

An Authorised Representative of:
The Hollard Insurance Company Pty Ltd
ABN 78 090 584 473, AFSL 241436
Chubb Insurance Australia Limited
ABN 23 001 642 020, AFSL 239687



ABN 25 151 703 525

A Specialist Underwriting Agency

Head Office:
PO Box 588 WYONG 2259
PH: (02) 4355 4027
FAX: (02) 4355 4160
EMAIL: allparks@allparks.com.au
WEB: www.allparks.com.au

ALL PARKS INSURANCE PROPOSAL

Please read carefully before completing:

“you” “your” where used in this Proposal means the Proposer and if more than one, each of them.

“we” “us” “our” means All Parks Insurance Pty Ltd A.B.N. 25 151 703 525, AR 409791.

“Insurer” means any general insurance company accepting the risk relevant to this proposal

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer. You have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer’s decision whether to accept the risk of insurance and if so, on what terms.

You have this duty until we agree to insure you.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Before completing this Proposal, you should read the Policy wording(s) because it will tell you about the insurance and contains definitions of words used in the proposal

Your duty however does not require disclosure of 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 business, ought to know;
- as to which compliance with your duty is waived by the insurer.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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.

PROPOSAL INCLUDED IN “POLICY”

Before completing this Proposal, you should read the Policy wording(s) because it will tell you about the insurance and contains definitions of words used in the proposal.

Extra copies of the wording(s) can be sourced by contacting your broker or us; or requesting a copy through our website www.allparks.com.au

Goods and Services Tax (GST)

To ensure you do not incur any unnecessary GST liabilities on claim settlements, please ensure your Australian Business Number (A.B.N.) and tax status are entered in the space provided on the Proposal.

CONFIRMING TRANSACTIONS

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under your Policy. Any transaction will be documented by us as quickly as possible.

PRIVACY

All Parks Insurance Pty Ltd respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of our Privacy Policy is available on our website.

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INSURANCE PROPOSAL

BROKER _____ CONTACT _____

PHONE _____ FAX _____ E-MAIL _____

ADDRESS _____

POSTAL _____

APPLICANT'S NAME: _____

TRADING AS: _____

SITUATION OF RISK: _____ E-MAIL _____

CITY: _____ STATE: _____ POST CODE: _____

PHONE _____ MOBILE _____ ABN _____

CONTACT AT PARK _____

FINANCIERS NAME: _____

PERIOD OF INSURANCE from / / 20 to / / 20 (4pm)

Indicate answer by placing a tick in appropriate circle in all following questions:

MEMBER OF ANY INDUSTRY RELATED ASSOCIATIONS: Yes No

Namely _____

GENERAL INFORMATION

CRVA Approved Accreditation or OH&S Compliant & Certified	Yes	No
Management Details:	Owner	Lessee
Is there a liquor licence used at the premises?	Yes	No
Is there transport provided for Patrons?	Yes	No
Nominate Entry/Exit Security to Park:	Spikes	Boom Gate none
Number of similar situations owned by common director or proprietor?	_____	
Has there been a risk management survey in the last 12 months?	Yes	No
If yes, by whom _____		

Have you either alone or in partnership with any other party, or if a corporation, any of its Directors,

Had a loss / destruction / damage under an insurance policy?	Yes	No
Had any insurer decline any claim submitted?	Yes	No
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 or charged with a criminal offence?	Yes	No
Been convicted of or charged with arson or fraud?	Yes	No
Been convicted of or charged with any offence for dishonesty?	Yes	No

If yes to any of the above please provide details:

1. BUILDING & CONTENTS:

- | | | |
|---|------------|-----------|
| 1. Is it your intention to cover 100% of Property Insured: | Yes | No |
| * If No, attach list of property excluded | | |
| 2. Are any Buildings Heritage Listed | Yes | No |
| 3. If the property is above 25th Parallel, are all buildings built to cyclone code | Yes | No |

We provide replacement cover on all structures **other than**

- caravans and contents within
- cabins with flat rooves that are also over 15 years of age and contents within

These structures can only be insured for indemnity value unless agreed value requested and approved

ASSET SCHEDULE:

SUM INSURED

Building of Residence / Office / Shop (excludes Personal Liability cover)	\$ _____
Contents of Residence / Office (excludes Personal Liability cover)	\$ _____
Amenities & Contents	\$ _____
Cabins Replacement & Contents	\$ _____
Cabins Indemnity & Contents	\$ _____
Cabins/Structures over 15yrs of age with a flat roof	\$ _____
Caravans Indemnity & Contents	\$ _____
Machinery, Plant, Hose Reels, Mobile plant, workshop	\$ _____
BBQ's, Pergolas, Pools, Playground, etc.	\$ _____
Boilers, Pressure Vessels, Washers, Dryers	\$ _____
Stock in Trade/Contents of Shop	\$ _____
Signs, Camp Kitchen, Shade Shelters	\$ _____
Power heads, Power Poles, Fencing	\$ _____
Recreation Room / Gymnasium	\$ _____
Other Property Insured (not listed above)	\$ _____
Additional Removal of Debris	\$ _____

Totals \$ _____

ADDITIONAL LIMITS:

Accidental Damage	\$ _____
Roads/Bridges/Underground Services (limited cover)	\$ _____

2. BUSINESS INTERRUPTION – Indemnity Period 6 / 12 / 18 / 24 months

1. Gross Income	\$ _____
2. Loss of Rent	\$ _____
3. Claims Preparation Costs (automatic \$5,000)	\$ _____
4. Additional Increased Costs of Working	\$ _____

Totals \$ _____

3. THEFT: (open air limit \$10,000 or up to sum insured, whichever is the lesser)

Plant/Machinery/Other Contents/Stock, Customers Goods	\$ _____
Cigarettes – Tobacco – Liquor	\$ _____

4. MONEY: (cover on premises outside Business hours, limit \$5,000, unless in locked safe)

In Transit/Safe/Residence/Office Business hours.	\$ _____
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5. GLASS:

Yes No

6. LEGAL LIABILITY:

Yes No

If this cover is required, complete the section below.

LEGAL LIABILITY SECTION: (EXCLUDES PERSONAL LIABILITY)

Select Limit of Indemnity required: \$5,000,000 \$10,000,000 \$15,000,000 \$20,000,000

Property in your physical and legal control (automatic \$500,000 included) \$_____

Sites:

Relocatable/Cabin Sites # Permanent Caravan Sites

Tourist Caravan Sites # Tent Sites **TOTAL LICENCED / REGISTERED SITES** _____

Indicate answer by placing a tick in appropriate circle in all following questions:

Please advise which of the following activities your Park is involved in by crossing out either the 'Yes' or 'No which DOES NOT apply.

ABSEILING		Yes	No	KIDS CLUB	Yes	No
ARCHERY		Yes	No	Lawn Bowls	Yes	No
Boat Ramp		Yes	No	LIVE ENTERTAINMENT	Yes	No
CANOES/PADDLE BIKES		Yes	No	Mini Golf	Yes	No
	If Yes, # of units			PLAYGROUND EQUIPMENT	Yes	No
CATAMARANS		Yes	No	PONTOON	Yes	No
Courts	Tennis	Yes	No		Length	
	Volley Ball	Yes	No	PUSH BIKES FOR HIRE	Yes	No
	Basketball	Yes	No		If Yes, # of Bikes	
DEEP FRYING		Yes	No	RESTAURANT	Yes	No
FOOD – Takeaway		Yes	No	SNORKELLING	Yes	No
Restaurant / Cafe		Yes	No	Spa / Sauna	Yes	No
FUEL – PETROL		Yes	No	SWIMMING POOL	Yes	No
	# of Bowsers			Tractor/Train Rides	Yes	No
GAS – Refills		Yes	No	TRAMPOLINING	Yes	No
Games Rooms		Yes	No		Above Ground	Yes No
Gym		Yes	No		In Ground	Yes No
HIRE BOATS		Yes	No	WATER SLIDES	Yes	No
HORSE RIDING		Yes	No		Up to 3m high	Yes No
INFLATABLE TRAMPOLINE					3 to 5m high	Yes No
	eg Jump Pillow	Yes	No		Over 5m high	Yes No
	Professionally Installed	Yes	No	WATER SKIING	Yes	No
	Has the canvas been replaced	Yes	No	WAVE SKIS	Yes	No
JETTY		Yes	No			

For any **OTHER ACTIVITY NOT LISTED** please advise the following (Please add extra sheets if required)

Type of activity No. of Units

Type of activity No. of Units

Type of activity No. of Units

7. MACHINERY BREAKDOWN:

Yes No

If this cover is required, complete the section below.

MACHINERY BREAKDOWN SECTION	# UNITS
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REFRIGERATION EQUIPMENT: (Not exceeding 4kw or 5hp)

- Freezer Room/Cool Room _____
- Drink / Display Cabinet _____
- Deep chest Freezer up to 2m long _____
- Caravan / Bar Fridge _____
- Domestic Fridge / Freezer _____
- Ice Machine _____
- Spoilage/Deterioration of Goods (units of \$500.00 lots) _____

AIR CONDITIONING PLANT:

- Split System _____
- Window/Wall Type _____
- Evaporating Cooler / ½ Cool Air conditioner _____

OTHER PLANT:

- | | | | | |
|------------------------------|-------------|-----|----|-------|
| Motors & Equipment <2 hp | Submersible | Yes | No | |
| Motors & Equipment 2 to 5hp | Submersible | Yes | No | _____ |
| Motors & Equipment 5 to 10hp | Submersible | Yes | No | _____ |
| Spa Blower / Boom Gate / Fan | | | | _____ |
| Washer (large wascator) | | | | _____ |
| Washer (commercial) | | | | _____ |
| Washer (domestic) | | | | _____ |
| Dryers commercial | | | | _____ |
| Dryers domestic | | | | _____ |
| Other – (please specify) | | | | _____ |

8. ELECTRONIC BREAKDOWN:

- A: Office \$ _____
- B: Other (boom gates, sewerage system etc.) \$ _____
- C: Data Restoration: \$ _____

9. GOODS IN TRANSIT: (USE SEPARATE SHEET TO DESCRIBE GOODS) \$ _____

10. GENERAL PROPERTY

Yes No

- 1/ _____ \$ _____
- 2/ _____ \$ _____
- 3/ _____ \$ _____

UNREGISTERED MOTOR VEHICLES (WITHIN THE CONFINES OF THE PARK):

(Liability is not included in this section, can be addressed in section 6)

- | | Make | Model | Type/I.D. | |
|----|-------|-------|-----------|----------|
| 1/ | _____ | _____ | _____ | \$ _____ |
| 2/ | _____ | _____ | _____ | \$ _____ |
| 3/ | _____ | _____ | _____ | \$ _____ |
| 4/ | _____ | _____ | _____ | \$ _____ |

11. EMPLOYEE DISHONESTY: Yes No
 If cover is required – please advise sum insured \$ _____

12. TAXATION AUDIT COSTS: Yes No

13. RESIDENTIAL INSURANCE:
complete this section below only if this section is required in addition to section 1 Yes No

SEPARATE ACCIDENTAL DAMAGE HOME INSURANCE POLICY SECTION

Name of Insured if other than applicant on page 2: _____

Tenant / Owner:

Construction of Building: _____

Is there Asbestos in the building? Yes No

Is the building Heritage Listed? Yes No

ROOF TYPE Pitched Flat

SECURITY:

Deadlocks Yes No

Window locks Yes No

Alarm: Yes No

Other: _____

DOMESTIC RESIDENCE:

SUM INSURED: \$ _____

DOMESTIC GENERAL CONTENTS:

SUM INSURED: \$ _____

Specified Contents In the Home (if required, complete below) \$ _____

Description	Value

MANAGEMENT LIABILITY SECTION: Yes No

(Underwritten by Chubb Insurance Company of Australia Limited)

SUM INSURED LIMIT \$500,000, \$1,000,000 OR \$2,000,000 LIMIT \$ _____

CYBER EVENT PROTECTION SECTION: Yes No

SUM INSURED LIMIT \$1,000,000 LIMIT \$ _____

PREVIOUS INSURANCE / CLAIMS AND DECLARATION

CURRENT INSURER: **POLICY NO:**

PREVIOUS CLAIMS:

Detail all insurance claims made, including any uninsured losses, in the last five years. Please include dates and amounts. (Please add extra sheets if required)

.....
.....
.....
.....
.....
.....

UNDER INSURANCE:

The insurance proposed under the Property and Consequential Loss Sections includes an under insurance clause which means that if the items on the schedule are not insured for their full value then any losses may not be paid in full. For a full definition see policy wording(s).

SUBROGATION:

Where another person is liable to compensate you for any loss or damage otherwise covered by a policy, but you have agreed with that person either before or after the loss or damage occurred to the effect that you would not seek to recover any moneys from that person, we will not cover you for any such loss.

ADDITIONAL INFORMATION:

If insufficient space is provided on this proposal in respect of any questions contained on the proposal, please attach a sheet of paper containing all the additional information, noting the relevant question number and sign and date such attachment. If 'Other Property Insured' under Section 1 Assets is left blank, this will have the effect of limiting the cover only to those items listed on the assets, i.e. not listed not insured.

DECLARATION BY PROPOSER: I / WE

- a) have received the Duty of Disclosure notice and other notices accompanying this Proposal and agree to be bound by the terms of the Policy(s),
- b) state that the information given in this proposal and any attachment or schedules before or after this declaration is true and correct and all information relevant to the decision and terms of insurance has been given,
- c) authorise the Underwriter to give to, or obtain from, other insurers or any credit reference service, any information relating to insurance held by me/us or any claim in relation thereto,
- d) state where answers on this proposal are not in my/our handwriting they have been checked by me/us and I/we certify they are correct.

SIGNATURE OF PROPOSER **DATE**