

Broker or dealer details

Company	<input type="text"/>
Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

# Licensed Club proposal form

## Instructions to the proposer

- Before completing this Proposal Form please read the "Important Notices" on Page 6 and 7.
- The Declaration Section on Page 8 of this Proposal Form must be signed for this form to be complete.
- All questions must be answered in FULL. If there is insufficient space to complete your answer then please attach a separate, signed and dated sheet identifying the club name and the question concerned.

## Insured details

### Proposer details

Named insured	<input type="text"/>	
Location 1	<input type="text"/>	
Location 2	<input type="text"/>	
Location 3	<input type="text"/>	
Club type	<input type="text"/>	
Period of insurance	From <input type="text"/>	To <input type="text"/>

### Your duty of disclosure

Has any insurer declined, refused, withdrawn or permitted withdrawal or cancelled a proposal or policy or imposed special terms? Yes  No

Are there any circumstances of which the insurer should be advised which could be material to its decision to accept this risk? Yes  No

### Claims experience – past 5 years

Date of loss	Class	Details of loss	Current status	Amount paid
<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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Licensed Club

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**Public and Products Liability**

1. What limit of liability is required? \$

2. Please state the estimated revenue for the forthcoming year:

Poker machine (net) \$   
 All other \$   
**Total** \$

3. Do you engage contractors or sub-contractors? Yes  No   
 If so, please provide following:

Nature of work performed	Value of Payments \$	Labour Only / Labour & Services / Labour & Materials:
Security	\$	
Cleaning	\$	
General maintenance	\$	
Other (specify)	\$	
	\$	

4. What is the size of the dance floor at the club?  sq m

5. How often is the dance floor used?

6. Does the club allow patrons to take drinks on to the dance floor? Yes  No

7. What is the server to patron ratio?  :

8. Does the club have discos? Yes  No  NA

If YES, what age group and how often do they occur?

9. Does the club have live entertainment more than once per week? Yes  No

10. Does the club contract security and/or crowd control? Yes  No

11. Does the club have a child minding service and/or playground? Yes  No

If YES, please indicate which is applicable:  Playground  Childminding  Both

12. Does the club have video surveillance? Yes  No

If YES, please advise which of the following:  Internal only  External only  Internal and external

13. Please list all sporting and recreational activities other than golf, family swimming pools, tennis courts, gymnasiums, lawn bowls and croque

Licensed Club

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22. Does the town in which the club is situated have a population of less than 25,000 people? Yes  No
23. Does the club have accomodation of more than 25 rooms? Yes  No
24. Does the club have grandstands? Yes  No

If YES, please advise of construction, age, seating capacity and how often it is used:

25. Does Club have;

- Gym Yes  No
- Pool Yes  No
- Sporting Clubs Yes  No
- Restaurants Yes  No
- Aged Care Yes  No
- Healthcare Yes  No
- Accommodation Yes  No
- Financial Services Yes  No
- Child Care Yes  No
- Welfare Services or other Yes  No

If so is it operated by the insured, third party or just an affiliation. Does this third party carry their own insurance?

26. Does the club own any additional properties away from the main premises that are required to be insured under this policy? Yes  No

If YES, please provide address and details of occupants (i.e. Domestic dwellings, retail outlets or other commercial properties)

27. Does the Insured offer additional recreational activities? Yes  No

If so please specify clearly who operates and whether insurance is intended to cover.

28. Errors & Omission Risk - Any professional services provided? Yes  No

If so please specify clearly who operates and whether insurance is intended to cover.

Licensed Club

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**Cyber**

**Basic Company Details**

Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy:

Last complete financial year revenue: \$  Estimate for current financial year revenue: \$

Last complete financial year revenue from US sales (%):  Estimate for current financial year revenue from US sales (%):

Current number of employees:  Estimate for current financial year payroll: \$

Please inform us of any significant changes to your business that have occurred in the last 12 months, such as a change to your address or business operations:

**Risk Management**

Please provide us with an overview of any major IT security projects or initiatives completed within the last 12 months:

**Previous Cyber Incidents**

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight that were successfully blocked by security measures):

- Cyber Crime
- Cyber Extortion
- Data Loss
- Denial of Service Attack
- IP Infringement
- Malware Infection
- Privacy Breach
- Ransomware
- Other (please specify):

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than \$10,000? Yes  No

If "yes", please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again:

19. Do you and your subsidiaries comply with the requirements detailed in the Statement of Fact below? Yes  No

- (a) You have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on a regular basis.
- (b) You have firewalls installed on all external gateways.
- (c) You take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or your outsourced service provider meets this requirement.

20. If you process or store credit card information (where this is not outsourced to a third party that accepts full responsibility for PCI compliance), do you comply with the following? Yes  No

You have been certified as being PCI compliant within the last 12 months, or have successfully completed a self-assessment audit.

21. In regards to claims or circumstances that could give rise to a claim, are the below statements true?

- (a) After full inquiry, are you aware of any circumstances, complaints, claims, loss, penalties or fines levied against you in the last five years, in relation to the risks that this application relates to. Yes  No
- (b) Are you aware of any circumstances or complaints against you in relation to data protection or security, or any actual security violations or security breaches either currently or in the past five years. Yes  No

Licensed Club

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**Golfers Personal Insurance Plan (PIP)**

22. Are renewal terms required for this class of insurance? Yes  No
23. What is the number of members that are required to be insured under this policy?

Other details

24. Please advise of any additional information the insurers should be made aware about (Refer to the Duty of Disclosure)

**Machinery and computer breakdown**

25. Please declare the total value of
- |   |    |                      |
|---|----|----------------------|
| Building                                      | \$ | <input type="text"/> |
| Contents (excluding stock and poker machines) | \$ | <input type="text"/> |
26. Optional Cover (please provide limit required):
- |  |    |                      |
|--|----|----------------------|
| (a) Food, Food Products and non- alcoholic Beverages Under Refrigeration | \$ | <input type="text"/> |
| (b) Food, Food Products and Alcoholic Beverages Under Refrigeration      | \$ | <input type="text"/> |
| (c) Gross profit   | \$ | <input type="text"/> |
| (d) Payroll (dual basis)   | \$ | <input type="text"/> |
| (e) Additional increase in cost of working                               | \$ | <input type="text"/> |
- Are there any maintenance agreements in place on any equipment? Yes  No

Licensed Club

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## Important notices

### Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

### Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

### Utmost good faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or continuation of cover provided by the Insurer.

### Not a renewable contract

Cover under this policy will terminate at expiry of the Period of Insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of insurance and quotation/s can then be developed for your consideration.

### Change of risk or circumstances

It is vital that you should advise us of any departure from your "normal" form of business (ie that which has already been conveyed to the Insurer). For example, acquisitions, changes in location or new overseas activities.

### Waiver of rights

If you have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should you now be a party to such an agreement or be requested to enter such an agreement in the future, please advise Your Broker in writing so we may notify the Insurer.

### Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against you including defence costs. We will let you know when the excess is payable.

## Licensed Club

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### Your legal liability

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your Insurance. Sensitive information we rely on you to have obtained their consent on these matters.

### Your premium calculation

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your Insurance. Sensitive information we rely on you to have obtained their consent on these matters.

### General Insurance Code of Practice

One Underwriting is bound by the General Insurance Code of Practice and have processes are in place to adhere to the requirements of the Code. Refer to [www.codeofpractice.com.au](http://www.codeofpractice.com.au) for details of the code

### Complaint and dispute resolution

Any enquiry or complaint relating to your Lloyds policy or a claim should be address to your Client Relationship Manager or via an email sent to One Underwriting Pty Ltd's mailbox – [oneunderwriting@oneunderwriting.com.au](mailto:oneunderwriting@oneunderwriting.com.au) in the first instance.

If your complaint is not satisfactorily and promptly resolved, please contact One Underwriting Pty Ltd's National Complaints Manager Telephone No. 02 9253 8081 who will attempt to resolve it in accordance with our Complaints and Disputes Handling Policy. You may obtain a copy of this policy from the National Complaints Manager or from our website: [www.oneunderwriting.com.au](http://www.oneunderwriting.com.au) |

If after 10 days you are still not satisfied with the outcome determined, you should contact Lloyd's Underwriters' General Representative in Australia, Suite 2, Level 21 Angel Place, 123 Pitt Street, Sydney, NSW 2000 Telephone No. (02) 9223 1433 Facsimile Number: (02) 9223 1466.

Alternatively, if your concern is with the Insurer, you may contact the General Insurance Division of the Financial Ombudsman Service on 1300 780 808.

### Privacy statement

1. One Underwriting Pty Ltd is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer our various insurance services we are involved in as set out in the One Underwriting Privacy Notice. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to you on request by your One Underwriting representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your One Underwriting representative or our Privacy Officer through the means set out in the One Underwriting Privacy Notice.
2. If you are disclosing personal or sensitive information about any other person to One Underwriting, you confirm that you have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and you have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If you have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, you will inform us before providing the relevant information to us. By submitting this Licensed Club Proposal form, you acknowledge that you have read the One Underwriting Privacy Notice and agree that we can handle any personal information you have provided to us in the manner set out above.

Unless you tick here, we or any of our group of companies may be in touch by any means (including email or SMS) at any time to let you know about goods, services or promotions that may be of interest to you.

One Underwriting are committed to protecting your privacy. For more information about One Underwriting's privacy policy, please refer to our website: [oneunderwriting.com.au](http://oneunderwriting.com.au)

Licensed Club

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## Declaration

### I confirm that:

I am authorised on behalf of the insured(s) to sign this proposal.

I understand that the duty of disclosure applies to all insured(s). The answers are provided on behalf of all persons/entities comprising the insured(s).

I understand the questions in this proposal form.

Whilst I may not answer some of these questions, I certify that I have checked them and that they are correct to the best of my knowledge and belief.

I/We agree that this proposal shall be the basis of the contract between me/us & the Insurers and I/we agree to accept the Policy subject to it's terms, conditions & exclusions.

This proposal must be signed by the GENERAL MANAGER, SECRETARY OR PRESIDENT.

Signature

Date

Title (eg General Manager/Secretary)

Liability of the Insurer does not commence until the Insurer has accepted the application.

Binding is contingent upon One Underwriting confirming that cover is in place.

## Submit your proposal form

oneunderwriting@oneunderwriting.com.au

phone 02 9253 7600

**Privacy policy.** At One Underwriting we take privacy very seriously.  
For full details please refer to [oneunderwriting.com.au/privacy](https://oneunderwriting.com.au/privacy)

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