



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

ABN 25 151 703 525
AFSL 494836

A Specialist Underwriting Agency

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.

“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) as it explains the insurance coverage in more detail 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

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.

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 at any of our website.



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BROKER CONTACT.....

PHONE E-MAIL

POSTAL ADDRESS:.....

APPLICANT'S NAME:

TRADING AS:

SITUATION OF RISK: ABN

CITY:..... STATE:..... POST CODE:

PHONE MOBILE..... EMAIL

CONTACT AT PARK.....

INTERESTED PARTY:

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

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 x _____	\$ _____
Cabins Replacement & Contents x _____	\$ _____
Cabins Indemnity & Contents x _____	\$ _____
Cabins/Structures over 15yrs of age with a flat roof x _____	\$ _____
Caravans Indemnity & Contents x _____	\$ _____
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. Gross Rentals	\$ _____
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 Bus. hrs, limit \$5,000, unless in locked safe)

In Transit/Safe/Residence/Office Bus. hrs.	\$ _____
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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)

Circle 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** _____

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

BMX Track	Yes	No	Kid's Club	Yes	No	
Boat Ramp	Yes	No	Lawn Bowls	Yes	No	
Canoes/Kayaks/Paddle Bikes	Yes	No	Live Entertainment	Yes	No	
If Yes, # of units		Mini Golf	Yes	No	
Courts:			Playground Equipment	Yes	No	
	Tennis	Yes	No	Pontoon	Yes	No
	Volley Ball	Yes	No			
	Basketball	Yes	No		Length
Deep Frying	Yes	No	Push Bikes / Pedal Carts for Hire	Yes	No	
Food – Takeaway	Yes	No		If Yes, #	
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 / Swap N Go	Yes	No	Trampoline	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 eg. Jumping Pillow	Yes	No		3 to 5m high	Yes	No
Professionally Installed	Yes	No		Over 5m high	Yes	No
Has the canvas been replaced?	Yes	No	Water Skiing	Yes	No	
If yes, by whom			Water Park/Playground	Yes	No	
Manufacturer						

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

Type of activity No. of Units

7. **MACHINERY BREAKDOWN:** Yes No
 If this cover is required complete the section below.

MACHINERY BREAKDOWN SECTION

UNITS

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 <2hp 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

RESIDENTIAL INSURANCE:

Complete this section below only if 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

Description	Value

MANAGEMENT LIABILITY - PLEASE COMPLETE CHUBB ML PROPOSAL FORM
(Underwritten by Chubb Insurance Company of Australia Limited)

Yes No

CYBER EVENT PROTECTION – PLEASE COMPLETE EMERGENCE CYBER PROPOSAL FORM
(Underwritten by Emergence)

Yes No

CYBER 1ST AID (LIMITED COVER) - SUM INSURED LIMIT \$100,000

Yes No

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 Business Interruption 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, ie not listed not insured.

DECLARATION BY PROPOSER AND/OR BROKER: 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

DATE

FULL NAME

POSITION