

APPLICATION FORM – MASS PARTICIPATION SPORTS EVENT

PLEASE USE BLOCK LETTERS

Please ensure you have read and understood the "Important Notices" on page 3 of this document.

1. APPLICANT / EVENT DETAILS – PLEASE COMPLETE THIS SECTION FOR ALL APPLICATIONS

1. Full Name of Applicant _____
2. Is the Applicant Incorporated? **Yes** **No**
3. Applicant/Organiser Address _____
 Suburb _____ State _____ Postcode _____
4. Contact Name _____
5. Phone (Pri) _____ (Bus) _____
6. Address _____
 Suburb _____ State _____ Postcode _____
7. Email _____
8. Website _____
9. Activities undertaken during event _____
10. Will the Applicant be using sub contractors to provide any services or equipment in relation to or during the event?
 If yes, please provide details **Yes** **No**

11. Does the activity / event have Council sanctioning? **Yes** **No**
 (Provide details)

12. Will goods be sold to the public during the activity / event? **Yes** **No**
 (Provide details)

13. Has the Applicant organised a Risk Management Plan? **Yes** **No**
 If yes, attach a full copy
14. Has the Applicant entered into any Contractual agreements in respect of this event?
 (Provide details)

1. APPLICANT / EVENT DETAILS – continued...

15. Give details of the following: (please complete all questions)

- a) Number of activities within the event _____
- b) Total number of Spectators at the event _____
- c) Duration of each activity _____
- d) Number of Officials _____
- e) Number of Registered participants / competitors / teams per activity _____
- f) Number of Registered non participants _____

2. LIMIT OF LIABILITY REQUIRED

1. Public Liability: \$20,000

Period of Insurance required from ____ / ____ / ____ to ____ / ____ / ____

3. PERSONAL ACCIDENT / INJURY

1. Do you wish to cover your participants / competitors / teams / officials / volunteers for personal accident and/or injury incurred during the event (includes during bump in and bump out period)? **Yes No**

If yes, please provide total number of:

- a) officials _____
- b) volunteers _____

4. PREVIOUS and PENDING CLAIMS (Public Liability / Professional Indemnity)

1. Have any claims for Public Liability and/or Professional Indemnity been made against the Applicant in the last five (5) years? **Yes No**

2. Have there been any incidents in the last five (5) years that may result in claims against the Applicant (whether or not the Applicant was insured)? **Yes No**

If you have answered yes to either of the above, please complete the following:

Year _____ Number of Incidents _____ Number of Claims made _____

Amount Settled: \$ _____ Amount Outstanding: \$ _____

Description of Incident/s _____

(please attach additional page/s if more space is required)

Name of previous insurer _____

3. Has any Insurer ever declined, refused to renew or imposed special terms and conditions to any application, renewal or policy held by the Applicant? **Yes No**

If yes, please give details _____

IMPORTANT NOTICES

**PLEASE TAKE NOTICE OF THE FOLLOWING STATEMENTS PURSUANT
 TO PROVISIONS OF THE INSURANCE CONTRACTS ACT 1984.**

1. UTMOST GOOD FAITH

This insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

2. LIABILITY ASSUMED UNDER AGREEMENT

Cover provided by this form of liability insurance does not cover liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

3. CLAIMS MADE

The Professional Indemnity in this proposal is a claims made insurance contract, i.e., it only covers claims made against you and notified to Underwriters during the period of insurance. However, provided you give Underwriters notice in writing of any facts that might give rise to a claim against you, as soon as reasonable practicable after you become aware of those facts and before the expiry date of this insurance, then this insurance will respond, notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

4. AVERAGE PROVISION

One of the insuring provisions of the Professional Indemnity Insurance Policy provides that where the amount required to dispose of a claim exceeds the Limit of Liability in the policy Underwriters shall be liable only for a part of the total costs and expenses which shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

5. YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with Underwriters, you have a duty, under the Insurance Contracts Act 1984, to disclose to Underwriters every matter that you know, or could reasonably be expected to know, is relevant to Underwriters' 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 Underwriters before you renew, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter;

- That diminishes the risk to be undertaken by Underwriters;
- That is common knowledge;
- That Underwriters know or, in the ordinary course of their business, ought to know;
- As to which compliance with your duty is waived by Underwriters.

If you fail to comply with your duty of disclosure, Underwriters may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

6. NON-DISCLOSURE

If your non-disclosure is fraudulent, Underwriters may also have the option of avoiding the contract from its beginning.

7. HOW TO COMPLETE THIS FORM

Please complete the proposal form by ticking the box next to the correct answer or writing the information requested in the space provided. If there is insufficient space to answer any question please attach a separate sheet of paper.

8. PRODUCT DISCLOSURE STATEMENT

Before considering this product you should refer to our Product Disclosure Statement, available by contacting Sportscover
 - www.sportscover.com or (03) 8562 9100

5. DECLARATION – THIS DECLARATION MUST BE COMPLETED IN ALL CASES

For and on behalf of the Applicant, I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the Company's quotation and the Company's acceptance of the Applicant's proposal is required before cover may be bound and the policy issued.

I further declare that, on behalf of the Applicant:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorised representative/officer of the Club / Association applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the duty of disclosure, average provisions, utmost good faith and all other important notices.
- agree on behalf of the Applicant to Sportscover obtaining from the Applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sportscover making enquires from any third party to verify claims history and other information disclosed herein or statements made by the Applicant or its representatives in making this application.
- agree to Sportscover disclosing to any insurance intermediary appointed by the Applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

Full Name _____ Position Held _____

Signature _____ Date / /

**PLEASE RETURN THIS FORM TO YOUR SPORTSCOVER ACCREDITED BROKER OR TO
 SPORTSCOVER AT THE ADDRESS BELOW**

BROKER USE ONLY

Broker _____	Sportscover Number _____
Broker Contact _____	Quote Number _____