

HOW TO FILL OUT THIS FORM

Please print your answers clearly in boxes provided, or choose the most appropriate answer. You must answer all questions and if there is insufficient space for your answer attach a separate piece of paper.

COMPLETION OF THIS FORM

The completion of this form does not bind an insurer to provide cover to any indicative premiums or conditions previously provided.

IMPORTANT NOTICES

Your Legal Liability – The financial risk of court awards through litigation is ever increasing and we recommend that you select a Limit of Liability that takes into account the future cost of claims.

SUBROGATION RIGHTS

If you have entered into an agreement with another party which prevents the insurer from taking a recovery action for compensation from that party it may affect your rights to cover under this policy.

Should you now be a party to such an agreement or be requested to enter such an agreement in the future please advise the underwriters in writing.

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 which you know, or a reasonable person in your circumstances ought to know, is relevant to the Insurer's decision whether to accept the risk, 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 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; or 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 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 the beginning.

1. The Insured

Your name and the name of your company and subsidiary companies:
('You/Your' when used in this proposal means the insured).

ABN: _____

Postal Address: _____

Telephone: _____ Mobile: _____ Fax: _____

Website Address: _____ Email Address: _____

Are you a current member of a Tourism Association? Yes No

If Yes, Tourism Association you are a member of: _____

How long have you been in business? _____ Months _____ Years

Interested parties to be named on policies (e.g. landcare agencies etc.)

2. Policy Requirements

(a) PERIOD OF INSURANCE:

Insurance commences at 4.00pm on: _____ and ends 4.00pm on: _____

(b) LIMIT OF LIABILITY (public & products liability cover required)

Amount of cover required: \$10,000,000 Other: \$ _____

Please note: To use Public Land, Government Authorities such as Parks Victoria etc; will insist you purchase a minimum of \$10m.

3. General Information

- (a) Please provide a description of your business including full details of activities offered.
Please provide a brochure.

- (b) Please provide details of the regions your business operates in (eg. Grampians, Gold Coast, Blue Mountains etc.), including details of any operations outside Australia.

- (c) Do you provide/sell any food and/or any other products? (eg. Souvenirs)
If yes please provide details:

- (d) Do you have any work conducted by sub-contractors? Yes No

If yes, please provide details:

- (i) Accomodation: _____ % of total turnover
- (ii) Restaurants: _____ % of total turnover
- (iii) Water based activities: _____ % of total turnover
- (iv) Other (eg. 4WD vehicle) specify: _____ % of total turnover
- (v) Other – specify: _____ % of total turnover

IMPORTANT NOTE: When dealing with sub-contractors we strongly recommend you obtain evidence of their current liability and workers compensation insurance.

- (e) Have you entered into any contract or agreement under which you have assumed liability for which you would not otherwise be liable, or under which you have waived your legal rights or recovery (eg. Hold harmless agreements whereby you assume the responsibility of others)?

Yes No

If yes, please provide details and attach copies of contract/agreement.

- (f) (i) Estimated annual wages (including directors & partners).

- (ii) Estimated annual turnover/number of tours by the type of activity. Please list below:

Type of activity (eg. Canoeing)	Annual turnover \$	Number of tours per annum	Average number of patrons per tour

4. Operational Information

Do you have a Risk Management program in place?

Yes

No

Please attach a copy of this report as well as providing the following:

- (a) It is a condition of cover with water and rope activities that a waiver be used with each participant. Please attach a copy of your current waiver/disclaimer.
- (b) Equipment Maintenance Reports and Inspection logs – how often is equipment checked and replaced? Do you use a maintenance log book? If yes, provide an example.

- (c) Please provide the experience/qualifications of all guides/leaders.

Name

Qualifications/experience

Name	Qualifications/experience
<hr/>	<hr/>
<hr/>	<hr/>
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- (d) Do you have a training manual for staff?

Yes

No

- (e) What is the ratio of guides to participants?

- (f) What is the company's policy on First Aid certification? How many guides/leaders on each tour are First Aid qualified?

- (g) Do you use Incident/Accident report forms?

Yes

No

- (h) Do you have passengers' complete Medical Reports prior to tours? What is the procedure?

Yes

No

- (i) Does your business comply with Industry regulations? If not, please advise.

Yes

No

- (j) Does your business carry the relevant licenses & permits to operate? If not, please advise when these will be obtained.

Yes

No

- (k) Please provide a summary of the Compulsory Safety equipment used on tours.

- (l) Please provide a copy of your emergency procedures.

- (m) Please provide a copy of your general safety procedures.

- (n) Please provide a list (or photographs) of all signs displayed at your facility. (Specifically for attractions and/or onsite Tourism facilities)

5. Operational Information (Specific)

Please complete where applicable and attach information if required.

(a) ACCOMODATION

(i) Please provide number of beds: _____

(ii) Are other activities included in the package? Yes No
If yes, please provide details:

(b) WATERSPORTS

(i) Length, type and size of all vessels:

Vessel	Length	Carrying Capacity

(ii) Grade of river:

(c) ROPE ACTIVITIES Please provide the following details:

Type of activity:	Heights	Length	% of each
Ropes – outdoor:			
Ropes – indoor:			
Flying foxes:			
			100%

(d) AMUSEMENT PARK/THEME PARKS/TOURISM ATTRACTION

Please provide details of rides and supervision:

Please advise annual number of patrons: _____

6. Insurance History

- (a) Has any insurer ever declined to insure you? Yes No
- (b) Has any insurer ever declined to renew any of your insurances? Yes No
- (c) Has any insurer ever required special terms before insuring or continuing to insure you? Yes No

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

(d) Who is your current public liability insurer? _____

(e) Expiry date of current policy: _____

7. Claims History

- (a) Have any claims been made against you in respect of your legal liability for injury or damage in the past 5 years?

If yes, please provide details:

Yes No

Date of injury/damage	Nature of injury/damage	Insurer	Amount of claim
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (b) Are you aware of any circumstances which may give rise to a claim not mentioned above?

Yes No

If yes, please provide details:

8. Declaration

Please read this carefully before you sign, if there is anything about which you have questions or would like to know more, please contact OAMPS before signing this application and declaration.

I confirm by my signature below that I have been truthful and frank in answering the questions in this application and I have not withheld any material information, which may affect the insurer's decision to accept this proposal or the terms of the proposed policy.

Signature: _____ Date: _____

Name: _____