

Organisation Insurance Questionnaire

Your duty of disclosure - contracts of general insurance

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 their 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 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.

Subrogation

You may prejudice your rights with regard to a claim if, without prior agreement from the Insurer, you make agreement with a third party that will prevent the Insurer from recovering the loss from that, or another party.

Your policy contains provisions that either exclude the Insurer from liability, or reduce their liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under this policy.

Associations and officials liability – claims made contract

Subject to its terms and conditions the Associations and Officials Liability Policy will cover your legal liability for any claim:

- first made against you during the Policy Period
- resulting from an circumstances of which you become aware during the Policy Period which could give rise to a
- future claim against you provided you immediately inform us in writing of such circumstances within the Policy Period.

The Policy will NOT cover your liability resulting from any claim, matter, occurrence or circumstance committed of which you were aware before commencement of the Policy Period.

THE APPLICANT(S)			
Name of Club in Full			
QMSC Membership Number			
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ABN		Taxable %
Contact Numbers	Phone No. ()	Fax No. ()	
Contact Name		Contact's Position	
Postal Address	State		Post Code
Email Address		Website Address	
Association Affiliation:			
Period of Insurance	From / /		To 31 / 10 / 2014 at 4 p.m.

OFFICE BEARERS AND VOLUNTEERS

1. Please provide details of all Office Bearers:

Names of Office Bearers	Position Held	Date Appointed

Number of voluntary workers during the course of a year: _____

How often do voluntary workers provide services: _____

Maximum number of voluntary workers together at any one time: _____

INDEMNITY LIMIT – PUBLIC & PRODUCTS LIABILITY

Limit of Indemnity required

Option 1 – \$10,000,000

Option 2 - \$20,000,000

Deductible - \$500

Scrutineering Extension required

DETAILS OF CLUB / PREMISES

1. Please provide your Club’s annual income: \$ _____

2. Please advise your Club’s number of:

Participating Members: Non-Participating Members: Family Memberships:

Are the number of Family Memberships included within Participating Members: Yes No

3. Please indicate your Club’s activities planned (including the number of) during the next policy period and detail others not shown below. If insufficient space is provided, please attach additional information.

- | | |
|---|---|
| ▪ General Meetings <input type="checkbox"/> | ▪ Show & Shines <input type="checkbox"/> |
| ▪ Static Displays <input type="checkbox"/> | ▪ Club Picnics / Barbeques <input type="checkbox"/> |
| ▪ Touring Runs <input type="checkbox"/> | |

Other activities not listed above:

4. Does your Club require cover for Swap Meetings? Yes No

If yes, please advise: Number of Meets per year: Average number of sites:

5. Does your Club organise any events where the General Public are invited to attend for an admission fee? If "Yes", please give details. Yes No

6. Location of Premises occupied for the purpose of conducting your Club's activities. Owned Leased Rented

	Owned	Leased	Rented
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Does your club conduct activities on Race Tracks? Yes No

If you Answered Yes, please note that this Liability cover excludes any activities in relation to Motor Vehicle Racing, Practicing, Qualifying, Time or Speed Trials, Rallying, Hillclimbs, or Motor Khana.

AIB *may* be able to arrange cover for these activities under a separate policy or you should make enquiries with the Race Track proprietors to ascertain whether their Race Permit includes Public Liability Insurance.

8. Is your club licensed to sell alcohol? Yes No

GENERAL INFORMATION

1. Have you had any claims made against you for Personal Injury or Third Party Property Damage (whether insured or not)? If "Yes", please give details. Yes No

2. Has there been or is there now pending any claim against any proposed Insured Person, in their capacity as a director, officer, secretary, board or committee member of either the Club or any other company, organisation, association or trust? If "Yes", please give details. Yes No

3. Have you had any incident or accident occur which would have been covered by the proposed insurance policy, or do any circumstances exist that may give rise to a claim against any proposed Insured Person? If "Yes", please give details. Yes No

4. Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer? If "Yes", please give details. Yes No

DECLARATION AND SIGNATURE	
<p>1. The Duty of Disclosure and Non-Disclosure notices set out above have been read by me/us.</p> <p>2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.</p> <p>3. I acknowledge you reserve the right to decline any application.</p>	
Signature on behalf of Applicant	<div style="border: 1px solid black; width: 200px; height: 30px; display: flex; align-items: center; justify-content: center;">X</div>
Date	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">/ /</div>
Name	<div style="border: 1px solid black; width: 200px; height: 25px;"></div>
Title	<div style="border: 1px solid black; width: 200px; height: 25px;"></div>

Please indicate which policies you wish to purchase:		Premium
Public & Products Liability	Yes <input type="checkbox"/>	\$
Scrutineering	Yes <input type="checkbox"/>	\$
Associations and Officials Liability	Yes <input type="checkbox"/>	\$
Sports Injury Personal Accident	Yes <input type="checkbox"/>	\$
<i>* Please note that 'Associations & Officials Liability' and 'Sports Injury Workers Personal Accident' are not available if the Public and Products Liability policy is not purchased.</i>		\$

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