



ABN 25 151 703 525  
AFSL 494836

A Specialist Underwriting Agency

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## 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, 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](http://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: .....

INSURED'S NAME: .....

TRADING AS: .....

IS THE BUSINESS LICENSED TO TRADE BY THEIR LOCAL COUNCIL? Yes ☐ No ☐

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 PROPERTY INSURANCE

(Underwritten by certain Underwriters at Lloyd's)

## 1. BUILDING & CONTENTS:

1. Is it your intention to cover 100% of Property Insured?

Yes ☐ No ☐

\* If No, attach list of property excluded

2. If the property is above 25th Parallel, are all buildings built to cyclone code?

Yes ☐ No ☐

We do not provide replacement cover on cabins with flat rooves that are over 15 years of age. These buildings can only be insured for indemnity value unless an agreed value is requested and approved.

Please note, we also do not cover the following assets: Heritage Listed Buildings, Caravans and/or Contents of Caravan, and Stand Alone Residence(s).

### ASSET SCHEDULE:

### SUM INSURED:

Building of Residence only (stand alone) .....	Cannot Include
Building of Residence / Office / Shop (all under the one roof line) (excludes Personal Liability cover) .....	\$ .....
Contents of Office .....	\$ .....
Building of Amenities x .....	\$ .....
Contents of Amenities x .....	\$ .....
Cabins Replacement x .....	\$ .....
Site Numbers for the above .....	\$ .....
Contents of Cabins Replacement x .....	\$ .....
Cabins Indemnity x .....	\$ .....
Site Numbers for the above .....	\$ .....
Contents of Cabins Indemnity x .....	\$ .....
Cabins/Structures over <b>15yrs of age</b> with a flat roof (Indemnity Value Only) x .....	\$ .....
Site Numbers for the above .....	\$ .....
Contents of Cabins/Structures over <b>15yrs of age</b> with a flat roof x .....	\$ .....
Machinery, Plant, Hose Reels, Mobile plant, workshop .....	\$ .....
Boom Gates x .....	\$ .....
Pool (s) x .....	\$ .....
Playground (s) x .....	\$ .....
Washers, Dryers .....	\$ .....
Stock in Trade/Contents of Shop .....	\$ .....
Signs .....	\$ .....
Camp Kitchen and/or BBQ's .....	\$ .....
Shade Shelters .....	\$ .....
Power heads x .....	\$ .....
Power Poles x .....	\$ .....
Fencing .....	\$ .....
Other Property Insured (not listed above) .....	\$ .....
Additional Removal of Debris .....	\$ .....
Additional Landscaping .....	\$ .....
<b>Total \$</b> .....	

### ADDITIONAL LIMITS:

Accidental Damage .....	Up to the full sum insured
*if the total sum insured is greater than \$1M the following applied	
Roads/Bridges/Underground Services (limited cover applies - \$100,000 max limit) .....	\$ .....
Landscaping (\$50,000 maximum limit) .....	\$ .....
Removal of Debris & Temporary Repairs & Protection (\$50,000 maximum limit) .....	\$ .....

## ADDITIONAL QUESTIONS RELATING TO SECTION 1:

### CONSTRUCTION AND AGE OF INSURED BUILDINGS:

% of masonry/brick construction within overall sum insured of assets listed	
% of mixed modular construction/cladding within overall sum insured of assets	
% of buildings less than 10 years of age	
% of buildings older than 10 years of age	
Do any of the insured buildings contain asbestos?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age of the oldest building to be insured	

#### Example of how to calculate:

**Total Asset Value:** \$1,000,000

#### Made up of:

\$500,000 for Cabins (Cladding)

\$400,000 for Amenities Block and Camp Kitchen(Brick)

\$100,000 for Power heads, Signs and Plant/Machinery (not factored into %)

**50%** - Modular construction

**40%** - masonry/brick construction

### 2. BUSINESS INTERRUPTION - Indemnity Period: ☐ 12 ☐ 18 ☐ 24 months

- |   |                 |
|---|-----------------|
| 1. Gross Income (representing the Indemnity Period selected)  | \$ .....        |
| 2. Gross Rentals (representing the Indemnity Period selected) | \$ .....        |
| 3. Claims Preparation Costs (automatic \$5,000)               | \$ .....        |
| 4. Additional Increased Costs of Working                      | \$ .....        |
| <b>Total</b>  | <b>\$ .....</b> |

### 3. THEFT (maximum sum insured \$20,000)

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

(\*Theft of property not contained in a locked building at your location is limited to \$10,000 or the sum insured above, whichever is the lesser amount)

### 4. MONEY (maximum sum insured \$20,000)

(Cover on premises outside Business hours, limit \$1,000, unless in locked safe) \$ .....

### 5. GLASS: Is glass cover required?

Yes ☐ No ☐

6. MACHINERY BREAKDOWN (maximum \$5,000 per listed unit, limited to \$20,000 any one claim)

Yes ☐ No ☐

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	.....

AIR CONDITIONING PLANT:

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

OTHER PLANT:

Motors & Equipment <2hp	Submersible	Yes <input type="checkbox"/>	No <input type="checkbox"/>	.....
Motors & Equipment 2 to 5hp	Submersible	Yes <input type="checkbox"/>	No <input type="checkbox"/>	.....
Motors & Equipment 5 to 10hp	Submersible	Yes <input type="checkbox"/>	No <input type="checkbox"/>	.....
Spa Blower / Boom Gate / Fan				.....
Washer (large wascator)				.....
Washer (commercial)				.....
Washer (domestic)				.....
Dryers commercial				.....
Dryers domestic				.....
Other – (please specify)				.....

Please provide Serial Numbers for Machinery Breakdown units nominated

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

Is there a maintenance contract in place for your plant & equipment? Yes ☐ No ☐

OPTIONAL BENEFITS:

Is cover for deterioration of Stock in Cold chambers required? Yes ☐ No ☐

If Yes, please provide sum insured (in units of \$500.00 lots) No of units: .....

## 7. ELECTRONIC EQUIPMENT: (maximum sum insured \$20,000)

A: Office \$ .....

B: Other (boom gates, sewerage system etc) \$ .....

C: Restoration of Electronic Data \$ .....

## 8. GENERAL PROPERTY AND UNREGISTERED VEHICLES

Yes ☐ No ☐

### GENERAL PROPERTY (maximum sum insured \$40,000)

1. .... \$ .....

2. .... \$ .....

3. .... \$ .....

### UNREGISTERED MOTOR VEHICLES (USED ONLY WITHIN THE CONFINES OF THE PARK):

(Liability is not included in this section) (maximum sum insured \$20,000)

	Make	Model	Type/ID	
1.	.....	.....	.....	\$ .....
2.	.....	.....	.....	\$ .....
3.	.....	.....	.....	\$ .....
4.	.....	.....	.....	\$ .....

## GENERAL INFORMATION

When was the broker's last visit to the park?	
Is this risk on Town Water? If no, what fire prevention equipment do they have in place should an asset catch fire endangering guests or a bushfire breaks out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 insured have a regular tree maintenance in place? If yes, when was the last inspection carried out? Where there any issues needing action? If yes, have all issues been actioned? 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

**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	

# 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. 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. if not listed, it will not be covered.

## 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** .....