



## Cable Ski / Aqua Park Operators Liability Insurance Proposal Form

### IMPORTANT NOTICES

Please read the Important Notices at the end of this form before completing the Proposal.

### COMPLETING THE PROPOSAL FORM

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

### 1. YOUR DETAILS

Full Name: \_\_\_\_\_

ABN/ACN: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Interested Parties: \_\_\_\_\_

What Interest do the above parties have: \_\_\_\_\_

Full Business Description including all activities: \_\_\_\_\_

Years in Operation:            This Business: \_\_\_\_\_ years            Any Similar Business: \_\_\_\_\_ years

Date insurance is to take effect: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What percentage of GST on Premium do you intend claiming as an Input Tax Credit? \_\_\_\_\_ %

Are your books of account prepared by a public accountant each year?             Yes             No

Have you or any director/partner/manager of the business ever:

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| a. | had insurance declined or cancelled?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | had an insurer refuse or not invite renewal?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | had any special conditions imposed on a policy of insurance?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | had a special excess imposed on a policy of insurance?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | had a claim rejected under a policy of insurance?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | been declared bankrupt or put into receivership or liquidation?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. | been charged with or convicted of a criminal offence?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. | Any other matters you should disclose (see 'Your Duty of Disclosure')? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes to any of the above questions, please provide complete details on a separate piece of paper.



**2. YOUR CLAIM HISTORY**

In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought?

Yes                       No

If Yes, please provide details:

Date	Insurer	Details

**3. BUSINESS OPERATION DETAILS**

Indemnity Limit Required \$ \_\_\_\_\_

Turnover last year \$ \_\_\_\_\_ Estimated Turnover for this year \$ \_\_\_\_\_

Split of Turnover between activities: Cable skiing \$ \_\_\_\_\_ Aqua Park \$ \_\_\_\_\_

Days/Hours of Operation \_\_\_\_\_

Website \_\_\_\_\_

Details of current or planned (in coming year) activities:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. RISK MANAGEMENT SYSTEMS**

- a. Please attach risk assessments, operating procedures and training records on the various activities
- b. What qualifications / experience do your staff have that operate these adventure activities? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Do you have an external risk manager that conducts annual or more regular risk assessments or technical support?

Yes                       No

If yes please provide details of name and services: \_\_\_\_\_

d. Please confirm if you check for validity of this person/company's insurance for such Inspections:  Yes                       No



**5. AQUATIC PARK INFORMATION**

- a. Please advise lifeguard ratios to patrons for all sessions: \_\_\_\_\_
- b. Do you have lifeguards situated at height inflatables to monitor and prevent the possibility of one guest falling on top of another?  Yes  No
- c. Please provide a copy of the proposed layout for the coming season.
- d. Are there any material changes to the business operations including use of a different manufacturer?  Yes  No  
 If yes, please provide details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. What qualifications / experience do your staff have that operate these adventure activities? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- f. Do you have emergency procedures displayed in common areas for guests to see?  Yes  No
- g. Do you have CCTV cameras that can capture footage of the entire aqua park?  Yes  No
- h. If Yes, how long is the footage retained? \_\_\_\_\_
- i. Do staff have communication devices such as walkie talkies to communicate with each other?  Yes  No
- j. Please provide a copy of updated operations manuals, staff training records and emergency procedures.

**6. INSURANCE DECLARATION**

I/We acknowledge that:

1. I/We have read and understood the Important Information set out in the Proposal and I/We are authorised to make this Proposal.
2. All information given on this Proposal and any attachment is true and correct.
3. No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract has been issued.
4. Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform the Insurer of any change in the particulars or statements contained in this Proposal or in any attachments.
5. Although the signing of this Proposal does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this Proposal and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the Proposal and attachments will be incorporated in the Policy.

Full Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

#### **IMPORTANT INFORMATION**

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance and if so, on what terms.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document.

#### **Agent Of Insurers**

Precision Underwriting Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies.

#### **Your Duty Of Disclosure**

Before You enter into a contract of general insurance with Us, You have a duty of disclosure under the Insurance Contracts Act 1984. The Act imposes a different duty the first time You enter into a contract of insurance with Us to that which applies when You vary, extend, or reinstate a contract. This duty of disclosure applies until a contract is entered into (or varied, extended, or reinstated as applicable).

#### **Your Duty of Disclosure When You Enter Into a Contract With Us For The First Time**

When You answer Our specific questions that are relevant to Our decision whether to accept the risk of the insurance and on what terms, You must be honest and disclose to Us anything that You know and that a reasonable person in the circumstances would include in answer to the questions that are asked. It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by a contract.

#### **Your Duty of Disclosure When You Vary, Extend or Reinstate a Contract**

When You vary, extend, or reinstate a contract with Us, Your duty is to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

#### **What You Do Not Need To tell Us**

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us
- that is of common knowledge
- that we know or, in the ordinary course of Our business as an insurer, ought to know, or
- as to which compliance with Your duty is waived by Us.

#### **Non-disclosure**

If You fail to comply with Your duty of disclosure, we may be entitled to reduce Our liability under a contract of insurance in respect of a claim, cancel a contract of insurance or both.

If Your non-disclosure is fraudulent, we may also have the option of avoiding a contract from its beginning and treat it as if it never existed.

#### **PRIVACY**

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By providing information in this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy.

If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information.

A copy of our Privacy Policy is located on our website at [www.precisionunderwriting.com.au](http://www.precisionunderwriting.com.au)