



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, acting on behalf of the Insurer.

“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

POSTAL ADDRESS:.....

PROPOSER'S NAME:

TRADING AS:

PROPOSER'S BUSINESS:.....

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)

MEMBER OF ANY INDUSTRY RELATED ASSOCIATIONS: Yes / No

Namely

GENERAL INFORMATION

CRVA Approved Accreditation or OH&S Compliant & Certified Yes / No

Management Details: Owner/Lessee

Is there a liquor licence used at the location? Yes / No

Is there transport provided for Patrons? Yes / No

If Yes, please provide details

Nominate Entry/Exit Security to Park: Spikes/Boom Gate/ none

Number of similar situations owned by common director or proprietor? _____

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 with any dishonesty? Yes / No

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

TOURIST PARKS & LIFESTYLE VILLAGES INSURANCE

(Underwritten by International Insurance Company of Hannover SE – Australian Branch)

1. BUILDING & CONTENTS:

1. Is it your intention to cover 100% of Property Insured: YES / NO
* If No, attach list of property excluded
2. Are any Buildings Heritage Listed YES / NO
3. If the property is above 25th Parallel, are all buildings built to cyclone code YES / NO

We provide replacement cover on all buildings **other than**

- caravans
- 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

ASSET SCHEDULE:

SUM INSURED

Building of Residence / Office / Shop (excludes Personal Liability cover)	\$ _____
Contents of Residence / Office (excludes Personal Liability cover)	\$ _____
Amenities & Contents x _____	\$ _____
Cabins Replacement & Contents x _____	\$ _____
Cabins Indemnity & Contents x _____	\$ _____
Cabins/Structures over 15yrs of age with a flat roof x _____	\$ _____
Caravans Indemnity & Contents x _____	\$ _____
Machinery, Plant, Hose Reels, Mobile plant, workshop	\$ _____
BBQ's, Pergolas, Pools, Playground, etc	\$ _____
Boilers, Pressure Vessels, Washers, Dryers	\$ _____
Stock in Trade/Contents of Shop	\$ _____
Signs, Camp Kitchen, Shade Shelters	\$ _____
Power heads, Power Poles, Fencing	\$ _____
Recreation Room / Gymnasium	\$ _____
Other Property Insured (not listed above)	\$ _____
Additional Removal of Debris	\$ _____

Totals \$ _____

ADDITIONAL LIMITS:

Accidental Damage	\$ _____
Roads/Bridges/Underground Services (limited cover applies)	\$ _____

2. BUSINESS INTERRUPTION - Indemnity Period 6 / 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:

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:** (cover on premises outside Business hours, limit \$5,000, unless in locked safe) \$ _____

5. **GLASS:** Is glass cover required? Yes/ No

6. **LEGAL LIABILITY:** Yes / No

If this cover is required complete the section below.

LEGAL LIABILITY SECTION: (EXCLUDES PERSONAL LIABILITY)

Circle Limit of Liability required: **\$5,000,000** **\$10,000,000** **\$15,000,000** **\$20,000,000**

Property in your physical and legal control (automatic limit \$500,000) \$(if different limit required)

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	

SUBCONTRACTORS & LABOUR HIRE:

Do you engage Contractors or Sub-Contractors or Labour Hire? YES/NO

If Yes, please provide:

Contractor/Sub-Contractor/Labour Hire	Service Provided	Estimated Annual Payments

ACTIVITIES:

Please advise which of the following activities your Park is involved in, by crossing out either the 'Yes' or the 'No', which ever **DOES NOT** apply.

BMX TRACK	YES/NO	MODULAR PUMP TRACK	YES/NO
LAWN BOWLS	YES/NO	COURTS: TENNIS VOLLEY BALL BASKET BALL	YES/NO YES/NO YES/NO
MINI GOLF	YES/NO	GAMES ROOM	YES/NO
GYM	YES/NO	SPA/SAUNA	YES/NO
SWIMMING POOL	YES/NO Number &	PONTOON	YES/NO If Yes; Length (m).....
BOAT RAMP	YES/NO	HIRE OF EQUIPMENT PUSH BIKES PEDAL CARTS CANOES/KAYAKS/PADDLE BOARDS BOATS FISHING EQUIPMENT	YES/NO – Number..... YES/NO- Number..... YES/NO – Number..... YES/NO- Number YES/NO- Number.....
KIDS PLAYGROUND	YES/NO	TRAMPOLINE: ABOVE GROUND IN GROUND	YES/NO YES/NO
WATER SLIDE: UP TO 3M HIGH 3M -5M HIGH OVER 5M HIGH	YES/NO- Number... YES/NO- Number... YES/NO- Number...	WATER SKII	YES/NO
TRACTOR/TRAIN RIDES	YES/NO	WATER PARK/PLAYGROUND	YES/NO
HORSE RIDING	YES/NO	DEEP FAT FRYING FOOD- Takeaway Restaurant	YES/NO YES/NO YES/NO
FUEL- PETROL Number of Bowsers	YES/NO	GAS REFILLS/SWAP n GO	YES/NO
KIDS CLUB	YES/NO If Yes: Max No of Kids any one time..... No of Staff any one time..... Activities..... Any activities away from premises?.....		
INFLATABLE TRAMPOLINE eg Jumping pillow	YES/NO If Yes: Manufacturer..... When Installed..... Professionally Installed: YES/NO When canvas last replaced.....		

OTHER ACTIVITY NOT LISTED please advise the following (Please add extra sheets if required)

Type of activity No. of Units

Type of activity No. of Units

7. **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)		_____

Is there a maintance 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:.....

Is business interruption cover following breakdown required? Yes / No
 (Additional premium will apply)

8. **ELECTRONIC BREAKDOWN:**

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

9. **GOODS IN TRANSIT:** (USE SEPARATE SHEET TO DESCRIBE GOODS) \$ _____

10. GENERAL PROPERTY AND UNREGISTERED VEHICLES

Yes / No

GENERAL PROPERTY

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

UNREGISTERED MOTOR VEHICLES (USED ONLY WITHIN THE CONFINES OF THE PARK):

(Liability is not included in this section, can be addressed in section 6)

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

11. EMPLOYEE DISHONESTY:

Yes / No

If cover is required – please advise sum insured

\$ _____

Do you carry out background checks before engaging new employees

Yes / No

12. TAXATION AUDIT COSTS:

Yes / No

If cover is required – please advise sum insured \$ _____

**CYBER EVENT PROTECTION – PLEASE COMPLETE EMERGENCE CYBER PROPOSAL FORM
(Underwritten by Emergence)**

Yes / No

CYBER 1ST AID (LIMITED COVER) - SUM INSURED LIMIT \$100,000

Yes / No

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)

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

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(ies),
- 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