

**COMBINED GENERAL & PRODUCTS LIABILITY INSURANCE  
ADVENTURE ACTIVITIES PROPOSAL**



**General**

Insured Name (business/organisation):

Contact Name:			
Postal Address:			
Telephone No.	Business		Mobile
Email:			
Website:			

Brief description of your activities to be insured by this policy: <i>(Including hours of operation, description of clientele etc.)</i>

Please provide details regarding your experience including the number of years in the industry, and any other relevant experience (employment) or training: <i>(please also include relevant qualifications and/or qualifications you are undertaking)</i>

**Turnover**

State the <b>Actual</b> amount of Annual Turnover derived from these activities over the past 12 months:	\$
State the <b>Estimated</b> amount of Annual Turnover derived from these activities over the next 12 months:	\$

**Risk Management**

Do you have a risk management plan? If yes, please attach a summary	YES <input type="checkbox"/> NO <input type="checkbox"/> Assistance Required <input type="checkbox"/>
Do all participants wear helmets to the appropriate Australian Standard? (where applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>



Do all participants wear appropriate footwear and clothing during your activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are waivers / medical forms/ indemnity forms signed by all participants? (If yes, please attach sample)	YES <input type="checkbox"/>	NO <input type="checkbox"/> Assistance Required <input type="checkbox"/>
Does your business/organisation have a documents OH&S Policy: (If yes, please attach sample)	YES <input type="checkbox"/>	NO <input type="checkbox"/> Assistance Required <input type="checkbox"/>
Are staff First Aid qualified?	YES <input type="checkbox"/>	NO <input type="checkbox"/> In Progress <input type="checkbox"/>
Do you have Site or Organisational Accreditation? If yes, please list current accreditations.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your business a member of any associations/organisations? If Yes, please list current memberships (eg: ACA, ORIC, AHSE)	YES <input type="checkbox"/> NO <input type="checkbox"/>	

#### Premises

Do you provide accommodation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Number of Beds:	
Description:			
Relevant approvals/ accreditation:			
Do you provide catering?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Description:	
Relevant approvals/qualifications:			
Estimated Turnover derived from Accommodation:		\$	

#### Property Owners Liability

Do you require cover for Property Owners Liability? For example, do you live on acreage and require cover for your legal liability as a property owner?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide the following details:	
Property Address:	
Number of Acres:	
Description of the Activities conducted at these premises (apart from those already specified):	
Estimated Turnover derived from these activities is:	\$



**Business Details**

Staffing numbers:	Full time	Part time	Casual
Owner operators			
Employees			
Volunteers			
<b>Totals</b>			

Estimated payments to Contractors/Sub Contractors:	\$
Do Contractors/ Sub Contractors hold their own Liability Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Described nature of work performed:	

Do you assume liability under contract or hold others harmless? (other than lease liability)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide full details and attach copies of all agreements (other than lease liability)	

**Cover**

Please tick the Liability Sum Insured Required:		
<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000

**Claims History**

Have you had any insured and/or uninsured <b>liability</b> claims in the past five years?					YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide details below:					
Dates:	No. of Claims Reported	Amount Paid & Outstanding	Applicable Excess	Description	

After investigation, are you aware of any circumstance which could give rise to a claim under the proposed policy and which are not mentioned above?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide details:	

ACTIVITY MATRIX

Premises

Y/N	Description	On site	Off site	Relevant Approvals Accreditation	Qualifications
		%	%	Y/N (Details)	Y/N (Details)
Yes	25 Beds Bunk house style 11 months per year @ 75% occupancy	100%	0%	Current Cert of Occupancy	
Yes	Picnic lunches or BBQ for each group in local park.	90%	10%	38 seat dining hall, commercial kitchen. Inspected by Health dept.	Yes All staff certified – food handling.

ACTIVITY MATRIX

A - Participations

Activity Description	Participations	% of participations per activity					Documented Procedures		Staff				General	
		#	<2 hrs %	Half Day %	Full Day %	Other (specify # of days) %	Written Procedures Y/N	Emergency Procedures Y/N	1st Aid Qualification Y/N	External Qualification Y/N	In-house Training Y/N	Supervision (ratios) 1 : #	Safety Equipment Details	COMMENTS
Example: Hiking	200	30%	20%	40%	8% 2%	3 days 5 days	N	Y	N	N	Y	12	Staff: always minimum of 2 UHF walkie talkies to base	Always on our own property.

B - Participants

180 (This is the number of individuals that have participated)

KEY

- Participations: The number of participants times the number of activity sessions
- Participants: The count of individuals participating within an activity. eg: 10 participants x 3 day hike = 30 participations
- List Activity: Describe the activity; you may be able to include your brochures and price lists to assist in these descriptions.
- Written Procedures: Do you have any written standard operating procedures specifically for this activity? Please attach.
- Emergency Procedures: Are there any documented emergency procedures specifically for this activity? Please attach.
- 1st Aid Qualification: Is a formal 1st Aid qualification required for a person to be in charge of this activity?
- External Qualification: Are staff required to hold a current external qualification to instruct this activity? Please list staff and their relevant qualifications.
- Internal Training: Does your business/organisation conduct its own "in house" training program? Is this program documented? Please attach.
- Supervision (ratios): How many staff are required to supervise this activity? What is the maximum of participants per staff?
- Safety Equipment: List any safety equipment used and any relevant Australian Standard or equivalent.
- Bed nights: Number of participant's times the number of nights stayed.
- Facilities: Describe what other facilities that are used by your program. (Including off site)

Example Page  
Please use as a Guide

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Please use as a Guide

**ACTIVITY MATRIX**

Please complete the following activity matrix. (See separate page for examples and explanation)

A - Participations		% of participations per activity					Documented Procedures		Staff				General	
Activity Description	Annual Participations	<2 hrs	Half Day	Full Day	Other (specify # of days)	Operating Procedures	Emergency Procedures	1st Aid Qualification	External Qualification	In-house Training	Supervision (ratios)	Safety Equipment		
	#											%	%	%
B - Participants		Total number of participants =												



Have you ever had your public liability insurance: cancelled, declined, non-renewed, or special terms imposed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details:		

Have you ever been convicted of a criminal offence, been declared bankrupt or had your business placed in liquidation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details:		

Please list your current insurer, number of years of insurance, and due date of your current policy:
N/A <input type="checkbox"/>

#### Inadequate Space to Answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.

#### Declaration and Signature

1. The Duty of Disclosure, Inadequate Space to Answer and the Privacy notices set out above have been read by me/us.
2. All answers and statements made in this questionnaire are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
3. I acknowledge Affinity Insurance Brokers reserves the right to decline any application.

Name: (Please print)
Signature: <span style="float: right;">Date: / /</span>



## NOTICE TO THE APPLICANT FOR INSURANCE

### 1. YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with the insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the insurance risk 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 insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows or, in the ordinary course of business as insurer, 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 their 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.

### COMMENT

*The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything that might conceivably influence the insurer's consideration of your proposal.*

### 2. SUBROGATION AGREEMENTS

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the insurer will not cover you under the policy for any such loss or damage.

### 3. ROLE OF AFFINITY INSURANCE BROKERS

In arranging this insurance, Affinity Risk Partners (Brokers) Pty Ltd t/as Affinity Insurance Brokers ("**Affinity**") is acting under an authority given to it by Liberty Mutual Insurance Company T/As Liberty International Underwriters ("**Liberty**"), and is acting as **Liberty's** agent and not as your agent.



#### 4. PRIVACY

##### *Privacy Act 1988 – Information*

The *Privacy Act 1988* contains National Privacy Principles which require *Liberty* to tell you that *Affinity* collects, handles, stores and discloses your personal and sensitive information in order to:

- decide whether to issue a Policy;
- determine the terms and conditions of your Policy;
- compile data; and
- handle claims.

Sensitive information includes, amongst other things, information about an individual's health, membership of professional associations and criminal records. You have given *Liberty* your consent for *Affinity* to collect your personal and sensitive information in order to issue you with this Policy.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing the relevant services and products to you. For example, in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by us to the specific purpose for which we supplied it.

You have the right to seek access to your personal and sensitive information and to correct it at any time. We aim to ensure that your personal information is accurate, up to date and complete.

If you would like to seek access to, or revise your personal information, or you feel that the information we currently have on record is incorrect or incomplete, or you believe that the privacy of your personal information has been interfered, with or you wish to obtain more information about or a copy of our privacy policy please contact us on the numbers listed below or at the following addresses:

##### **Affinity Risk Partners (Brokers) Pty Ltd T/as Affinity Insurance Brokers**

1/1265 Nepean Hwy, Cheltenham Vic 3192.

Ph: (03) 8587 7777

Fax: (03) 8587 7700

OR

##### **Liberty Mutual Insurance Company T/as Liberty International Underwriters**

Level 20, 66 Eagle Street, Brisbane QLD 4000

Ph: (07) 3235 8808

Fax: (07) 3235 8888

In these cases you are entitled to raise your concerns. Your complaint will be managed and resolved through our internal Privacy Complaint Procedure.

From time to time we may advise or offer you information on other *Affinity* or *Liberty* products or services that may be relevant and of interest to you. If you do not wish to receive these offers or information please contact us on the telephone numbers or addresses listed above.

**Affinity Risk Partners (Brokers) Pty Ltd T/as Affinity Insurance Brokers**

Level 1, 1265 Nepean Hwy, Cheltenham Vic. 3192

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