total</b>	<b>\$</b>
<b>Glass Section</b>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Internal/External Glass Replacement Value	\$	Advertising Signs	\$
<b>Public/Products Liability Section</b>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Public Liability	\$	Products Liability	\$
Property in Custody or Control	\$	Tenants Liability	\$
<b>Professional Indemnity Section</b>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
PI Limit Any One Event	\$	PI Limit – Annual Aggregate	\$
Do You wish to include Employment Practices Liability?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Machinery Breakdown Section</b>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Breakdown Limit Any One Loss	\$	Spoilage of Frozen Goods	\$
Number of Units under 5hp		Number of Units over 5hp	
Boilers & Pressure Vessels			
<i>Description of Units</i>			
<b>Electronic Equipment Section</b>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Electronic Equipment	\$	Restoration of Data	\$
Increased Cost of Working	\$	Portable Computer Extension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Details of Electronic Equipment/Computers to be covered</i>			
<b>Employee Dishonesty Section</b>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Limit Any One Employee	\$	Overall Limit All Employees	\$
Do You require assistance with any of the following types of Insurance?			Please <input checked="" type="checkbox"/>
Workers Compensation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Directors & Officers Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Taxation Audit Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	General Property Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Marine Transit Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability/Personal Accident Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Corporate/Personal Travel Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Expense Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contingency Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cancellation and Abandonment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Motor Vehicle Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal Effects/Valuables	Yes <input type="checkbox"/> No <input type="checkbox"/>
Household – Contents Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Household – Building Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>

Pleasurecraft Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Superannuation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes			

<b>Insurance History</b>			Please <input checked="" type="checkbox"/>
Are you currently insured?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please complete the table below for the last 3 years.</i>			
If you are not, have you ever been insured?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please complete the table below for the last 3 years you were insured.</i>			
Name of Insurer	Period Insured	Sum Insured	Excess
Have you ever had a liability insurer:	Decline a proposal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details on your letterhead
	Impose special terms?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details on your letterhead
	Decline to renew your insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details on your letterhead
	Cancel your insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details on your letterhead
	Impose an excess other than a standard excess?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details on your letterhead
Has any Director/Partner/Manager of the business ever:	Been declared bankrupt, or put into receivership or voluntary liquidation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details on your letterhead
	Been charged/convicted of any criminal offence in the last 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details on your letterhead

<b>Claims and Circumstances</b>				Please <input checked="" type="checkbox"/>
Please answer the following questions after enquiry within your organisation.				
During the past 5 years has any Claim been made, or has negligence been alleged, against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers?				Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please give details:</i>				
Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid and/or Outstanding
Are there any circumstances not already notified to insurers which may give rise to a Claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Directors/Partners/Managers)?				Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please give details:</i>				
Name of Company and Individual		Claimant	Nature of Problem	Estimate
Are there any Claims against previous Companies which have been identified in this Proposal previously, which may give rise to a Claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Directors/Partners/Managers)?				Yes <input type="checkbox"/> No <input type="checkbox"/>

<i>If yes, please give details:</i>			
Name of Company and Individual	Claimant	Nature of Problem	Amount Paid and/or Outstanding
Has any Director/Partner/Manager or staff member ever been subject to disciplinary proceedings for professional misconduct?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please give details:</i>			
Name of Company and Individual	Claimant	Nature of Problem	Amount Paid and/or Outstanding

## **Important Notices**

### **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 the Company 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, the Company will not cover you, to the extent permitted by law, for such loss or damage.

### **Privacy Statement**

The Company is committed to protecting your privacy. The Company only use the personal information you provide to the Company to quote on and insure your risks. The Company only provide personal information to their underwriters and reinsurers (and their representatives) and those we appoint to assist the Company with claims under your policy. The Company will not trade, rent or sell your information.

If you don't provide the Company with complete information, the Company cannot properly quote for your insurance and the Company cannot insure you. You can check the personal information the Company hold about you at any time.

If you provide the Company with personal information about anyone else, the Company relies on you to have told them that you will provide their information to the Company, to whom the Company may provide it, the purposes for which the Company will use it and that they can access it. If the information is sensitive, the Company relies on you to have obtained their consent on these matters.

For more information about our Privacy policy, ask us for a copy.

### **Role of Winsure Insurance Group**

In arranging this insurance, Winsure Insurance Group is acting under an authority given to it by the Company, and is acting as the Companies agent and not as your agent.

**Your Insurer**

Certain Underwriters at Lloyds

**Acknowledgement**

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.

Dated.....

Signature.....