IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM. This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something: If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website www.asruw.com.au

EXCESS

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

YOUR LEGAL LIABILITY

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

WAIVER OF RIGHTS

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

RISK SURVEY

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

BROKER DETAILS					
Broker Name		Contact Name			
Phone Number		Fax Number			
Email Address					

LIABILITY COVER REQUI	REMENTS							
Period of over required	from	to	0					
Current limit of indemnity	\$	•	•					
Expiring premium	\$			Existing insurer				
Limit of liability required	A\$5,000,00	00	☐ A\$10	000,000	☐ A\$20,000,000		Other	
Optional excess	☐ A\$2,500		☐ A\$5,0	000	☐ A\$10,000			
INSURED DETAILS								
Insured/s name/s (full details required including trading name if applicable								
ABN								
Address/situation								
				State		Postcode	,	
Other interested party(ies)								
Are you the property owner on	ly?	Yes	□No					
Are you the operator only?		Yes	□No					
Are you the property owner and	d operator?	Yes	□No					
GENERAL INFORMATION	1							
Details of all claims in the past	5 years:							
·	•							
Date the park was constructed								
Number of powered sites				Number of cal	oins			
Number of unpowered sites			Number of permanent on-site vans					
How often are the premises ins	pected by local	authorities, 1	fire brigade	or other regulator	y bodies			
Are electrical appliances used	by guests, teste	d and tagged	d every 6 m	onths?			☐ Yes	□No
Do you have emergency and e	vacuation proce	dures in plac	ce?				☐ Yes	□No
Are childminding facilities provided?					☐ Yes	□No		
Are first aid facilities provided?						☐ Yes	□No	
Do you have any playground or other activities available to patrons? If yes conditions apply. Please provide all details in the space under Additional Information on page 3 of this form.						☐ Yes	□No	
Do you have a swimming pool, spa or sauna?					☐ Yes	□No		
If yes, do you have the correct signage regarding supervision of all children?						Yes	□No	
Do you display signs on CPR and basic life saving techniques?						Yes	□No	
Is the security fence and gate compliant with all/any applicable legislation?						Yes	□No	
Are accommodation facilities/cabins/vans fitted with smoke detectors?						Yes	□No	
Does the premises have a licensed venue?					Yes	□No		
Do you have a playground? If yes, please provide details					Yes	□No		
Do you have a jetty or boat ramp?					Yes	□No		
Provide details of any sports or	leisure facilities	available (ie	. volleyball	courts, tennis cour	ts etc)			

GENERAL INFORMATION								
Common area toilets	Are regular checks made?					☐ Yes	☐ Yes ☐ No	
		(please select)	Every	□1 □2	□3 □4 □5		hours	
	Do you fix doors, seats and soap dispensers when required?					Yes	□No	
	Have anti slip tiles and/or coatings been placed on floor surfaces?					☐ Yes		
	If no, are there sufficient measures to stop patrons slipping in the toilets?					Yes No		
		ts cleaned regularly?		11 0		☐ Yes ☐ No		
Details of other services eg. L			ldcare, first aid e	etc.		<u></u>		
	-							
Estimated annual turnover		\$	Numbe	r of employees				
HISTORY - Important: i				er to ensure	all relevant details	are dis	closed.	
Any wrong answer you	provide m	ay affect your futu	ıre claims.					
Have you or any partner or dir	rector: Bee	en declared bankrupt or	had legal proce	eeding lodged	against you?	☐ Yes	□No	
	Had	d an insurer that has dec	clined to insure	you?		☐ Yes	☐ No	
	Нас	d an insurer that has dec	clined to renew	your insurance	?	☐ Yes	□No	
	Нас	Had an insurer that has imposed special conditions on your insurance?				☐ Yes	☐ No	
	by	Have you within the last 10 years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property?					□No	
	for	After enquiry, are you or any director or employee aware of or have any grounds for suspecting any circumstances which might give rise to a claim, against you or against any of the present or former directors during the last 10 years?				☐ Yes	□No	
If you answered yes to any of to year and your excess at the time				ny previous clain	ns, please detail amount p	oaid or res	served, the	
· · · · · · · · · · · · · · · · · · ·		·						
ADDITIONAL INCODAS	TION							
ADDITIONAL INFORMA	TION							

DECLARATION - YOUR DUTY OF DISCLOSURE					
I confirm that:	I am authorised on behalf of the insured(s) to sign this proposal.				
	I understand that the duty of disclosure applies to all Insured(s). the answers are provided on behalf of all persons/entities comprising the Insured(s).				
	nderstand the questions in the proposal.				
	Whilst some or all of the answers to the questions, may not be checked by me, I certify they are correct to the best of my knowledge and belief.				
Authorised signatory		Dated			
Name of signatory		Position			

CANCELLATION CHARGES					
If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts					
Within 1 month of inception:	25% of the quoted premium				
Within 2 months of inception:	20% of the quoted premium				
Within 3 months of inception:	15% of the quoted premium	Thereafter at terms to be agreed with underwriters			

PRINT FORM

RESET FORM