

Yacht Club Liability Proposal



1 ENTITY NAME

Full Name of Entity

Proposers postal address

Postcode

Your Business Premises

Postcode

Please advise which state body you belong to

2 PERIOD OF INSURANCE

Cover requested from / / to / / at 4.00pm local time.

Limit of Liability required for any one occurrence \$

3 ENTITY DETAILS (IF INSUFFICIENT SPACE PLEASE PROVIDE A SEPARATE LIST)

Club Association Training/Sailing Instructors Other:

Vessel Capacity at Marina

Number of Berths Number of Moorings Number of Dry Storage (stack/hardstand)

Details of slipway, cranes, travel lifts, fork lifts etc (brief description including SWL).

4 NUMBER OF MEMBERS

Senior Sailing Members Junior Sailing Members Social Members

Sailing Instructors/Coaches Boat Owner Members

5 MARINA ACTIVITIES AND COVER REQUIREMENTS

a.	Moorings, Berths & Buoys etc.			\$
b.	Storage (rack & hardstand)			\$
c.	Repairs, alterations, maintenance work			\$
d.	Hauling out & launching (slipway,Cranes, travel lift)			\$
e.	General sales (chandlery, services, stores, etc.)			\$
f.	Membership Fees			\$
g.	Sailing School Turnover			\$
h.	Functions / Weddings etc			\$
i.	Cafe/Restaurant Turnover			\$
j.	Bar Sales			\$
k.	Regatta Organisers			\$
	General Description of Regattas Organised		Details of any organised bluewater races	
l.	Tabaret / Poker Machines			\$
m.	Fuelling	Petrol	Tank capacity	\$
		Diesel	Tank capacity	\$
n.	Other	Please specify		\$
		Please specify		\$
Total Gross Receipts				\$

6 TRAINING/ SAILING INSTRUCTORS (PLEASE COMPLETE THIS SECTION)

a. AS Courses Conducted (Please list the AS Courses that you are accredited to conduct by AS.)

Course	Average no. of Students p.a.	Average no. of on water trips	Estimated Annual Income
			\$
			\$
			\$
			\$
			\$
			\$

b. Do you conduct any other business activities which are not accredited by AS? (please Tick) Yes No

Activity	No. of participants	No. of hours per week	Estimated Annual Income
			\$
			\$
			\$
			\$
			\$
			\$

c. Do you have any employees? Yes No

If yes, how many employees do you have?

Permanent

Casual

Are they currently AS accredited coaches?

Yes No

Do you use Contractors for the delivery of any courses?

Yes No

If yes, then how many contractors do you employ?

How many of these are currently AS accredited?

Contractors, Sub-contractors, Labour Hire

If this Personal Injury to Contractors Extension is required please provide an estimate of payments to be made to each contractor in the next 12 months and the type of work performed for you, including trade experience/qualifications and claims history.

Do Contractors carry their own insurance?	Yes	No
If yes, do you sight current proof of insurance prior to engaging Contractor(s)	Yes	No
Do you require Named Contractors to be Insured under this Policy?	Yes	No

If this extended protection is required please provide a list of the Contractors to be included, their ABN and the address they operate from. Also please provide an estimate of payments to be made to each contractor in the next 12 months, the type of work performed for you, their trade experience/qualifications and claims history.

7 PRIOR HISTORY

Name of present Insurer Current Policy Due Date / /

What year was the entity incorporated?

Prior Loss History (Last Five Years.):

Relevant qualifications or experience of owner and/or senior management:

Has any insurer declined your insurance or imposed any Special Conditions? If "Yes", please detail:	Yes	No
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Detail All Incidents Reported, Claims or Un-Insured Losses (date or year, details & amount)

Additional Risk Information. Please detail any additional information relating to the proposed risk.

8 YOUR DUTY OF DISCLOSURE

We rely on the information you provide us with, to decide whether to insure you and the terms on which we will insure you.

To comply with your duty of disclosure when first entering into an insurance contract with us, you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the questions we ask you. This applies to every insured under the policy.

If you fail in your duty of disclosure we may reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us or deliberately make a false statement we may avoid your contract and treat your insurance as if it never existed.

You do not have to tell us anything that is common knowledge that we should know through our business, that reduces the risk of a claim or that we tell you we do not need to know.

Confirming Transactions

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone to confirm any transaction under your Policy. Any transaction will be documented by us as quickly as possible.

Privacy

NM Insurance, trading as Nautilus Marine Insurance, respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy and Procedures is available at any of our offices.

Exceptional Circumstances

Are there any circumstances which are special or individual to you?

You only have to tell us about exceptional circumstances that you know (or a reasonable person in the circumstances could be expected to know) are relevant to our decisions about:

- Whether to insure you
- How much to charge, to
- Any special rules that may apply to you or the policy
- You do not have to tell us anything that:
 - We could reasonable be expected to ask you in a specific question, or
 - Will reduce the possibility of a claim, or
 - Is common knowledge, or
 - We already know about, or we ought to know about through our business, or
 - We have said we do not need to know.

Are there any circumstances which are special or individual to you?

Yes

No

9 DECLARATION

I declare that I have:

- read the information concerning the Duty of Disclosure and other Important Information;
- answered every question fully and honestly;
- either completed this Proposal Form personally or, if it has been completed by someone else, the answers

have been checked by me for fullness and accuracy;

If during the Period of Insurance, circumstances change the information I have provided, I will promptly inform you.

I understand that if I have not fulfilled my Duty of Disclosure my claim may be reduced or the insurance contract avoided from its beginning.

I authorise NM Insurance, trading as Nautilus Marine Insurance, to obtain claims and any other information they require from my previous Insurers or the Insurance Reference Services Ltd to confirm the information I have supplied.

Name:

Signature:

Title:

Date: / /



Nautilus Marine Insurance – A business name of NM Insurance Pty Ltd **ABN** 34 100 633 038 **AFSL** 227 186

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