

TOURISM OPERATORS Insurance Application Form

AIB AUSTRALIA

PARTICIPATING BROKER

Name:

A/C Exec:

Phone:

Fax:

Email:

FSRA Licence No.:

Important Facts: Please read these notes before completing the proposal:-

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 on whether to accept the risk of the 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 re- instate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- That diminish the risk to be undertaken by the insurer;
- That is of common knowledge;
- That your insurer knows of, or in the ordinary course of 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 its liability under the contract in respect of a claim, or may cancel the contract. If your non-disclosure, or disclosure, is fraudulent the insurer may also have the option of avoiding the contract from its commencement.

SUBROGATION RIGHTS

If you have entered into an agreement, which excludes or limits your right to recover part or all of any loss or damage from another party, we will not cover you for that loss or damage under the policy.

THIRD PARTY INTERESTS

You must inform us of the interests of all third parties (e.g. financiers, lessors) to be covered by this insurance. We will protect their interests only if you have informed us of them and they are noted on the Schedule.

PRIVACY POLICY

AIB Insurance Brokers complies with the Federal Privacy Act and its National Privacy Principles (NPPs), which set out standards for the collection, use, disclosure and handling of personal information. For further information relating to our NPPs please refer to <http://www.aibinsurance.com.au/privacy.htm>

1. THE APPLICANTS

1.1 Full name of Applicant including all subsidiaries
(not just the holding company):

A.B.N.

Input Tax Credit %

1.1.1 Phone: Fax:

1.1.2 Email:

Website:

1.2 Postal Address:

State: Post Code:

1.2.1 Principal Place of Operations:

State: Post Code:

1.3 Qualifications/experience of Principals:

1.4 Number of continuous years in this business:

1.5 Do you require your customers/guests/patrons to sign a Disclaimer (Indemnity and Release form)? Yes No

1.6 Please advise the name of your current Public/
Products Liability Insurer:

1.7 Insurance to commence from:

at 4:00pm LST To: at 4:00pm LST

1.8 Please select the amount required: \$5,000,000 \$10,000,000 \$20,000,000

ACCOMMODATION OCCUPATIONS

2. ACCOMMODATION E.G. HOTELS, MOTELS, RESORTS, SCHOOL CAMPS ETC:						
2.1	FULL DESCRIPTION OF YOUR OPERATIONS AND ACTIVITIES (ALL ACTIVITIES TO BE INSURED SHOULD BE DISCLOSED NOT JUST THE MAIN ACTIVITY):					
2.2	PLEASE ADVISE THE NUMBER TO LET:					
	Units	Rooms	Cabins	Caravan sites	Camping sites	
2.3	DO THE PREMISES COMPLY WITH ALL CURRENT RELEVANT GOVERNMENT LEGISLATION RELATING TO FIRE DETECTION, PROTECTION AND EVACUATION PROCEDURES?				Yes	No
2.3.1	Are fire drills carried out regularly?				Yes	No
2.3.2	Is there a documented evacuation plan in place?				Yes	No
2.3.3	If Yes, are all staff aware of and trained in these procedures?				Yes	No
2.4	DOES THE BUSINESS HAVE LIVE ENTERTAINMENT?				Yes	No
2.4.1	If YES, please provide details of the type of entertainment					
2.4.2	How often is entertainment provided?					
2.5	ARE CLEANERS ON SITE DURING TRADING HOURS?				Yes	No
	If YES, are they:	Own staff	Contractors	Volunteers		
2.6	ARE SECURITY STAFF PROVIDED AT YOUR PREMISES?				Yes	No
	If YES, are they:	Own staff	Contractors	Volunteers		
2.7	ESTIMATED ANNUAL TURNOVER:					
2.8	Accommodation					
2.9	Bar / Food					
2.10	Other (Please specify)					

EDUCATION AND CULTURAL OCCUPATIONS

2. EDUCATION AND CULTURAL PURSUITS E.G. MUSEUMS, BOTANICAL GARDENS, ABORIGINAL CULTURE, MUSIC/THEATRE PRODUCTIONS:

2.1 FULL DESCRIPTION OF YOUR OPERATIONS AND ACTIVITIES (ALL ACTIVITIES TO BE INSURED SHOULD BE DISCLOSED NOT JUST THE MAIN ACTIVITY):

2.2 DO THE PREMISES COMPLY WITH ALL CURRENT RELEVANT GOVERNMENT LEGISLATION RELATING TO FIRE DETECTION, PROTECTION AND EVACUATION PROCEDURES? Yes No

2.3 ARE ALL WALKWAYS WELL MAINTAINED AND FREE FROM OBSTRUCTIONS? Yes No

2.4 ARE THERE ANY ACTIVITIES OR DEMONSTRATIONS CARRIED OUT THAT INVOLVE THE THROWING OR FIRING OF ANY ITEMS E.G. BOOMERANGS, SPEARS OR WHIP CRACKING? Yes No

2.4.1 If YES, please state the type of activity and all measures taken to protect the safety of participants, spectators and their property.

2.4.2 Are patrons invited to participate in those activities? Yes No

2.5 DETAILS OF ANY INSTRUCTORS ENGAGED BY THE INSURED:

No. of Instructors	Type of Instruction	Employee or Contractor	Own Professional Indemnity Cover	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

2.6 ESTIMATED ANNUAL TURNOVER:

2.7 Annual Turnover?

2.8 Annual attendance?

2.9 Maximum attendance any one day?

HIRE OCCUPATIONS

2. EQUIPMENT HIRE:

2.1	TYPE OF EQUIPMENT HIRED	INCOME FROM HIRE	NUMBER OF HIRED UNITS
	Bicycles (inc. mountain bikes)		
	Bicycles – powered		
	Camping equipment		
	Camping Trailers		
	Canoes / kayaks		
	Caravans		
	Houseboats		
	Row / paddle boats		
	Snow ski equipment		
	Swim aids (not scuba equipment)		
	Watercraft – not powered		
	Watercraft – powered (specify HP / engine size)	HP:	
		HP:	
	Other items not mentioned above:		
	What is the minimum and maximum age of hirers?	Minimum age	Maximum age

2.2	IS THERE REGULAR MAINTENANCE / SAFETY INSPECTIONS ON HIRE EQUIPMENT?	Yes	No
2.2.1	Is there a documented repair, maintenance and safety inspection program for all hire equipment?	Yes	No
2.2.2	What instruction / training is given by you to your customers on your hire equipment?		
2.2.3	Do you have a formalised, documented training procedure in place for staff?	Yes	No
2.3	DO YOUR PRODUCT/S (INCLUDING ACCESSORIES, E.G. LIFE JACKETS AND HELMETS, ETC.) COMPLY WITH THE RELEVANT AUSTRALIAN STANDARDS?	Yes	No
2.4	ESTIMATED ANNUAL TURNOVER:		
2.5	Estimated Annual Turnover from hired equipment?		
2.6	Estimated Annual Turnover from retail sales?		

EVENTS

2 EVENTS E.G. FETES, FESTIVALS AND MARKETS INCLUDING CHARITY AND FUND RAISING EVENTS:

2.1 NAME, TYPE AND FULL DESCRIPTION OF THE TOURISM EVENT			
2.1.1	Town in which the "event" will be held?		Postcode:
2.1.2	Dates?	From:	To:
2.1.3	Times?	From:	To:
2.1.4	Will the "event" be held indoors or outdoors?		
2.2	ARE THERE ANY ACTIVITIES THAT COULD CAUSE INJURY TO SPECTATORS/ VISITORS OR DAMAGE TO PROPERTY E.G. SPECIAL EFFECTS, PYROTECHNIC DISPLAYS, AMUSEMENT OR MECHANICAL RIDES ETC.	Yes	No
2.2.1	If YES, please provide details:		
2.3	WHAT ACTIVITIES WILL BE CONDUCTED DURING THE 'EVENT'? PLEASE PROVIDE A LIST OR BROCHURE OUTLINING ALL ACTIVITIES.		
2.4	WHAT TYPE OF MUSIC WILL BE PROVIDED?		
2.5	HAVE YOU INVOLVED EMERGENCY SERVICES IN ANY DISASTER PLANNING?	Yes	No
2.5.1	If YES, please provide details:		
2.6	ARE THE SITE, PREMISES AND EQUIPMENT WELL MAINTAINED?	Yes	No
2.7	ARE YOU RESPONSIBLE FOR THE PROVISION OF FOOD AND BEVERAGES?	Yes	No
2.8	WHAT SYSTEM IS IN PLACE TO RECORD ANY POTENTIAL CLAIM OR INCIDENTS?		
2.9	WHAT INDEMNITY AND RELEASE NOTICES DO YOU DISPLAY (ON TICKETS OR SEPARATE NOTICES)? PLEASE PROVIDE A SAMPLE OF THESE NOTICES.		
2.10	WHO IS RESPONSIBLE FOR CLEANING THE SITE DURING AND AT THE COMPLETION OF THE EVENT?		
2.11	NUMBER OF PERFORMANCES PLANNED?	<input type="text"/>	

2 EVENTS E.G. FETES, FESTIVALS AND MARKETS INCLUDING CHARITY AND FUND RAISING EVENTS:
(CONT)

2.12	WHO IS RESPONSIBLE FOR SETTING UP TEMPORARY SEATING?		
2.12.1	Are the seats anchored?	Yes	No
2.13	MAXIMUM NUMBER STALLHOLDERS/EXHIBITORS/TRADE STANDS ETC?		
2.14	IF THE BUSINESS IS "MARKET ORGANISER" PLEASE ADVISE THE NUMBER OF MARKET DAYS PER YEAR?		
2.15	ESTIMATED ANNUAL TURNOVER:		
2.16	WHAT TURNOVER DO YOU EXPECT TO GENERATE THIS YEAR?		
2.17	HOW MANY PEOPLE DO YOU EXPECT TO ATTEND THIS YEAR IN TOTAL (NOT APPLICABLE TO MARKETS)?		

TOUR OCCUPATIONS

2. TOURS (INCLUDING CHARTER BOATS):			
2.1	DO YOUR ACTIVITIES INCLUDE:		
2.1.1	Inbound tours or tours within Australia only?	Yes	No
2.1.2	Outbound tours (tours outside Australia)?	Yes	No
2.2	ARE YOUR ACTIVITIES:		
2.2.1	Restricted to organising or booking of tours only?	Yes	No
2.2.2	If NO, do you accompany the tour group in a leader/guide capacity?	Yes	No
2.2.3	Please give a full and complete description of your specific tour/s, including destination(s) and all activities conducted whilst on the tour/s (a) by you and (b) by external providers:		
2.2.4	If your tour involves any activity other than sightseeing, please complete details of all employees involved as tour/trek leaders or guides:		
	Name:	Role:	Qualifications / Experience:
2.3	WHAT IS THE RATIO OF GUIDES/LEADERS TO PARTICIPANTS?		
2.4	FOR TOURS IN REMOTE OR INACCESSIBLE AREAS DO YOU CARRY:		
2.4.1	Effective Emergency communication equipment?	Yes	No
2.4.2	Emergency location equipment?	Yes	No
2.5	DOES YOUR BUSINESS AND EMPLOYEES COMPLY WITH ALL REGULATIONS, LICENSES AND PERMITS REQUIRED BY ALL RELEVANT STATUTORY AUTHORITIES AND/OR INDUSTRY ACCREDITATION, AND REGULARLY CHECKED?		Yes No
2.5.1	If YES, how often are these checks done?		
2.6	IF YOUR TOUR INVOLVES THE USE OF WATERCRAFT OPERATED BY YOU PLEASE ADVISE:		
2.6.1	Number of vessels under 10 metres in length?		
2.6.2	Number of vessels between 10 and 20 metres in length? (vessels over 20 metres not covered)		
2.7	ESTIMATED ANNUAL TURNOVER:		
2.8	PLEASE PROVIDE AN ESTIMATE OF YOUR ANNUAL TURNOVER FROM GUIDED TOURS?		
2.9	ESTIMATE OF YOUR ANNUAL TURNOVER GENERATED FROM RETAIL SALES?		
2.10	ESTIMATE OF THE NUMBER OF PASSENGERS YOU EXPECT TO CATER FOR THIS YEAR?		

ANIMAL PARK OCCUPATIONS

2. ZOOS, WILDLIFE PARKS, FAUNA PARKS, AND MOBILE ANIMAL DISPLAYS :

2.1 FULL DESCRIPTION OF YOUR OPERATIONS AND ACTIVITIES (ALL ACTIVITIES TO BE INSURED SHOULD BE DISCLOSED NOT JUST THE MAIN ACTIVITY):

2.2 PLEASE SUPPLY A LIST OF ALL ANIMALS AND NUMBERS:

2.2.1 Do you have any free roaming animal attractions that involve public interaction or audience participation, e.g. feeding, photographs etc? Yes No

2.2.2 If YES, please provide details (i.e. type of animals and interaction, ratio of supervisors to tourists)?

2.3 ARE THERE DESIGNATED PATHS/ROADWAYS FOR THE PUBLIC TO WALK ON? Yes No

2.4 DO THE PREMISES HAVE ADEQUATE SIGNAGE, LIGHTING ETC (INCLUDING CAR PARKS)? Yes No

2.5 HOW OFTEN ARE PATHWAYS/LIGHTING/BARRIERS/GUARD-RAILS/CAR-PARKS, ETC. CHECKED FOR FAULTS?

2.6 WHAT ON-SITE SECURITY IS IN PLACE OUTSIDE BUSINESS HOURS?

2.7 DO YOU HAVE DEDICATED ON-SITE CLEANERS DURING OPERATING HOURS? Yes No

2.7.1 Do cleaners have radios/mobiles so that spills are identified and cleaned up immediately? Yes No

2.8 DO YOU HAVE A DOCUMENTED INCIDENT REPORTING SYSTEM IN PLACE FOR ALL INJURIES? Yes No

2.9 PLEASE ADVISE THE SEATING CAPACITY OF ANY GRANDSTANDS LOCATED ON THE PREMISES?

2.10 PLEASE ADVISE DETAILS OF ALL RECREATIONAL ACTIVITIES PROVIDED:

	Description	Number
A) Water slides, swimming pools, lakes, playground equipment?		
B) Animal attractions and/or animal rides?		
C) All other rides or attractions?		

2.11 ESTIMATED ANNUAL TURNOVER:

2.12 Please provide an estimate of your annual turnover?

2.13 Please provide an estimate of the number of visitors you expect to receive this year?

THIS PAGE TO BE COMPLETED BY ALL APPLICANTS

3.0	DO YOU ASSUME LIABILITY UNDER ANY CONTRACT OR HOLD OTHERS HARMLESS (OTHER THAN LEASE LIABILITY)?	Yes	No
3.1	If yes, please provide full details and attach copies of all agreements (other than lease liability):		
4.0	PLEASE ADVISE THE NUMBER OF STAFF YOU EMPLOY (EXCLUDING ANY CONTRACTORS/SUB-CONTRACTORS, LABOUR HIRE PERSONNEL OR VOLUNTEERS):		
4.1	Please advise the number of volunteer staff you employ:		
4.2	If you employ volunteer staff what are their duties?		
4.3	If you employ volunteer staff, are they covered by a Group Personal Accident policy?	Yes	No
5.0	ARE ANY CONTRACTORS (INCLUDING SUB-CONTRACTORS AND/OR LABOUR HIRE PERSONNEL) EMPLOYED BY YOU E.G. CLEANERS, MAINTENANCE/REPAIR, SECURITY PERSONNEL, CATERING STAFF OR OTHERS?	Yes	No
5.1	If YES, do they have their own liability insurance in place?	Yes	No
5.1.1	Are your interests noted on their policy?	Yes	No
6.0	DO YOU PURCHASE ANY ITEMS DIRECT FROM AN OVERSEAS SUPPLIER FOR RE-SALE?	Yes	No
6.1	If YES, please describe the items:		
7.0	DO YOU MANUFACTURE OR SELL ANY LOCALLY PRODUCED PRODUCTS OR MERCHANDISE?	Yes	No
7.1	If YES, please give full details:	Annual turnover	
8.0	DO YOU SERVE FOOD AND BEVERAGE?	Yes	No
8.1	Do you prepare the food/beverage?	Yes	No
8.2	Do you purchase complete?	Yes	No
8.3	Do you serve alcohol?	Yes	No
8.4	Do you have a license to serve alcohol?	Yes	No
8.5	If YES, do staff receive training in the alcohol policy?	Yes	No

9.0 HAVE YOU, OR ANY DIRECTOR/PARTNER/MANAGER OF THE BUSINESS EVER:		
9.1	sustained any loss or damage or incurred liability during the last 5 years whether insured or not of a type against which insurance is now sought?	Yes No
9.2	are there any circumstances of which you are aware which could give rise to a claim under the proposed policy?	Yes No
9.3	had any insurance declined or cancelled?	Yes No
9.4	had an insurer refuse or not invite renewal?	Yes No
9.5	had any special conditions imposed?	Yes No
9.6	had an excess imposed, other than a standard excess?	Yes No
9.7	had a claim rejected?	Yes No
9.8	been declared bankrupt, or put into receivership or voluntary liquidation?	Yes No
9.9	been charged/convicted of any criminal offence in the last 10 years?	Yes No
9.10	are there any other matters you should disclose (see "Your duty of disclosure" page 1)?	Yes No
If you have answered YES to any of the above questions please supply full details:		

10.0 DECLARATION OF APPLICANT:	
<p>I/We have read and understand the Important facts forming part of this proposal and confirm that this advice was provided to me/us prior to entering into the contract of insurance. The information I/we have provided is true and correct. I/we authorize AIB Pty Ltd acting on behalf of QBE Insurance (Australia) Limited to give to, or obtain from, any other insurer, or an insurance reference bureau, and for them to disclose, any information necessary to enable AIB Pty Ltd to assess this proposal, administer the policy and investigate any claim, and to deal with any matter connected with this proposal and the proposed contract of insurance, or any other insurance held by me/us in the past.</p> <p>I/we understand that no insurance is in force until such time as AIB Pty Ltd has confirmed acceptance of the proposed insurance.</p>	
Signature of Applicant(s):	Title/position e.g. Director
Date	N.B All Applicants must sign the Declaration.