

**Sydney**

Lvl 14, 100 Miller Street, North Sydney NSW 2060  
 PO Box 6124, North Sydney NSW 2059  
 Ph: (02) 9908 0000 Fax: (02) 9908 0099

**Brisbane**

Lvl 1, 99 Melbourne Street, South Brisbane QLD 4101  
 PO Box 2780, Brisbane QLD 4001  
 Ph: (07) 3237 8400 Fax: (07) 3237 8499

## PARASAILING BROADFORM LIABILITY PROPOSAL

**Period of Insurance**  to  At 4.00pm

**Important Notices**

**YOUR DUTY OF DISCLOSURE**

Before You enter into a contract of general insurance with an Insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that You know, or 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 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 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 his business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

**NON DISCLOSURE**

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce his 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.

**PREVENTING OUR RIGHT OF RECOVERY**

Where another person is liable to compensate You for any loss, damage or liability which is covered by this Policy but You have agreed not to seek recovery of any monies from that person, we will not cover You under this policy for that loss, damage or liability.

**PRIVACY**

We are committed to protecting Your privacy. We only use the personal information You give us to quote on and insure Your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under Your policy.

We will not trade, sell or rent Your information.

If You don't give us complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the personal information we hold about You at any time.

If You give us personal information about anyone else, we rely on You to notify them:

- that You will give Your information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information You give us about someone else is sensitive, we rely on You to obtain their consent to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement.

For a full statement of our Privacy Policy, ask for a copy.

**Name of Insured**  
*(incl. all Subsidiary Companies)*

**Postal Address**

  


**Suburb / City**

<input type="text"/>	<b>State</b>	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
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**ABN**

**Taxable (GST Input)**

 %

**Your Contact Details**

Name			
Private Phone	( )	Business Phone	( )
Facsimile	( )	Mobile	
Email			

Website:  Years in Business

**Business Premises**

1.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
2.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
3.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
4.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
5.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

**Interested Parties**

**Above Parties Interest**

Limit of Liability Required \$

Additional Covers:  Yes  No Criminal Defence Expenses  Yes  No Workcover Defence Expenses

**Please describe Your Business Activities**

**Operation Hours / Days**

**Underwriting Information**

Please provide Your actual total Turnover for the previous Period of Insurance. \$

Please provide Your estimated total Turnover for the coming Period of Insurance. \$

Please provide details of Your estimated Turnover as a percentage per State.

ACT	%	NSW	%	NT	%	QLD	%
SA	%	TAS	%	VIC	%	WA	%

Do You conduct: **Tandem Rides**  Yes  No % Turnover derived

<b>Tandem Rides</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	% Turnover derived	<input type="text"/>
<b>Solo Rides</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	% Turnover derived	<input type="text"/>

Do You conduct: **Beach Starts**  Yes  No % Turnover derived

<b>Beach Starts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	% Turnover derived	<input type="text"/>
<b>Winch Starts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	% Turnover derived	<input type="text"/>

Do You sell or distribute any products? If Yes, please complete the Products module Questionnaire.  Yes  No

Are participants trained in safety procedures?  Yes  No

Do You have suitable first aid equipment?  Yes  No

Are personnel appropriately trained in its application?  Yes  No

Do You keep and maintain an incident report procedure and log?  Yes  No

Is instruction only provided by appropriately qualified Instructors?  Yes  No

**In respect of Your Instructors/Operators, please advise:**

Name	Experience	Certification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do You have a written maintenance and service programme and keep a log of same?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all persons made aware of dangers before participating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You ensure that disclaimers are signed prior to participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all participants required to use Australian/New Zealand Standards approved life jackets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all units have Hull and P&I Insurance cover through an authorised Marine Insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You ensure that persons who are under the influence of alcohol are prevented from participating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You utilise the services of contractors/ subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what services do they provide?	<input style="width: 100%;" type="text"/>
What are the estimated payments to contractors/ sub contractors?	\$ <input style="width: 100%;" type="text"/>
Do You keep and maintain a written record of their Public Liability insurance? (This should carry a minimum limit of \$10,000,000 with an authorised Insurer.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Insurance Declaration and Claims History**

Your Current Insurer	<input style="width: 95%;" type="text"/>	Expiry Date	<input style="width: 95%;" type="text"/>
Have You or any other party noted as the Named Insured ever had insurance refused or cancelled or has any Insurer ever imposed special terms, conditions or restrictions on Your policies?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please provide full details (if insufficient room continue on a separate sheet)		<input style="width: 100%;" type="text"/>	
Detail all insurance claims made in the last five years. Please include dates and amounts (if insufficient room continue on a separate sheet)		<input style="width: 100%;" type="text"/>	
Are You aware of any uninsured losses or unreported incidents that may give rise to a claim? (if insufficient room continue on a separate sheet)		<input style="width: 100%;" type="text"/>	
a)	Has there been, or is there now pending, any action, litigation or other proceedings (Criminal or Civil) against any proposed Insured Person, in their capacity as a director, officer, secretary, board or committee member or employee of either the Named Insured or any other company, organisation, association or trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b)	Has there been or is there now pending any investigation, examination, inquiry or other proceedings in relation to the affairs of the Named Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c)	Do any circumstances exist that may give rise to any event described under a) or b) above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d)	Have You or any partner(s), board or committee member(s) of the business ever been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e)	Have You or any partner(s), board or committee member(s) of the business ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If You have answered "Yes" to part a), b), c), d) or e) above, please supply details.		<input style="width: 100%;" type="text"/>	

**Please check Your proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in Your own handwriting.**

**Declaration**

I acknowledge that:

- 1) I have read and understood the Important Information set out in the Proposal and I/we are authorised to make this proposal.
- 2) All information given on this Proposal and any attachment is true and correct.
- 3) The insurance contract will not commence until the premium is paid.
- 4) The Insurer reserves the right to vary the premium and/or the policy terms and conditions on receipt of the completed proposal form.
- 5) Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Altiora Insurance Solutions of any change in the particulars or statements contained in this proposal or in any attachments.
- 6) Although the signing of this proposal does not bind the Insurer or the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued.
- 7) The Proposal and attachments will be incorporated in the Policy.

**I/We declare that the above answers are true to the best of My/Our knowledge and belief and that all material facts which may affect the assessment of the risk have been disclosed.**

**I/We agree that this proposal is for insurance in the standard terms and conditions of the Insurer's policy and will be the basis of the contract.**

**Your Signature:**

**Your Name:**

**Date:**

**Your Title:**