

## MANAGEMENT LIABILITY FOR SPORTS CLIENTS SPORTSCOVER PROPOSAL FORM

### IMPORTANT NOTICES

*PLEASE TAKE NOTICE OF THE FOLLOWING STATEMENTS PURSUANT TO PROVISIONS OF THE INSURANCE CONTRACTS ACT 1984.*

#### 1. UTMOST GOOD FAITH

This insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

#### 2. LIABILITY ASSUMED UNDER AGREEMENT

Cover provided by this form of liability insurance does not cover liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

#### 3. YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with Underwriters, you have a duty, under the Insurance Contracts Act 1984, to disclose to Underwriters every matter that you know, or could reasonably be expected to know, is relevant to Underwriters' 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 Underwriters before you renew, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter;

- That diminishes the risk to be undertaken by Underwriters;
- That is common knowledge;
- That Underwriters know or, in the ordinary course of their business, ought to know;

- As to which compliance with your duty is waived by Underwriters. If you fail to comply with your duty of disclosure, Underwriters may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

#### 4. NON-DISCLOSURE

If your non-disclosure is fraudulent, Underwriters may also have the option of avoiding the contract from its beginning.

#### 5. HOW TO COMPLETE THIS FORM

Please complete the proposal form by ticking the box next to the correct answer or writing the information requested in the space provided. If there is insufficient space to answer any question please attach a separate sheet of paper.

#### 6. PRODUCT DISCLOSURE STATEMENT

Before considering this product you should refer to our Product Disclosure Statement, available by contacting Sportscover

- [www.sportscover.com](http://www.sportscover.com) or (03) 8562 9100

#### 7. CLAIMS MADE

THE TERMS AND CONDITIONS of this Policy provide that, if a claim is made against you or any notice of an intention to make a claim against you is received or circumstances come to your attention which are likely to cause a claim to be made against you or which you should reasonably expect to cause a claim to be made against you during the term of the Policy then you must immediately notify the Underwriters thereof. This notification must be given during the term of the Policy for the Policy to apply. The time of happening of the acts or circumstances which gives rise to a claim or a possible claim is not of relevance provided they occur after the retroactive date stated on the Certificated of Insurance and the relevant sum insured is adequate. Your obligation under the policy is to communicate to the Underwriters during the term of the Policy a claim, notice of a possible claim or circumstances or act which comes to your attention and which may give rise to a claim or which you should reasonably expect may give rise to a claim as soon as is reasonably possible after such is made, received or has come to your attention. Upon expiry of the Policy no further claims can be made thereunder and the maintenance of insurance or arrangement of run off cover is essential.

**THIS NOTICE APPLIES TO EACH AND EVERY DIRECTOR, OFFICER AND STAFF MEMBER SEEKING COVERAGE**

## GENERAL INFORMATION

1. Applicant Name
2. Address
 

State	Postcode
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3. Website
4. Sport/Business
5. Does the Applicant have any overseas operations:
6. Is the Applicant a:
  - Pty Ltd
  - Incorporated Association
  - Sole Trader
  - Public Company
  - Trust
  - Partnership
  - Non Profit Association
7. Sum Insured Required:

Coverage	Limit of Liability Required		
Directors and Officers Liability	\$1 million	\$2 Million	\$5 Million
Employment Practices Liability	Not Required	\$100,000	\$250,000
Trustees Liability	Included up to Sum Insured		
Crime/Fidelity	Not Required	\$10,000	\$50,000
Statutory Liability	Included up to \$250,000		

## DIRECTORS AND OFFICERS LIABILITY

Please answer the below if you have selected to take Directors and Officers in Question 7.

8. Please List all Directors/Committee Members

Director Name	Position

**9. Is the Applicant planning any mergers or acquisitions in the next 12 months?**  
 YES NO

**10. Please list details of any other Directorships or Committees:**

Name	Position	Club/Association

## WORK HEALTH AND SAFETY

### 11. Work Health and Safety

Does the Applicant have:

- a) Safety management system in place? YES NO
- b) Systems that recognise contractors, volunteers, work experience students and labour hire employees as workers? YES NO
- c) An audit program of its safety management system to ensure it remains effective and up to date in managing health and safety risks in the workplace? YES NO
- d) Effective hazard and incident reporting procedures? YES NO
- e) Procedures in place to identify and notify officers of their duty under WHS laws? YES NO

### 12. Financials

**Please attach the Applicants audited or externally prepared Financial Statements for the most recent financial year.**

**13. Does the insured operate in the USA or any other country? YES NO**

## INCORPORATED ORGANISATIONS

### 14. Does your organisation:

- a) have a constitution/ by laws? YES NO
- b) Is this lodged with the Australia Securities and Investments Commission (ASIC)? YES NO
- c) Are all directors and committee members provided with a copy? YES NO
- d) How often is the constitution reviewed?
- e) Are any changes to the constitution made in line with the rules as set in the constitution or by ASIC? YES NO
- f) Are new members admitted to the organisation as per the rules set in the constitution? YES NO
- g) Are members dismissed/expelled or disciplined as per the rules set in the constitution? YES NO

## EMPLOYMENT PRACTICES LIABILITY

Please answer the below if you have selected to take Employment Practices Liability in Question 7.

**15. Please provide details of your current work force:**

Type of Employee	Number of Persons
Director/Committee Member	
Full Time Employees	
Part Time Employees	
Casual Employees	
Independent Contractors	
Voluntary Workers	
Total	

**16. How many directors and/or employees left the Applicant in the last six (6) months?**

**17. Does the Applicant anticipate any retrenchments or layoffs within the next twelve (12) months? If Yes, how many?** YES NO

**18. Does the Applicant have formal employment contracts with all employees?** YES NO

**19. Does the Applicant use outside employment counsel for employment advice?** YES NO

**20. Does the Applicant have a full time Human Resources Manager? If not, how is this function handled?** YES NO

**21. Does the Applicant have a policy that advice must be sort from the Human Resources Manager prior to terminating an employee?** YES NO

**22. Does the Applicant have a written employment procedures that are made available to all employees that covers disciplinary procedures, OHS, discrimination, harassment and bullying?** YES NO

## CRIME AND FIDELITY

Please answer the below if you have selected to take Crime/Fidelity in Question 7.

- |   |     |    |
|---|-----|----|
| <b>23. Are countersignatures required on all cheques?</b>   | YES | NO |
| <b>24. Are dual authorities required for all fund transfers and refunds?</b>  | YES | NO |
| <b>25. Is a monthly reconciliation conducted of all bank accounts by someone who does not handle deposits, sign cheques, have access to electronic or mechanical signatures or conduct funds transfers?</b> | YES | NO |
| <b>26. Is an external financial audit conducted on all accounts including payroll?</b>  | YES | NO |
| <b>27. What stock does the Applicant hold?</b>  |     |    |
| <b>28. Does the Applicant perform a physical inventory check of stock and equipment?</b>  | YES | NO |
| <b>29. Is the inventory check reconciled against inventory records by a person who does not participate in the inventory check?</b>   | YES | NO |
| <b>30. Are reference checks undertaken of potential employees for the past 5 years of their employment?</b>   | YES | NO |

## INSURANCE HISTORY

Please answer the below questions in relation to your previous insurance history.

1. Within the last three (3) years, has the Applicant, its directors, officers and/or any other proposed insured person been the subject of any complaint, suit, inquiry, investigation or notice of a hearing from any State, Territory or Federal regulatory body or any other party? If Yes, please attach details. YES NO

32. Within the last three (3) years, has the Applicant discovered any employee dishonesty, burglary, robbery, disappearances, destruction or forgery losses? If Yes, please attach details. MØG BC

33. Has the Applicant been declined, had cancelled or non-renewed any insurance policies for any of the coverages for which it is applying? If Yes, please attach details. MØG BC

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## DECLARATION

### PLEASE NOTE:

It is agreed that the Directors and Officers to be covered by this Insurance will give the Insurer the right to either take over the right to defend or associate with them in the defense and settlement of any claim that appears reasonably likely to involve the Insurer, and the Directors and Officers referred to will co-operate with the Insurer in the defense of such claim.

It is agreed that any Director or Officer to be covered by this Insurance may elect not to appeal a judgement in excess of the retained limits, however the Insurer may wish to make such appeal at its own cost and expense.

It is agreed that all Directors and Officers to be covered by this Insurance shall furnish the Insurer with copies of investigations, pleadings and all other papers relating to an occurrence which could give rise to a possible claim under the proposed policy.

I/We, the undersigned Authorised Officer(s) of the Applicant, state that I/We have actually made enquiries of every Director, Designated Officer and Manager seeking coverage under the proposed insurance who has declared that to the best of his or her knowledge the statements set forth herein are true and correct. Signing of this application does not bind the undersigned to complete the Insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued.

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not

bind coverage. The Applicant's acceptance of the company's quotation and the company's acceptance of the Applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Applicant:

- I have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- I am a duly authorised officer of the Applicant applying for insurance for the purpose of completing this application.
- I have read and understood the information concerning the duty of disclosure, average provisions, utmost good faith and all other important notices.
- I agree on behalf of the applicant to Sportscover obtaining from the applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- I agree to Sportscover making enquires from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- I agree to Sportscover disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

Signed/Title \_\_\_\_\_

Signed/Title \_\_\_\_\_

Signed/Title \_\_\_\_\_

Signed/Title \_\_\_\_\_

Date \_\_\_\_\_

**Sportscover Australia Pty Ltd**  
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