

Comprehensive Insurance Declaration

Important Notices

Duty of Disclosure

Before you enter into a contract of insurance with Ansvr Insurance Limited, you have a legal duty under the Insurance Contracts Act 1984 to disclose to us every matter you know is relevant to our decision whether to accept this application for insurance and if so, on what terms. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate your insurance contract.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- where compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters, we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984. It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act.

How we can be contacted

EA Insurance Services Pty Ptd ABN: 54 062 461 527 AFSL: 241 135

Address: 60-62 Duerdin Street, Clayton VIC 3168; (P.O. Box 5214) Pinewood, Victoria 3149

Telephone: (03) 9890 6851

Email : info@eainsurance.com.au

Web: www.eainsurance.com.au

How to fill out this application

All questions must be answered in relation to the business entity to be insured and all its subsidiary and controlled entities (if any). Please tick the box in front of the correct answer and / or write the information requested in the space provided.

If there is inadequate space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document to this application.

Basic information (This section must be completed)	
Name of Organisation and any trading names:	
ABN:	Year established:
Contact person 1:	Contact person 2:
Contact telephone: ()	Email:
Main business address:	

Activity Declaration (This section must be completed)		
What activities will your organisation be operating, running or involved with in the next 12 months? (Please include <u>all</u> income generating activities).		
Do you undertake any high risk activities? Including (but not limited to) Abseiling, rock climbing, climbing walls, ropes course, leap of faith, snow skiing/boarding, archery, surfing, kayaking, white water rafting, horse riding, giant swings, flying foxes, skate boarding using ramps, jet skiing, water sports with boats, paintball, motorised bikes/carts/vehicles of any kind, fun runs.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Will you be holding any events/exhibitions/festivals/meetings where the number of attendees would exceed 500 people? (If yes, please detail)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do provide any 'fee for service' advice or counselling?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do work with young people / children?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do have active child safe policies and procedures?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Finance		
What is the actual total income / turnover from your last financial year?		
What is your estimated annual income / turnover for the next financial year?		
What are your primary sources of income?		
Do you operate any income-generating businesses – e.g. op shops, crèches, child care, professional counselling? If yes, please provide details.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you State Stamp Duty exempt? Certificate number:	<input type="checkbox"/> yes	<input type="checkbox"/> no

What is a percentage breakdown of revenue by state or territory (where you conduct your activities from?)

ACT	NSW	VIC	QLD	SA	WA	TAS	NT	O/seas	Total
%	%	%	%	%	%	%	%	%	%

Your People			
Number of FTE employees			
Average Number of Volunteers who serve each month:		How many hours would <u>each</u> volunteer give <u>per month</u> (on average)?	
Number of board members:		No. of committee members (not incl board):	

Details of the premises / property (This section must be completed)			
Location addresses of offices / premises OR primary location of activities:			
Do you own the premises? (If yes, please complete building addendum)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Has there been any burglary on your premises in the past 12 months?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
What is the value of your contents to be insured?	\$		
Value of portable assets that you need to insure away from your stated address for accidental damage and unforeseen events	\$		
What percentage of annual activity would occur in your declared premises?	%		

Insurance incidents (Important: Association Liability Insurance covers are provided on a "Claims Made and Notified" basis. This means that you must notify the Insurer of every claim or potential claim during the period of insurance (before your policy renewal). If this is not done, your right to cover under this policy may be affected.)		
Has any claim or circumstance been alleged or notified to you or any insurer which may give rise to a claim for a similar risk to that proposed for insurance?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you or any Director or Officer, after enquiry aware of any other incident or circumstance that has not been alleged or notified, but of which you know of and feel may give rise to a claim for a similar risk to that proposed for insurance?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is there any other information which you think may affect your insurance or which we should be advised of? (See your 'Duty of Disclosure')	<input type="checkbox"/> yes	<input type="checkbox"/> no

Declaration (This section must be completed)
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I / we declare that the answers given and statements made are, to the best of my / our knowledge, true and correct and that I / we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.

I / we also consent to the use of information supplied in this application for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy, or other products and services distributed or offered through EA Insurance Services.

I / we authorise EA Insurance Services and its staff to act on behalf of our organization with respect of seeking quotes on general insurances within its authorizations. Where we accept quotes provided by EA Insurance Services, we appoint EA Insurance Services to arrange, amend and manage insurance policies and renewals including claims information, both current and historical on our behalf.

Signed: Date: / /

Name: Position: