



ABN 25 151 703 525
AFSL 494836

A Specialist Underwriting Agency

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ALL PARKS INSURANCE PROPOSAL

Please read carefully before completing:

“you” “your” where used in this Proposal means the Proposer and if more than one, each of them.
“we” “us” “our” means All Parks Insurance Pty Ltd A.B.N. 25 151 703 525.

“Insurer” means any general insurance company accepting the risk relevant to this Proposal

Before completing this Proposal, you should read the Product Disclosure Statement and Policy Wording(s) as they explain the insurance coverage in more detail and contain definitions of words used in this proposal.

Extra copies of the Product Disclosure Statement and Policy Wording(s) can be sourced by contacting your broker or us; or requesting a copy through our website www.allparks.com.au

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty at law to disclose to the insurer anything that you 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 this duty until we agree to insure you.

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 a 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.

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 its beginning.

CONFIRMING TRANSACTIONS

You may contact us or your adviser/broker, in writing (which is always required if you are advising of any cancellation) or by phone, to confirm any transaction under your Policy. Any transaction will be documented by us as quickly as possible.

PRIVACY

All Parks Insurance Pty Ltd and the Insurers respect your privacy and comply with the Privacy Act and the Australian Privacy Principles. A copy of our Privacy Policy and the Insurers’ Privacy Policy is available on our respective websites.

BROKER CONTACT.....

PHONE E-MAIL

PROPOSER'S NAME:

TRADING AS:

PROPOSER'S BUSINESS:.....

IS THE BUSINESS LICENSED TRADE BY THEIR LOCAL COUNCIL? YES / NO

ABN:..... GST REGISTERED? YES NO ITC PERCENTAGE.....

SITUATION OF RISK:

CITY:..... STATE:..... POST CODE:

PHONEMOBILE..... EMAIL

CONTACT AT PARK.....WEBSITE:

INTERESTED PARTY:

.....

PERIOD OF INSURANCE from / / 20 to / / 20 (4pm) AEST

MEMBER OF ANY INDUSTRY RELATED ASSOCIATIONS: Yes No

Namely

Have you either alone or in partnership with any other party or, if a corporation, any of its Directors, in the last 5 years,

Suffered a loss / destruction / damage resulting in a claim under an insurance policy?	Yes / No
Received any demand or writ for personal injury or damage to property	Yes / No
Had any insurer decline any claim submitted?	Yes / No
Had any insurer decline or impose special conditions on any proposal submitted?	Yes / No
Had any insurer cancel, refuse to renew or impose any restrictions on a policy?	Yes / No
Ever been declared bankrupt?	Yes / No
Been convicted of or charged with a criminal offence?	Yes / No
Been convicted of or charged with arson or fraud?	Yes / No
Been convicted of or charged with any offence for dishonesty?	Yes / No

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

TOURIST PARKS & LIFESTYLE VILLAGES INSURANCE

(Underwritten by certain Underwriters at Lloyd's)

1. BUILDING & CONTENTS:

1. Is it your intention to cover 100% of Property Insured: Yes / No

* If No, attach list of property excluded

2. If the property is above 25th Parallel, are all buildings built to cyclone code Yes / No

We do not provide replacement cover on cabins with flat rooves that are also over 15 years of age and contents within. These buildings can only be insured for indemnity value unless an agreed value is requested and approved

Please note, we also do not cover the following assets: Heritage Listed Buildings, Caravans and/or Contents of Caravan

ASSET SCHEDULE:

SUM INSURED

Building of Residence only (stand alone)	Cannot Include
Building of Residence / Office / Shop (all under the one roof line) (excludes Personal Liability cover)	\$ _____
Contents of Office	\$ _____
Building of Amenities x _____	\$ _____
Contents of Amenities x _____	\$ _____
Cabins Replacement x _____	\$ _____
Contents of Cabins Replacement x _____	\$ _____
Cabins Indemnity x _____	\$ _____
Contents of Cabins Indemnity x _____	\$ _____
Cabins/Structures over 15yrs of age with a flat roof x _____	\$ _____
Contents of Cabins/Structures over 15yrs of age with a flat roof x _____	\$ _____
Machinery, Plant, Hose Reels, Mobile plant, workshop	\$ _____
Boom Gates x _____	\$ _____
Pool (s) x _____	\$ _____
Playground (s) x _____	\$ _____
Washers, Dryers	\$ _____
Stock in Trade/Contents of Shop	\$ _____
Signs	\$ _____
Camp Kitchen and/or BBQ's	\$ _____
Shade Shelters	\$ _____
Power heads x _____	\$ _____
Power Poles x _____	\$ _____
Fencing	\$ _____
Other Property Insured (not listed above) _____	\$ _____
Additional Removal of Debris	\$ _____
Additional Landscaping	\$ _____

Totals \$ _____

ADDITIONAL LIMITS:

Accidental Damage	Up to the full sum insured
Roads/Bridges/Underground Services (limited cover applies -\$20,000 max limit)	\$ _____
Landscaping (\$20,000 maximum limit)	\$ _____
Removal of Debris & Temporary Repairs & Protection (\$20,000 maximum limit)	\$ _____

CONSTRUCTION AND AGE OF INSURED BUILDINGS :

% of masonry/brick construction within overall sum insured of assets listed	
% of mixed modular construction/cladding within overall sum insured of assets	
% of buildings less than 10 years of age	
% of buildings older than 10 years of age	

Example of how to calculate:

Total Asset Value: \$1,000,000

Made up of:

\$500,000 for Cabins (Cladding)

\$400,000 for Amenities Block and Camp Kitchen(Brick)

\$100,000 for Power heads, Signs and Plant/Machinery (not factored into %)

50% - Modular construction

40% - masonry/brick construction

2. BUSINESS INTERRUPTION - Indemnity Period 12 18 24 months (please circle selection)

- | | |
|---|-----------------|
| 1. Gross Income (representing the Indemnity Period selected) | \$ _____ |
| 2. Gross Rentals (representing the Indemnity Period selected) | \$ _____ |
| 3. Claims Preparation Costs (automatic \$5,000) | \$ _____ |
| 4. Additional Increased Costs of Working | \$ _____ |
| Totals | \$ _____ |

3. THEFT: (maximum sum insured \$20,000)

- | | |
|---|-----------|
| Plant/Machinery/Other Contents/Stock, Customers Goods | *\$ _____ |
| Cigarettes– Tobacco– Liquor | \$ _____ |

(*Theft of property not contained in a locked building at your location is limited to \$10,000 or the sum insured above, whichever is the lesser amount)

4. MONEY: (maximum sum insured \$20,000)

(cover on premises outside Business hours, limit \$1,000, unless in locked safe) \$ _____

5. GLASS: Is glass cover required? Yes No

6. MACHINERY BREAKDOWN:

Yes No

If this cover is required complete the section below.

MACHINERY BREAKDOWN SECTION

UNITS

REFRIGERATION EQUIPMENT: (Not exceeding 4kw or 5hp)

Freezer Room/Cool Room	_____
Drink / Display Cabinet	_____
Deep chest Freezer up to 2m long	_____
Caravan / Bar Fridge	_____
Domestic Fridge / Freezer	_____
Ice Machine	_____

AIR CONDITIONING PLANT:

Split System	_____
Window/Wall Type	_____
Evaporating Cooler / ½ Cool Air conditioner	_____

OTHER PLANT:

Motors & Equipment <2hp -	Submersible Yes / No	_____
Motors & Equipment 2 to 5hp -	Submersible Yes / No	_____
Motors & Equipment 5 to 10hp -	Submersible Yes / No	_____
Spa Blower / Boom Gate / Fan		_____
Washer (large wascator)		_____
Washer (commercial)		_____
Washer (domestic)		_____
Dryers commercial		_____
Dryers domestic		_____
Other – (please specify)		_____

Please provide Serial Numbers for Machinery Breakdown units nominated

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a maintenance contract in place for your plant & equipment? Yes No

OPTIONAL BENEFITS:

Is cover for deterioration of Stock in Cold chambers required? Yes No

If Yes, please provide sum insured (in units of \$500.00 lots) **NO OF UNITS:.....**

7. ELECTRONIC BREAKDOWN: (maximum sum insured \$20,000)

A: Office \$ _____
 B: Other (boom gates, sewerage system etc) \$ _____
 C: Restoration of Electronic Data: \$ _____

8. GENERAL PROPERTY AND UNREGISTERED VEHICLES
GENERAL PROPERTY (maximum sum insured \$40,000)

Yes No

1/ _____ \$ _____
 2/ _____ \$ _____
 3/ _____ \$ _____

UNREGISTERED MOTOR VEHICLES (USED ONLY WITHIN THE CONFINES OF THE PARK):
 (Liability is not included in this section) (maximum sum insured \$20,000)

	Make	Model	Type/I.D.	
1/	_____	_____	_____	\$ _____
2/	_____	_____	_____	\$ _____
3/	_____	_____	_____	\$ _____
4/	_____	_____	_____	\$ _____

GENERAL INFORMATION

CRVA Approved Accreditation or OH&S Compliant & Certified	
Management Details:	Owner / Lessee / Manager
Number of similar situations owned by common director or proprietor?	
Does the insured have a regular tree maintenance in place?	Yes / No
If yes, when was the last inspection carried out?	_____
Where there any issues needing action?	Yes / No
If yes, have all issues been actioned?	Yes / No
When is the next inspection due to be carried out?	_____

NUMBER OF ACCOMMODATION SITES :

Relocatable Cabin Sites	
Permanent Caravan Sites	
Tourist Caravan Sites	
Tent Sites	
TOTAL LICENCED/REGISTERED SITES	

ESTIMATED ANNUAL TURNOVER :

Accommodation	\$
Food/Drink	\$
Hire of Equipment	\$
Other (please provide details)	\$
TOTAL	\$

NUMBER OF EMPLOYEES:

Type of Employee	Number
Full time Employees	
Part Time/Casual Employees	
Volunteers/Secondees/Work experience students	

PREVIOUS INSURANCE / CLAIMS AND DECLARATION

CURRENT INSURER: **POLICY NO:**

PREVIOUS CLAIMS:

Detail all insurance claims made, including any uninsured losses, in the last five years. Please include dates circumstances and amounts. (Please add extra sheets if required)

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.....
.....
.....

UNDER INSURANCE:

The insurance proposed under the Property and Business Interruption Sections includes an under insurance clause which means that if the items on the Insurance Certificate are not insured for their full value then any losses may not be paid in full. For a full definition see the relevant PDS, including policy wording(s).

SUBROGATION:

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

ADDITIONAL INFORMATION:

If insufficient space is provided on this Proposal in respect of any questions contained on the Proposal, please attach a sheet of paper containing all the additional information, noting the relevant question number and sign and date such attachment. If 'Other Property Insured' under Section 1 Assets is left blank, this will have the effect of limiting the cover only to those items listed on the assets, i.e. if not listed, it will not be covered.

DECLARATION BY PROPOSER AND/OR BROKER: I / We

- a) have received and understood the Duty of Disclosure notice and other notices accompanying this Proposal and agree to be bound by the terms of the Policy,
- b) state that the information given in this Proposal and any attachment or schedules before or after this declaration is true and correct and all information relevant to the decision and terms of insurance has been given,
- c) authorise the Insurer to give to, or obtain from, other insurers or any credit reference service, any information relating to insurance held by me/us or any claim in relation thereto,
- d) state where answers on this Proposal are not in my/our handwriting they have been checked by me/us and I/we certify they are correct.

SIGNATURE

DATE

FULL NAME

POSITION