



ABN 25 151 703 525  
AFSL 494836

A Specialist Underwriting Agency

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## **ALL PARKS INSURANCE LEGAL LIABILITY 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](http://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: .....

PHONE .....MOBILE..... EMAIL .....

CONTACT AT PARK.....WEBSITE: .....

INTERESTED PARTY: .....

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

MEMBER OF ANY INDUSTRY RELATED ASSOCIATIONS: YesNo

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 LIABILITY INSURANCE

(Underwritten by certain Underwriters at Lloyd's)

## LEGAL LIABILITY: (EXCLUDES PERSONAL LIABILITY)

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

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

|   |   |
|---|---|
| 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 park have Fire Pits<br>If yes, how many Fire Pits<br>Who provides the Fire Pits?<br>Where are the Fire Pits located within the park?<br>Do you have a procedure for the use of Fire Pits?                    | Yes / No<br>(if yes, please provide photo's)<br>Guest / Insured<br>.....<br>Yes / No<br>If yes, please provide a copy |
| Does the insured have a regular tree maintenance in place?<br><br>If yes, when was the last inspection carried out?<br><br>Where issues raised attended to?<br><br>When is the next inspection due to be carried out? | Yes / No<br><br>/ /<br><br>Yes / No<br><br>/ /  |

### NUMBER OF ACCOMMODATION SITES :

|  |  |
|--|--|
| Relocatable Cabin Sites                |  |
| Permanent Caravan Sites                |  |
| Tourist Caravan Sites                  |  |
| Tent Sites                             |  |
| <b>TOTAL LICENCED/REGISTERED SITES</b> |  |

### ESTIMATED ANNUAL TURNOVER :

|                                |           |
|--------------------------------|-----------|
| Accommodation                  | \$        |
| Food/Drink                     | \$        |
| Hire of Equipment              | \$        |
| Other (please provide details) | \$        |
| <b>TOTAL</b>                   | <b>\$</b> |

### NUMBER OF EMPLOYEES:

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

## 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              | Liquor  | YES   NO |
| Boarding & Alighting                         | YES   NO              | Mini Golf:  | YES   NO |
| Boat Ramp:                                   | YES   NO              | Modular Pump Track:   | YES   NO |
| Pontoon:                                     | YES   NO              | Playground:   | YES   NO |
| Courts:                                      |                       | Spa – Outside:  | YES   NO |
| Tennis Courts                                | YES   NO              | Swimming Pool:  | YES   NO |
| Basketball                                   | YES   NO              | No. of Pools:   | .....    |
| Volleyball                                   | YES   NO              | Water Park/Playground:  | YES   NO |
|  |                       | If yes, is there waterslides in the waterpark?  | YES   NO |
|  |                       | # of Slides .....   |          |
| Deep Frying:                                 | YES   NO              | Tractor/Train Rides   | YES   NO |
| Food:  |                       | Trampoline:   |          |
| Takeaway:                                    | YES   NO              | Above Ground:   | YES   NO |
| Restaurant:                                  | YES   NO              | Below Ground:   | YES   NO |
| Games Room                                   | YES   NO              | Waterslides:  | YES   NO |
|  |                       | Up to 2.99m High  | #.....   |
|  |                       | 3m – 5m High  | # .....  |
|  |                       | Over 5m   | #.....   |
|  |                       | *height is measured from water level to entry point of slide                          |          |
| Gas Refills:                                 | YES   NO              |   |          |
| Swap and Go:                                 | YES   NO              |   |          |
| Gym  | YES   NO              |   |          |
| Hire Equipment:                              |                       |   |          |
| Push Bikes                                   | YES   # Of .....   NO |   |          |
| Pedal Carts                                  | YES   # Of .....   NO |   |          |
| Canoes                                       | YES   # Of .....   NO |   |          |
| Kayaks                                       | YES   # Of .....   NO |   |          |
| Other:                                       | YES .....   NO        |   |          |
| Inflatable Trampoline:<br>Eg. Jumping Pillow | YES   NO              | Manufacturer:   |          |
|  |                       | Date Installed:   |          |
|  |                       | Professionally Installed: YES   NO  |          |
|  |                       | Date canvas last replaced:  |          |
|  |                       | CCTV Installed : YES   NO   |          |
| Kid's Club                                   | YES   NO              |   |          |
|  |                       | If Yes:   |          |
|  |                       | Max No of Kids any one time.....  |          |
|  |                       | No. of Staff any one time.....  |          |
|  |                       | Do staff on duty hold a current First Aid Cert? Yes / No                              |          |
|  |                       | Have all staff working with the children had a Working with Children's Check Yes / No |          |
|  |                       | Activities .....  |          |
|  |                       | Are any activities away from premises? If yes, provide more details Yes / No          |          |
|  |                       | .....   |          |

**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 .....

Type of activity ..... No. of Units .....

Type of activity ..... No. of Units .....

# 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

**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** .....