



ABN 25 151 703 525
AFSL 494836

A Specialist Underwriting Agency

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ALL PARKS INSURANCE LEGAL LIABILITY 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, acting on behalf of the Insurer.

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

Before completing this Proposal, you should read the Product Disclosure Statement and Policy Wording(s) as they explain the insurance coverage in more detail and contain definitions of words used in this proposal.

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

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.

Your duty, however, does not require disclosure of a 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/broker, in writing (which is always required if you are advising of any 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 and the Insurers respect your privacy and comply with the Privacy Act and the Australian Privacy Principles. A copy of our Privacy Policy and the Insurers’ Privacy Policy is available on our respective websites.

BROKERAGE: CONTACT:

PHONE: EMAIL:

PROPOSER'S NAME:

TRADING AS:

PROPOSER'S BUSINESS:

ABN: GST REGISTERED? Yes ☐ No ☐ ITC PERCENTAGE:

SITUATION OF RISK:

CITY: STATE: POST CODE:

PHONE: MOBILE: EMAIL:

CONTACT AT PARK: WEBSITE:

INTERESTED PARTY:

PERIOD OF INSURANCE FROM TO (4pm) AEST

MEMEBER OF ANY INDUSTRY RELATED ASSOCIATIONS: Yes ☐ No ☐

NAMELY:

Have you either alone or in partnership with any other party or, if a corporation, any of its Directors, in the last 5 years,

| | | |
|--|------------------------------|-----------------------------|
| Suffered a loss / destruction / damage resulting in a claim under an insurance policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Received any demand or writ for personal injury or damage to property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had any insurer decline any claim submitted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had any insurer decline or impose special conditions on any proposal submitted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had any insurer cancel, refuse to renew or impose any restrictions on a policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ever been declared bankrupt? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Been convicted of or charged with a criminal offence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Been convicted of or charged with arson or fraud? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Been convicted of or charged with any offence for dishonesty? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

TOURIST PARKS & LIFESTYLE VILLAGES LIABILITY INSURANCE

(Underwritten by certain Underwriters at Lloyd's)

LEGAL LIABILITY: (EXCLUDES PERSONAL LIABILITY)

Liability required: ☐ \$10,000,000 ☐ \$15,000,000 ☐ \$20,000,000

| | |
|--|---|
| When was the broker's last visit to the park? | |
| Is this risk on Town Water? If Yes, - How is it tested? If No, - Is the water on premises consumed by guests? - What advice/message is given to the guests to ensure they do not consume the water. | Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="border: 1px dashed black; height: 80px; margin-top: 5px;"></div> |
| Management Details: | Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Manager <input type="checkbox"/> |
| Number of similar situations owned by common director or proprietor? | |
| Does the park have Fire Pits? If yes, how many Fire Pits? Who provides the Fire Pits? Where are the Fire Pits located within the park? Do you have a procedure for the use of Fire Pits? | Yes <input type="checkbox"/> No <input type="checkbox"/> Guest <input type="checkbox"/> Insured <input type="checkbox"/> <div style="border: 1px dashed black; height: 40px; margin-top: 5px;"></div> |
| Does the insured have a regular tree maintenance in place? If yes, when was the last inspection carried out? Where issues raised attended to? When is the next inspection due to be carried out? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="border: 1px dashed black; height: 20px; margin-top: 5px;"></div> |

NUMBER OF ACCOMMODATION SITES :

| | |
|---------------------------------|--|
| Relocatable Cabin Sites | |
| Permanent Caravan Sites | |
| Tourist Caravan Sites | |
| Tent Sites | |
| TOTAL LICENCED/REGISTERED SITES | |

ESTIMATED ANNUAL TURNOVER :

| | |
|--------------------------------|----|
| Accommodation | \$ |
| Food/Drink | \$ |
| Hire of Equipment | \$ |
| Other (please provide details) | \$ |
| TOTAL | \$ |

NUMBER OF EMPLOYEES:

| Type of Employee | Number |
|---|--------|
| Full time Employees | |
| Part Time/Casual Employees | |
| Volunteers/Secondees/Work experience students | |

ACTIVITIES:

Please advise which of the following activities your Park is involved in by selecting 'Yes' or the 'No'.

| | | | |
|---|---|--|--|
| BMX Track: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Liquor: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Boarding & Alighting: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mini Golf: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Boat Ramp: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Modular Pump Track: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pontoon: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fuel Bowsers: # | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Jetty: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Playground: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Courts | | Spa - Outside: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Tennis Court: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Swimming Pools | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basketball Court: | Yes <input type="checkbox"/> No <input type="checkbox"/> | if yes, do you have pool depth markers and resuscitation sign? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Volleyball Court: | Yes <input type="checkbox"/> No <input type="checkbox"/> | No. of Pools: # | |
| Food (i.e. General Store): | Yes <input type="checkbox"/> No <input type="checkbox"/> | Water Park/Playground: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Takeaway: | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, is there waterslides in the waterpark? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Restaurant: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Tractor/Train Rides: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If takeaway or restaurant is selected and if yes, is there deep frying? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Trampoline | |
| Games Room | Yes <input type="checkbox"/> No <input type="checkbox"/> | Above Ground: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gas Refills: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Below Ground: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Swap and Go: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Waterslides | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gym | Yes <input type="checkbox"/> No <input type="checkbox"/> | Up to 2.99m High | # |
| Hire Equipments | | 3m - 5m High | # |
| Push Bikes: | Yes <input type="checkbox"/> # of No <input type="checkbox"/> | Over 5m | # |
| Pedal Carts: | Yes <input type="checkbox"/> # of No <input type="checkbox"/> | *height is measured from water level to entry point of slide | |
| E-Bikes - cannot cover | | | |
| Canoes: | Yes <input type="checkbox"/> # of No <input type="checkbox"/> | | |
| Kayaks: | Yes <input type="checkbox"/> # of No <input type="checkbox"/> | | |
| Other: | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Live Entertainment: | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If yes, what type and frequency? | | | |

| | |
|--|--|
| Inflatable Trampoline: Eg. Jumping Pillow | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, is soft fall surrounds in place? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, are they maintained? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Manufacturer:</p> <p>Date Installed:</p> <p>Professionally Installed: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date canvas last replied:</p> <p>CCTV Installed: Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| Kid's Club | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, Max No. of Kids any one time: No. of Staff any one time: Do staff on duty hold a current First Aid Cert? Yes <input type="checkbox"/> No <input type="checkbox"/> Have all staff working with the children had a Working with Children's Check? Yes <input type="checkbox"/> No <input type="checkbox"/> Activities: Are any activities away from the premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide more details: </p> |

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: |

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 circumstances 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 Insurance Certificate are not insured for their full value then any losses may not be paid in full. For a full definition see the relevant PDS, including 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 monies 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.

DECLARATION BY PROPOSER AND/OR BROKER: I / We

- a) have received and understood the Duty of Disclosure notice and other notices accompanying this Proposal and agree to be bound by the terms of the Policy,
- 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 Insurer 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**