



COMBINED GENERAL & PRODUCTS LIABILITY INSURANCE

Equine Club/Organisation - Application

Insured Name							
Including any individual and any registered bu	usiness name						
Contact Name							
Address							
City	State		Post Code				
Phone Number		Email					
Website							
ABN							
Brief description of your organisa (Eg. Including a years of continuous operation clubs or affiliates)							
	(D. 1.6						
Description of management & gov officer)	ernance: (Board of (directors, committee (of management, executive				
Please tick the Liability sum insure	d required						
\$10,000,000	□ \$20	,000,000	\$25,000,000				
1) Turnover							
State the total turnover derived from 12 months:	om your business a	ctivities over the las	t \$				
State the estimated turnover to be the next 12 months:	e derived from your	business activities o	over \$				





2) Stamp Duty

For the purpose of Stamp Duty please provide a breakdown by state of the Turnover for the last financial year:									
ACT	NSW	VIC	QLD	TAS	SA	WA	NT	OS	Total
%	%	%	%	%	%	%	%	%	%

3) Horse Related Activities

Activity (Per Year)	No of Events	Avg No Horses Per Event	Avg No Participants Per Event	Avg No Spectators Per Event	Comments
National Shows/Events					
State Shows/Events					
Major Show run by affiliates					
Club or minor shows run by affiliates					
Training Days or clinics					
Other					
Are any of these activities held	ociation	Yes	□ No		
Are any of these activities held	Yes	□ No			

4) Property Owners / Lessors Liability (Answer all questions)

Does your club/association own/learespect of the property?		Yes		No					
Address									
City State Post									
Number of Acres									
Select activities conducted on the premises									
☐ Hobby Farm ☐ Cropping		Breeding/Grazing Host Farm				icultural ility Hire			
Please provide details on the activities conducted on the farm									





Do any affiliate clubs own/lease property and require 24x7 cover in respect of the property? (Please provide further details in an addendum.)					Yes		No
5) Accommodation/Cate	ring						
Do you provide accommo	dation?				Yes		No
Description:							
Do you provide catering?					Yes		No
Description:							
Relevant Approvals/Quali	ifications:						
6) Contractors/Subcontr	actors/Staff						
Do you engage contractor events?	rs/ stock contractors	s / event providers 1	for your		Yes		No
Estimated Payments cont	ractors/ stock contra	actors / event provi	ders?	\$			
Do you engage Contractors/Subcontractors to complete your business activities? ie instructors who are not employees but contractors					Yes		No
Estimated payments to Contractors/Subcontractors				\$			
Describe nature of work p	performed						
Do contractors / subcontractors in their own liability insurance		actors / event prov	iders hold		Yes		No
Staffing Numbers	Full Time	Part Time		Ca	sual		
Owner Operators							
Employees							
Volunteers							
Total							
7) Risk Management							
Do all riders wear helmets to Australian standards?			☐ Yes] No	O .	
Do all riders/handlers wear appropriate footwear and clothing?			☐ Yes] No	0	
Are waivers/medical form participants?	ns/indemnity forms s	signed by all	☐ Yes] No	0	
Do you have a risk management plan? If Yes, please provide a summary of your risk management plan			☐ Yes ☐	No [Assist	ance Re	quired





Does your business/organisation have a documented OH&S Policy? If Yes, please provide sample				☐ Yes ☐	No 🗆	Assist	ance Rec	quired			
Is a qualified fir If yes, please describ		☐ Yes ☐	No 🗆	In Pro	gress						
Do you have Si If Yes, please provide	☐ Yes ☐	No									
Is your organisa If Yes, please provide	☐ Yes ☐	No									
8) Further Que	e stions (Answer a	ıll questions)									
Are any permits activities?	ur business		Yes		No						
If Yes, please pr	If Yes, please provide details										
Do you assume lease liability)	liability under c	ontract or ho	ld others harmless? (other than		Yes		No			
If yes, please pr attach copies of		s and									
9) Claims Histo	ory (Answer all q	uestions)									
Have you had a years?	ny insured and/	or uninsured	liability claims in the	past five	☐ If Yes, pro	Yes ovide deta	ils below	No			
Dates	Amount Paid &					Description					
Please list your	current insurer,	number of ye	ears of insurance, and	due date of	your cur	rent po	licy				

10) Declarations (Answer all questions)





After investigation, are you aware of any circumstances which to a claim under the proposed policy and which are not mention			Yes		No		
If yes, please provide details							
Have you ever had your public liability insurance cancelled, de renewed, or special terms imposed?	eclined non-		Yes		No		
If yes, please provide details							
Have you ever been convicted of a criminal offence, been dec had your business placed in liquidation?	lared bankrupt o		Yes		No		
If yes, please provide details							
I declare that the proposed insured is a small business with a tof less than AU\$2 million in the last financial year. Note that it selected or the question is left blank, in accordance with Ch 8 of the Duties Act 1997 (NSW), from 1 January 2018 LIU will ostamp dusty on risks that 1) occur within or partly within NSW cover NSW property.	f No is , Pt 5A charge		Yes		No		
I, the undersigned, declare and acknowledge:							
Name	Title:						
Signature	ture Date:						

(To be signed by a partner or director.)





Privacy Notice

Liberty International Underwriters (LIU) is a trading name of Liberty Mutual Insurance Company, which is a company incorporated in the U.S. It is a member of Boston-based Liberty Mutual Group (LMG). LIU Australia's head office contact details are:

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When you give LIU or Affinity personal or sensitive information about other individuals, LIU and Affinity rely on you to provide its Privacy Notice to them. If you have not done this, you must tell us before you provide the relevant data.





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 (Cth), 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 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 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 its 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 their 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.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything that might conceivably influence the insurer's consideration of your proposal.

Subrogation Agreements

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

Role of Affinity Insurance Brokers

In arranging this insurance, Affinity Risk Partners (Brokers) Pty Ltd t/as Affinity Insurance Brokers ("Affinity") is acting under an authority given to it by Liberty Mutual Insurance Company t/as Liberty International Underwriters ("Liberty"), and is acting as Liberty's agent and not as your agent.