



Important Notices

Please read these Important Notices before completing the Proposal.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

IMPORTANT NOTICE

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

This application is for New Business Renewal - Policy Number (if known) is:

1. YOUR DETAILS:

Full Name:

Your ABN:

Trading Name:

Postal Address:

Suburb: State: Postcode:

Contact Details: Phone: Mobile:

Email Address:

Website:

Interested Parties:.....

What Interest do the above parties have:

Years in Operation: This Business:years Any Similar Business: years

What percentage of GST on Premium do you intend claiming as an Input Tax Credit? %

Are your books of account prepared by a public accountant each year? Yes No

Have you or any director/partner/manager of the business ever:

- a) had insurance declined or cancelled? Yes No
- b) had an insurer refuse or not invite renewal? Yes No
- c) had any special conditions imposed on a policy of insurance? Yes No
- d) had a special excess imposed on a policy of insurance? Yes No
- e) had a claim rejected under a policy of insurance? Yes No
- f) been declared bankrupt or put into receivership or liquidation? Yes No
- g) been charged with or convicted of a criminal offence? Yes No
- h) Any other matters you should disclose (see 'Your Duty of Disclosure')? Yes No

If Yes to any of the above questions, please provide complete details on a separate piece of paper.

3. CONTRACTORS

Do you use contractors or subcontractors? Yes No

If Yes,

- a) Please advise activities:
- b) Annual: \$
- c) Do they hold their own insurance and provide written confirmation? Yes No
- d) Do you use Volunteers? Yes No

If Yes,

Please advise roles undertaken:

Annual \$

4. BUSINESS OPERATION DETAILS

Indemnity Limit Required \$.....

Additional Covers

Criminal Defence Expenses: Yes No Workcover Defence Expenses: Yes No

Days/Hours of Operation

Business Description & Activities:

.....

Please provide Your actual total Turnover for the Previous Period of Insurance: \$

Please provide Your estimated total Turnover for the coming Period of Insurance: \$

Please provide details of Your estimated Turnover as a percentage per State:

ACT	%	NSW	%	NT	%	QLD	%
SA	%	TAS	%	VIC	%	WA	%

Please provide Your estimated number of annual Visitors for the coming Period of Insurance:

Is the operation a Mobile Zoo/Animal Farm: Yes No

If Yes, what percentage of the annual turnover relates to the Mobile Zoo/Animal Farm? %

If Yes, please provide details including locations visited and the target audience:

Are you ZAA accredited? Yes No

If Yes, how long have you held this accreditation?

In respect of the Mobile Animals/Animal Farm, please advise of animals:

Animal	Number

Are patrons allowed access to any animals? Yes No

If Yes, please provide details:

Are all high risk category wild life (venomous or dangerous animals) subject to appropriate spectator and containment? Fences? Yes No

Are appropriate precautions taken to safeguard patrons when they are in contact with animals? Yes No

Do you have Security Personnel on site? Yes No

Do You undertake a pre-check programme and keep a written log of same? Yes No

Do You have a written cleaning procedure and log? Yes No

Do You keep and maintain an incident report procedure and log? Yes No

Do You have a written Risk Management programme? Yes No

Do You have the appropriate current accreditation in Risk Management and Occupational Health and Safety? Yes No

Are all Participants trained in safety procedures? Yes No

Do You and all of Your employees, contractors and subcontractors comply with relevant Child Protection Legislation? Yes No

Are all persons made aware of dangers before participating? Yes No

Do You ensure that disclaimers are signed prior to participation? Yes No

Do You have appropriate emergency communication devices? Yes No

Do You have suitable first aid equipment? Yes No

Are personnel appropriately trained in its application? Yes No

INSURANCE HISTORY

In respect of any of the risks against which you wish to insure, have you in the past 5 years, in this business or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:

Had any Insurer decline any claims submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer decline any Proposals submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer cancel or refuse to renew a Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer require any increased premium or imposed special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ever been bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been convicted of or charged with any civil or criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "Yes" to any of the above, please give details (or attach a separate sheet if there is insufficient space):

CLAIMS HISTORY

In the previous 5 years have You made any claim on any insurance for loss or damage or suffered any loss or damage which would be covered by this proposed insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you aware of any other incident(s) that have occurred in the last 5 years that have given or may give rise to a claim against you, whether the subject of insurance or not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered yes to either of the above questions, please complete the table below:

DATE OF INCIDENT	DESCRIPTION OF INCIDENT	AMOUNT	NAME OF INSURER

IMPORTANT INFORMATION

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or 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 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 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

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his 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 voiding the contract from its beginning.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you give us to quote on and insure your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under your policy. We will not trade, sell or rent your information.

If you give us personal information about anyone else, we rely on you to notify them:

- that you will give the information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information you give us about someone else is sensitive, we rely on you to obtain their consent prior to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement. For a full statement of our Privacy Policy, ask our office for a copy.

INSURANCE DECLARATION

I acknowledge that:

1. I have read and understood the Important Information set out in the Proposal and I/We are authorised to make this Proposal.
2. All information given on this Proposal and any attachment is true and correct.
3. No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract has been issued.
4. Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform the Insurer of any change in the particulars or statements contained in this Proposal or in any attachments.
5. Although the signing of this Proposal does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this Proposal and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the Proposal and attachments will be incorporated in the Policy.

I AGREE	<input type="checkbox"/>	I AGREE	<input type="checkbox"/>
NAME OF INSURED (1)		NAME OF INSURED (2)	
DATE		DATE	
SIGNATURE (1)		SIGNATURE (2)	