

An Authorised Representative of:
Chubb Insurance Australia Limited
ABN 23 001 642 020, AFSL 239687



ABN 25 151 703 525

A Specialist Underwriting Agency

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MANAGEMENT LIABILITY QUESTIONNAIRE

1. Full Name and address of **Applicant**: _____

2. Limit of Liability required (please circle) \$500,000 or \$1,000,000 or \$2,000,000
3. Please specify type of business entity: Pty Ltd: Partnership: Sole Trader:
 Other: (please provide details) _____
4. Is the primary business activity the ownership and or operation of a Tourist Park: Yes: No:
"Please note activities outside of the above, are NOT covered under the policy"
- 5 Total Revenue for most recent financial year end \$ _____
6. Total number of employees (includes full time and part time) _____
7. Does the Applicant anticipate any staff retrenchments or layoffs within the next 12 months?
 Yes: No: If yes, how many? _____
8. Do your total deposits and/or bookings exceed \$10,000 on an annual basis: Yes: No:
9. Are counter signatures required on all business cheques? Yes: No:
10. Are dual authorities required for all funds transfers including cash deposits and withdrawals?
 Yes: No:
11. Is the person who reconciles the monthly statements also the sole person who handles deposits?
 Yes: No:
12. Does the Applicant maintain a list of authorised suppliers? Yes: No:
13. Does the applicant perform a physical inventory check of stock and equipment annually?
 Yes: No:

Inventory includes but is not limited to sporting equipment, garden tools, cleaning equipment

Please state the total number of employees located in the following states

NSW	VIC	QLD	SA	WA	TAS	ACT	NT