

COMBINED GENERAL & PRODUCTS LIABILITY INSURANCE

Equine Club/Organisation – Application

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|--|
| Insured Name <i>Including any individual and any registered business name</i> |
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| | | |
|--------------|-------|-----------|
| Contact Name | | |
| Address | | |
| | | |
| City | State | Post Code |
| Phone Number | Email | |
| Website | | |
| ABN | | |

| |
|---|
| Brief description of your organisation <i>(Please Note: failure to list all activities may result in not all activities being covered)</i> <i>(Eg. Including a years of continuous operation, description of membership, number of members, type and frequency of events, national, state, clubs or affiliates)</i> |
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| Description of management & governance: <i>(Board of directors, committee of management, executive officer...)</i> |
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| Please tick the Liability sum insured required |
| <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000 |

1) Turnover

| | |
|---|----|
| State the total turnover derived from your business activities over the last 12 months: | \$ |
| State the estimated turnover to be derived from your business activities over the next 12 months: | \$ |

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 on a property owned by the association | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| | | | | |
|--|---|--|------------------------------|-----------------------------|
| Does your club/association own/lease property and require 24x7 cover in respect of the property? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Address | | | | |
| | | | | |
| City | State | Post Code | | |
| Number of Acres | | | | |
| Select activities conducted on the premises | | | | |
| <input type="checkbox"/> Hobby Farm | <input type="checkbox"/> Breeding/Grazing | <input type="checkbox"/> Agricultural | | |
| <input type="checkbox"/> Cropping | <input type="checkbox"/> Host Farm | <input type="checkbox"/> Facility 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.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

5) Accommodation/Catering

| | | |
|------------------------------------|------------------------------|-----------------------------|
| Do you provide accommodation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Description: | | |
| Do you provide catering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Description: | | |
| Relevant Approvals/Qualifications: | | |

6) Contractors/Subcontractors/Staff

| | | |
|--|------------------------------|-----------------------------|
| Do you engage contractors/ stock contractors / event providers for your events? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Estimated Payments contractors/ stock contractors / event providers? | \$ | |
| Do you engage Contractors/Subcontractors to complete your business activities? <i>ie instructors who are not employees but contractors</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Estimated payments to Contractors/Subcontractors | \$ | |
| Describe nature of work performed | | |
| Do contractors / subcontractors / stock contractors / event providers hold their own liability insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Staffing Numbers | Full Time | Part Time | Casual |
|------------------|-----------|-----------|--------|
| Owner Operators | | | |
| Employees | | | |
| Volunteers | | | |
| Total | | | |

7) Risk Management

| | | | |
|---|------------------------------|-----------------------------|--|
| Do all riders wear helmets to Australian standards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do all riders/handlers wear appropriate footwear and clothing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are waivers/medical forms/indemnity forms signed by all participants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you have a risk management plan? <i>If Yes, please provide a summary of your risk management plan</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Assistance Required |

| | |
|---|---|
| Does your business/organisation have a documented OH&S Policy? <i>If Yes, please provide sample</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Assistance Required |
| Is a qualified first aid person in attendance at each event? <i>If yes, please describe the level of involvement and minimum qualification:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress |
| | |
| Do you have Site or Organizational Accreditations? <i>If Yes, please provide details</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| Is your organisation a member of any associations? <i>If Yes, please provide details</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

8) Further Questions (Answer all questions)

| | |
|---|--|
| Are any permits/contracts/permissions required to undertake your business activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please provide details | |

| | |
|--|--|
| Do you assume liability under contract or hold others harmless? (other than lease liability) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide full details and attach copies of agreements | |

9) Claims History (Answer all questions)

| Have you had any insured and/or uninsured liability claims in the past five years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>If Yes, provide details below</i> | |
|--|--|--------------------------------------|-------------|
| Dates | Amount Paid & Outstanding | Applicable Excess | Description |
| | | | |
| | | | |
| | | | |

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| Please list your current insurer, number of years of insurance, and due date of your current policy |
| |

10) Declarations (Answer all questions)

| | |
|--|--|
| After investigation, are you aware of any circumstances which could give rise to a claim under the proposed policy and which are not mentioned above? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details | |
| Have you ever had your public liability insurance cancelled, declined non-renewed, or special terms imposed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details | |
| Have you ever been convicted of a criminal offence, been declared bankrupt or had your business placed in liquidation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details | |
| NSW Stamp Duty Exemption for Small Business I declare that the proposed insured is a small business with a aggregated* turnover of less than AU\$2 million in the last financial year. Note that if No is selected or the question is left blank, in accordance with Ch 8, Pt 5A of the Duties Act 1997 (NSW), from 1 January 2018 the insurer will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property. *Aggregated turnover is your Australia-wide annual turnover plus the annual turnovers of any businesses that are your affiliates, or are connected with you. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and I have not withheld any material information from this proposal
- that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.
- that until a Contract of Insurance is entered into, I am obliged to inform the insurer of any changes to any information supplied or of any new information that is relevant;
- that I understand the insurer relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposer’s acceptance of an offer by the insurer, if any:

| | |
|-----------|--------|
| Name | Title: |
| Signature | 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:

Address: Locked Bag 18, Royal Exchange NSW 1225 Phone: +61 2 8298 5800

Email: privacy.officer.ap@libertyiu.com

Affinity Risk Partners (Brokers) Pty Ltd trading as Affinity Insurance Brokers' (Affinity) contact details are: Address: 1/1265 Nepean Hwy, Cheltenham VIC 3192

Phone: +61 3 8587 7777

Email: info@affinityib.com.au

LIU and Affinity are bound by the Privacy Act 1988 (Cth) and its associated Privacy Principles when collecting and handling your personal information.

LIU and Affinity collect personal information in order to provide insurance services and products and for ancillary business purposes. LIU and Affinity may pass personal information to third parties involved in this process such as its related companies, reinsurers, agents, loss adjusters and other service providers. They may include overseas organisations including LIU and LMG entities in the United States, Canada, UK, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from LIU and Affinity. If you do not provide the personal information LIU, Affinity or other relevant third parties require to offer you specific products or services, LIU or Affinity may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how LIU or Affinity collects or handles your personal information please write to LIU's Privacy Officer or Affinity's Privacy Officer at the relevant contact address noted above.

To obtain a copy of LIU's Privacy Policy go to LIU's website (www.liuaustralia.com.au) or request a copy from LIU's Privacy Officer or to obtain a copy of Affinity's Privacy Policy go to Affinity's website (www.affinityib.com.au) or request a copy from Affinity's Privacy Officer.

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.

Privacy Notice

Beazley Plc (Beazley) values its customers and is committed to protecting and respecting your privacy; and the lawful and correct treatment of personal data.

This Data Privacy Notice informs and explains how Beazley will process and protect any personal data we collect or receive about you. It applies to personal data provided by customers, brokers, coverholders, claimants, third party services providers (TPAs), complainants and job applicants. Please read this Data Privacy Notice carefully to understand our practices regarding personal data.

Your personal data has either been, or will be collected by, or transferred to, Beazley. We can be contacted via post or by email at the below addresses. We aim to respond to all correspondence within thirty (30) days.

The Data Protection Officer

Beazley Plc

22 Bishopsgate

London

EC2N 4BQ

Email: DPO@beazley.com

The Beazley Data Protection Officer will handle any questions you may have on the use of your personal data and your rights as a data subject. This is covered in further detail under Your Data Subject Rights.

For more information and the full privacy policy visit: https://www.beazley.com/london_market/privacy_and_cookies_statements.html

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Inadequate Space to Answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.