Adventure Activities Renewal Declaration Form

COMBINED GENERAL & PRODUCTS LIABILITY INSURANCE

libertyspecialtymarkets.com.au





Important Notice

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 (Cth), 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 the 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 its 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 their liability under the contract in respect of a claim or may cancel the contract. If your nondisclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything that might conceivably influence the insurer's consideration of your proposal.

Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the insurer will not cover you under the policy for any such loss or damage.

Role of Affinity Insurance Brokers

In arranging this insurance, Affinity Risk Partners (Brokers) Pty Ltd t/as Affinity Insurance Brokers ("Affinity") is acting under an authority given to it by Liberty Mutual Insurance Company t/as Liberty Specialty Markets ("Liberty"), and is acting as Liberty's agent and not as your agent.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.





1. GENERAL

Insured Name (including individual and any registered business/trading name)

Contact name	ABN
Postal address	
Telephone business	Mobile
Email	
Website	

2. ANNUAL TURNOVER	
Actual for past 12 months	\$
Estimate for next 12 months	\$

3. RISK MANAGEMENT

I would like assistance in obtaining the following document templates which Affinity can offer (no additional cost applies)										
Waiver form	Risk warning sign	Incident report	Operating procedures	Emergency management						
Other										

4. PROPERTY OWNERS LIABILITY

Do you require cover for Property Owners Liability? For example, do you live on acreage and require cover for your legal liability as a property owner?	Yes	No
If Yes, please provide the following details		

Property address

Number of acres

Description of the activities conducted at these premises (apart from those already specified)

I declare the annual estimated turnover derived from these activities is



\$

5. CONTRACTORS/SUB CONTRACTORS								
Note: This relates to any contractors whom you may engage to conduct your business activities								
On average, my estimated payments to Contractors/Sub Contractors is	\$							
I check to ensure Contractors/Sub Contractors hold their own Liability Insurance	Yes	No	N/A					
The nature of the work conducted by these Contractors/Sub Contractors is								

6. COVER REQUIRED

My current Sum Insured is			\$	
Please also provide me with a quotation on	\$10,000,000	\$20,000,000	\$25,000,000	

7. CLAIM	HISTORY									
I confirm I HAVE NOT had any insured and/or uninsured liability claims in the past five years. True False										
If FALSE, please provide details below										
Dates	No. of Claims /Reported	Amount Paid & Outstanding	Applicable Excess	Description						
After investigation, I am NOT aware of any circumstances which could give rise to a claim under the proposed policy and which are not mentioned above. True False										
If FALSE, please provide details below										

Have you had any fines or penalties in the last 5 years? (excluding motor vehicle claims) Yes No									
If Yes, please provide details below									
Date of Fine	Amount	Offence							





A – Participations	Annual	c	% of part	icipatior	ns per activity Documenter Procedures			nented dures		Sta	aff		General	
Activity Description	Participations	<2 hrs	Half Day	Full Day		Other (specify # of days)	Operating Procedures	Emergency Procedures	1st Aid Qualification	External Qualification	In-house Training	Supervision (ratios)	Safety E	Equipment
	Number	%	%	%	%	Details	Y/N	Y/N	Y/N	Y/N	Y/N	1:#	Details	Comments

B – Participations

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ACTIVITY MATRIX

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PREMISES

	Y/N	Description	On Site %	Off Site %	Relevant Approvals Accreditation Y/N (Details)	Qualifications Y/N (Details)
Do you provide accommodation?	Yes	25 Beds. Bunk house style 11 months per year @ 75% occupancy	100	0	Current Cert of Occupancy	
Do you provide catering?	Yes	Picnic lunches or BBQ for each group in local park.	90		38 seat dinning hall, commercial kitchen. Inspected by Health dept.	Yes All staff certified – food handling

ACTIVITY MATRIX

A – Participations	Annual	% of participations per activity					Documented Procedures Staff						General		
	Participations	<2 hrs	Half Day	Full Day		Other (specify # of days)	Operating Procedures	Emergency Procedures	1st Aid Qualification	External Qualification	In-house Training	Supervision (ratios)	Safety Equipment		
	#	%	%	%	%	Details	Y/N	Y/N	Y/N	Y/N	Y/N	1:#	Details	Comments	
Example: Hiking	200	30	20	40	8 2	3 days 5 days	N	Y	N	Ν	Y	12	Staff: always minimum of 2 UHF Walkie Talkie to base	Always on our own property	

B – Participations	180 (This is the number of individual that have participated)
KEY	
Participations Participants List Activity Written Procedures Emergency Procedures 1st Aid Qualification External Qualification Internal Training Supervision (ratios) Safety Equipment Bed nights Facilities	The number of participants times the number of activity sessions. The count of individuals participating within an activity. eg: 10 participants x 3 day hike = 30 participations. Describe the activity; you may be able to include your brochures and price lists to assist in these descriptions. Do you have written standard operating procedures specifically for this activity? Please attach. Are there any documented emergency procedures specifically for this activity? Please attach. Is a formal 1st Aid qualification required for a person to be in charge of this activity? Are staff required to hold a current external qualification to instruct this activity? Please list staff and their relevant qualifications. Does you business/organisation conduct its own "in house" training program? Is this program documented? Please attach. How many staff are required to supervise this activity? What is the maximum of participants per staff? List any safety equipment used and any relevant Australian Standard or equivalent. Number of participant's times the number of nights stayed. Describe what other facilities that are used by your program (including Off Site).

RENEWAL DECLARATION FORM

10. DECLARATION AND SIGNATURE

I declare that :

- 1 The Duty of Disclosure, Inadequate Space to Answer and the Privacy notices set out below have been read by me/us.
- 2. All answers and statements made in this questionnaire are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
- 3. I acknowledge Affinity Insurance Brokers reserves the right to decline any application..

Signature

Date

Name (please print)

Enquiries should be directed to: **Affinity Risk Partners (Brokers) Pty Ltd T/as Affinity Insurance Brokers T**: + 61 3 8587 7777 **F**: + 61 3 8587 7700 PO Box 601 Moorabin VIC 3189

Privacy Notice

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (Liberty). It is a member of Boston-based Liberty Mutual Group. Liberty Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225, Australia Phone: +61 2 8298 5800

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