

# Proposal Form

## Tourism & Tour Operators

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's



### 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.

### Claims Made Policy (applies to certain sections of this policy)

This proposal is for a "claims made" policy of insurance. This means that the policy indemnifies You for claims made against You and notified to the Insurers during the period of insurance. The policy does not provide indemnity in relation to:

- Claims arising from facts or circumstances that occurred prior to the retroactive date of the policy (if such a date is specified);
- Claims made, threatened or intimated against You prior to the commencement of the period of insurance;
- Claims made against You after expiry of the period of insurance even though the facts or circumstances giving rise to the claim may have occurred during the insurance;
- Claims arising from facts or circumstance noted on the proposal form for the current period of insurance or on any previous proposal form;
- Claims arising from facts or circumstances of which You first became aware prior to the commencement of the period of Insurance, and which You knew or ought reasonably to have known had the potential to give rise to a claim under this Policy.

### 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.

### 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.

### 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 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 Lloyd's of London if we are seeking insurance terms from them, or to reinsurers who are located overseas. You will be informed 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 don't provide us with full information, we can't 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](http://www.asruw.com.au)

### 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.

Broker

Contact Name

Phone

Fax

Email

## Details of the Proposer

Name of Proposer

Contact Name  Position/Title

Postal Address

City  State  Postcode

Telephone  Mobile

Fax  Email

Website

Is the Proposer the? Owner  Manager  Is the Proposer registered for GST? yes  no

ABN  ITC  %

No. of years business has been Owner  Managed   years

Period of insurance requested From  /  /  To  /  /  at 4:00pm

Limit of Liability required  \$5,000,000  \$10,000,000  \$20,000,000

## Membership Details

Name of Industry Association or Group

Have you undertaken an accreditation or risk management program? yes  no

If yes, with whom?

## Operational Details

Address of premises to be insured

City  State  Postcode

Please indicate what type(s) of activities you are involved in or sub contract to other operators:

	Yes	No	Sub Contract		Yes	No	Sub Contract
4WD Tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canoeing/Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tag-Along Tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Water Rafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bushwalking/Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snorkelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooting/Hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windsurfing/Kiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hire of Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jet Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hire of Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charter Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hire of Vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bungy Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parasailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abseiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushbikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorbikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Camel/Horse Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please provide details:

	Yes	No
Do you require your customers/guests to sign a waiver or disclaimer form?	<input type="checkbox"/>	<input type="checkbox"/>
Does your business and its employees comply with all regulations, licenses and permits required by all relevant statutory authorities?	<input type="checkbox"/>	<input type="checkbox"/>
Are all participants over the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Are participants under 18 years accompanied by adults?	<input type="checkbox"/>	<input type="checkbox"/>

Number of tours per season:

Length of season:

**If you operate Watercraft, please complete the attached Watercraft Risk Analysis Appendix**

<b>Do you have:</b>	Yes	No		Yes	No
Swimming Pool(s)	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Rides	<input type="checkbox"/>	<input type="checkbox"/>
Playground(s)	<input type="checkbox"/>	<input type="checkbox"/>	Inflatable Devices	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please provide full details:

If you engage sub contractors do you require them to effect and maintain valid Public and Products Liability insurance specifying a minimum limit of indemnity of \$10,000,000?      yes       no

Do you have an adequate system of checking that such sub contractors comply with the insurance requirements above?      yes       no

Please detail your use of motor vehicles:

Does your business operate away from the premises or outside of Australia?      yes       no

If Yes, please provide details:

Do you provide your own accommodation?      yes       no

If Yes, please provide details:

Do you sell goods to the public?      yes       no

If Yes, please provide details:

Do you provide alcoholic drinks?      yes       no

If Yes, please provide details:

Have you entered into any contractual agreements, e.g. CALM?      yes       no

If Yes, please provide details including who and whether they are required to be noted on the policy:

Please provide details of any training or instruction given to participants/staff:

Please provide details of the qualifications and experience of supervisor/trainer

## Hire Operations

Please fill in the following table in respect of equipment hired:

Hired Equipment	Income from Hire	No. of Hired Units
Watercraft – powered	\$	
Watercraft – not powered	\$	
Bicycles – including mountain bikes	\$	
Bicycles – excluding mountain bikes	\$	
Camping Equipment	\$	
Canoes/Kayaks	\$	
Row/Paddle Boats	\$	
Swim Aids <i>(excluding scuba equipment)</i>	\$	
Fishing Equipment	\$	
Snow/Ski Equipment	\$	
	\$	
	\$	
	\$	

What is the minimum and maximum age of hirers?

Yes No

Are hirers under 18 years accompanied by adults?

Are there documented regular maintenance/safety inspections on hire equipment?

Do you provide instruction/training to your customers regarding the hire equipment?

Do your products and accessories (including helmets/life jackets) meet the relevant Australian standards?

Estimated annual turnover from retail sales (if applicable)?

## Tourist Sites

Do you engage instructors at the site?

Yes No

If yes, please state if they are employed or contracted, what type of instruction they provide, and do they have their own professional indemnity insurance?

Does the site comply with all current government legislation relating to fire detection/prevention and evacuation procedures?

Yes No

Are there designated pathways/roads?

Are all walkways well maintained and free from obstruction?

How often are walkways/lighting/barriers checked for faults?

What security is provided to the site, and who provides this?

Yes No

Are there dedicated on-site cleaners during operating hours?

Do you have written cleaning procedures?

Do you have an incident reporting system in place to log all injuries?

Are there grandstands on the premises? *If yes, what is the seating capacity?*

Estimated number of visitors expected for the year?

Maximum number of visitors in one day?

**Animal Attractions - If your site/attraction involves animals, please answer the following questions:**

Please attach a full list of all animals and numbers

What are the main animal attractions/rides?

Do you have any free-roaming animals? *If yes, please describe:* yes  no

Is there any public interaction or audience participation? (e.g. feeding, petting)  
*If yes, please describe, detailing the ratio of staff/supervisors to tourists:* yes  no

**Estimated Turnover and Wages**

What is your estimated turnover for the next twelve (12) months? \$

What is your Estimated Gross Wages for the next twelve (12) months? \$

No. of participants in the last twelve (12) months  No. of participants expected to attend each tour

Show percentage of work performed in each state.

NSW	<input type="text"/> %	ACT	<input type="text"/> %	QLD	<input type="text"/> %	WA	<input type="text"/> %
VIC	<input type="text"/> %	TAS	<input type="text"/> %	SA	<input type="text"/> %	NT	<input type="text"/> %

**Property Details (Only complete if you maintain an office open to the public)**

<b>Construction of building(s):</b>	<b>Are the premises:</b>		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
External Walls <input type="text"/>	Floor <input type="text"/>	Roof <input type="text"/>		
Frame <input type="text"/>	No. of Storeys <input type="text"/>	Age of building <input type="text"/>		

If the building(s) are over thirty (30) years old please advise when they were last: Re-plumbed?

**Please indicate the type of fire protection at the premises:**

Fire hydrants within thirty (30) metres?	yes <input type="checkbox"/>	no <input type="checkbox"/>	Sprinkler system?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Fire extinguishers?	yes <input type="checkbox"/>	no <input type="checkbox"/>	How many?	<input type="text"/>	
Smoke detectors in buildings (hardwired)	yes <input type="checkbox"/>	no <input type="checkbox"/>	How many?	<input type="text"/>	

**Risk Management - Procedures**

Do you have written quality control procedures?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Have you obtained a licence from the relevant authority to operate this business from these premises?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Are all systems regularly maintained in accordance with council and/or manufacturers regulations?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Do you have First Aid training and Equipment?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Do you have an established system and documented procedures for handling incidents?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Do you have an Operational Communication Device e.g. mobile phone, CB or satellite radio?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Do you check vehicles and equipment daily for possible faults?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Do you have participants sign a Release and Acknowledgement form? If Yes, please attach a copy.	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Do you issue helmets to pushbike/motorbike riders?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Do you allow smoking on board vehicles or vessels?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Do you use only recognised 4WD and walking trails within parks and properties?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Have you obtained written permission from CALM, or if on private property, from the owner?	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Are warning signs erected? If Yes, please provide details:	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>

## Risk Management

Do you operate in remote areas/rugged terrain?

If Yes, please provide details of operation and rescue equipment:

yes  no  n/a

## General Information

Current Insurance Company

Policy Number  Expiry Date

**Have you either alone or in Partnership with any other party, or if a Corporation, any of its Directors:**

Suffered a loss/destruction/damage under any insurance policy in the last five (5) years? yes  no

*If Yes, please complete the table below*

DATE OF INCIDENT	DETAILS	AMOUNT OF LOSS/CLAIM
<input style="width: 50px;" type="text"/>	<input style="width: 550px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 550px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 550px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 550px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 550px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 550px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

Had any insurer decline or impose special conditions on any proposal submitted? yes  no

Had any insurer cancel, refuse to renew or impose any restrictions on a policy? yes  no

Ever been declared bankrupt? yes  no

Been convicted of a criminal offence? yes  no

Been convicted of arson or fraud? yes  no

Been convicted of any offence for dishonesty? yes  no

Ever been declared bankrupt or placed into receivership or under administration? yes  no

If you have answered Yes to any of the questions above please provide full details including name of insurer, dates, amount, reason for cancellation, etc.

## Watercraft Risk Analysis Appendix (only needs to be completed if you are operating watercraft)

**Please note that on vessels with motors Fire Extinguishers are to be kept on board and fuel is to be kept in a safe environment. Any refuelling is to take place in a safe environment away from participants and third parties.**

Type and number of boats used

Length & Construction

**Watercraft Risk Analysis Appendix (only needs to be completed if you are operating watercraft)**

Type and size of motor

Maximum designed speed

Are vessels registered with the Department of Transport?

yes  no

How many passengers is each vessel licensed to carry?

Please provide area of operation:

Do you operate in calm/inland waters? If No, please provide details:

yes  no

Do you provide food and drink? If Yes, please provide details:

yes  no

Do you issue life jackets, helmets and appropriate protective clothes?

yes  no

Please provide details:

Please provide details of Skippers experience and qualifications

If vessel(s) are operated by customers who dry hire, what instructions/training is offered?

**Declaration - Your Duty of Disclosure**

I confirm that:

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).

I understand the questions in the proposal.

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.