

Yacht Club Insurance Proposal

Policy No. Client No. Intermediary No.

THE APPLICANT/S

Name(s) in full												
Tax Status	Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Taxable %	
Postal Address									State	Postcode		
Contact Numbers	Phone No. (Private) ()					Phone No. (Business) ()						
	Fax No. ()					Email:						
Other Interested Persons (e.g. Mortgagees or Lessors) – Names & Address												
Period of Insurance	From	/	/	to	/	/						at 4pm

GENERAL INFORMATION

(If "Yes", to any questions below, please provide full details including name of insurer, dates, amount in \$'s, reason for cancellation)	Please ✓
a) Have you (in the past 5 years)	
1. made any claim(s) on an insurer for loss or damage? <input style="width: 100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? <input style="width: 100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. suffered any loss or damage which would have been covered by the proposed insurance policy? <input style="width: 100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF THE PREMISES

Location(s)	<input type="checkbox"/> <input checked="" type="checkbox"/> If same as postal address				
				State	Postcode
				State	Postcode
Construction of Premise(s)	Walls	Floors	Roof	No. of Storeys	Age of Building
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Survey Details	A survey/inspection of your premises may be required. Please supply the name and contact telephone number of the appropriate contact person, with whom an appointment can be made. <input style="width: 100%;" type="text"/>				
Occupancy	a) Are you the Owner of Premises <input type="checkbox"/> an Owner Occupier <input type="checkbox"/> or a Tenant <input type="checkbox"/>				

DETAILS OF THE PREMISES CONTIUED.....

Fire and Theft Protection Installed and Maintained at the Premises	Is this section of premises occupied solely by you protected by:	
	1. Connection to Mains Water Supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Fire Sprinkler System?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. Fire Extinguishers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	4. Fire Hoses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	5. Deadlocks on all External Doors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6. Bars/Grills on all External Windows?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	7. Burglar Alarm System?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Type: Local Siren Only	
: 24 hr Monitored		Yes <input type="checkbox"/> No <input type="checkbox"/>

PROPERTY SECTION

INTEREST INSURED

	SUM INSURED
Buildings and permanent structures	\$
Contents Including Stock and members property	\$
Removal of Debris (Instead of the automatic \$5,000)	\$
Your Cover under this section includes Accidental Damage for 10% of the Sum Insured to a Maximum of \$50,000. If increase of cover required please show amount	\$

BUSINESS INTERRUPTION SECTION

INTEREST INSURED

	SUM INSURED
Gross Income and Fees Indemnity Period _____ months	\$
Claims Preparation Costs (Instead of the automatic \$5,000)	\$
Additional Increased Cost of Working	\$
TOTAL SUM INSURED	\$

THEFT SECTION

INTEREST INSURED

	SUM INSURED
Stock in Trade (excluding tobacco, cigarettes & cigars)	\$
Contents (replacement value)	\$
TOTAL SUM INSURED	\$

MONEY SECTION

INTEREST INSURED

	SUM INSURED
Money in Transit	\$
Money in buildings during business hours	\$
Money in buildings outside business hours (Maximum allowable \$5,000)	\$
Money in buildings whilst contained in locked safe or strongroom	\$
Money at residence (Maximum allowable \$5,000)	\$
Damage to Safe/Strongroom	\$

LIABILITY SECTION

Club Details	Number of Members _____ Date Established _____ / _____ / _____		
Please detail the number of races which the Club organises in the following categories	(i) harbour & inland waters		
	(ii) coastal races		
	(iii) blue water races		
Address from where you operate			
	State	Vic	
Estimated Turnover	\$ _____		
Limit of Indemnity	\$ _____		
Are sailing training courses promoted or organised through the Club?			
If "YES", are disclaimers of liability signed?			
If "YES", please supply a copy			
Please supply a copy of this years racing program			
Provide details of all activities of the club			
Do you require liability cover for Piers/Jetties/ or Pontoons	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes details of number / construction			
How many vessels use the jetty	Per month _____ Per Year _____		
What type of vessels use the jetty			
What are the dimensions of the jetty			
Do any charter craft or commercial vessels use the jetty			
Are any vessels permanently moored at the jetty			
If Yes, is any written agreement in force	If Yes please provide copy		

LIABILITY SECTION CONTINUED...

Are you the sole occupier of the premises	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, who else occupies the premises			
Please describe the facilities	Slipways		
	Travel lifts / Cranes		
	Cradles / Hardstands		
	Fuelling bowsers / Tanks		
	Boat Storage facility number		
Are your premises owned or leased			
Do you hold functions		What is the capacity for number of people	
Are the premises licenced for liquor		If yes, Full <input type="checkbox"/> BYO <input type="checkbox"/>	
Are you responsible for any car parks and their maintenance		Do you hire the premises out to non members	

GLASS SECTION

INTEREST INSURED

		SUM INSURED
Internal Glass		Yes <input type="checkbox"/> No <input type="checkbox"/>
External Glass		Yes <input type="checkbox"/> No <input type="checkbox"/>
Size of Largest Pane of Glass		m2
Additional Cover excess of \$3,000 for Temporary Protection and Shattering, Sign writing, Damage to Property and Damage to Electric Signs		\$

WORKERS' COMPENSATION

Workers' compensation is compulsory in all states and territories of Australia. This package does not include Workers' Compensation.

Do you wish to be supplied with a quotation/further information regarding Workers' Compensation? Yes No

NB: Not applicable for Queensland and South Australia

DUTY OF DISCLOSURE

What you must tell us

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.

PENALTY FOR NON-DISCLOSURE

If you do not tell us everything necessary, we may:

- reduce or refuse to pay a claim, or
- cancel your Policy

If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell us anything which:

- reduces the risk,
- is common knowledge,
- we already know, or ought to know in the ordinary course of our business, or
- we indicate we do not want to know.

If you are not sure that something is relevant, it is best to disclose it anyway.

CO-INSURANCE (AVERAGE) CLAUSE

A co-insurance (average) clause applies to the Property and Business Interruption Sections of this Policy.

This means that if the Sum Insured for:

any item of Property insured under the Property Section; or the Gross Income insured under the Business Interruption Section;

is less than 80% of its value at the time you take out this Policy and at each renewal of the Policy, then for any loss or damage You will be Your own insurer for the difference, that is You will bear a rateable proportion of each claim in accordance with the following formula.

Sum Insured x Amount of loss or damage | 80% of value = Amount payable by QBE Commercial (up to the Sum Insured).

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the QBE Privacy information brochure from any QBE Commercial office or at qbecommercial.com

SIGNATURE AND DECLARATION

1. The Duty of Disclosure, Non-Disclosure, Co-Insurance and inadequate Space to Answer notices set out above have been read by me/us
2. All answers and statements made in this application 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 you reserve the right to decline any application.

Applicant's Signature

X

Date

/ /

Applicant's Title