

Sports Property Insurance

Are Your Assets Adequately Protected?

Insurance for members is the number one priority for clubs, but what about covering your clubhouse, gear and equipment?

In the unfortunate circumstance that something happens to your storage area, game day and training equipment, line markers, goals, electronic scoreboards and canteen stock, you may not be covered for loss or damage.

Gow-Gates Insurance Brokers understand that one size does not fit all and can tailor an insurance

package that protects your club's property against:

- Fire, flood, storm, accidental damage to buildings and their contents
- Loss of profits
- Theft of club property
- Theft of money
- Glass breakage
- Machinery breakdown

Get Insured

To receive a quote, complete the Information Form overleaf.

Alternatively, contact a member of the Gow-Gates Sports Team directly via:

P: 1800 640 565

E: sport@gowgates.com.au

Benefits at a Glance

The benefits you can expect when choosing Gow-Gates' Sports Property Insurance are:

- Tailored products suited for sporting clubs
- Security of reputable insurer
- Experiences brokers and advisors who specialise in sports related insurances
- Competitive premiums
- Exceptional customer and claims service

While the information is believed to be correct, no responsibility is accepted for any statements of opinion or any error or omission. The information set out is of a general nature and cannot be a substitute for professional financial or legal advice tailored to specific situations.

Gow-Gates Insurance Brokers Pty Ltd ABN 12 000 837 785 | AFSL 245432

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 to disclose to an insurer every matter that you know, or

could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on whatterms.

You have the same duty to disclose these matters to an insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be insured;
- that is of common knowledge;
- that the insurer knows or in the ordinary course of their business they ought to know;
- that the insurer indicates to you that they do not want to know.

Your duty of disclosure continues after this proposal form has been completed up until the contract of insurance is entered into

Non-Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Change of circumstances

You should advise your Insurer as soon as practicable of any material change to the organisation insured and any of its subsidiaries and controlled entities as disclosed in this form.

Privacy

The privacy of your personal information is important to us at Gow-Gates.

We do not use or disclose personal information for any purpose that is unrelated to our services and that you would not reasonably expect (except with your consent). We have a duty to maintain the confidentiality of the personal information provided on this form by you.

Our duty of confidentiality applies except where disclosure of your personal information is with your consent or compelled bylaw.

Our full Privacy Policy can be accessed from our website at www.gowgates.com.au

How we can be contacted

Gow-Gates Insurance Brokers Pty Limited (ABN 12 000 837)

Registers Office: Level 8, 491 Kent Street, Sydney, NSW 2000

Telephone: 02 8267 9999 Fax: 02 8267 9998

Email: info@gowgates.com.au

Instructions

- Read the Important Notices on the front page of this form.
- If you require more space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or
- attach the relevant document(s) to this proposal.
- Read and sign the Declaration.

1. INSURED DETAILS					
a. Insured name:					
b. Trading name:					
c. ABN:					
d. Contact name:					
e. Position:					
f. Phone number:					
g. Mobile number:					
h. Website:					
i. Email:					
j. Situation address:					
k. Postal address (if different to above)					
2. GENERAL INFORMATION					
a. Please list sporting activities conducted	below:				
					_
b. Please list the District/State/National A	association(s) that the o	lub is affiliat	ed with below:		
c. Please list non-sporting activities condu	icted below:				
d. Are you a:	Property Ov	vner	Owner Occupier	Tennant	

e. Are you the only occupant of the facilities?	Yes	No		
f. If no to the above, please list other occupa	ants below:			
3. INSURED FACILITIES				
a. Clubhouse / Change rooms:	Yes No	b. Canteen / Cafeteria:	Yes	No
c. Swimming Pool and / or Spa / Sauna	Yes No	d. Grandstand(s)	Yes	No
e. Other:				
f. Does the club:				
i. Own the premises?	Yes No	ii. Own the equipment used?	Yes	No
iii. Hire the premises out?	Yes No	iv. Hire the equipment out?	Yes	No
If yes to the above, please provide addition	onal information on t	he hire activities and hire equipment belo	ow:	
v. Have Poker?			Yes	No
If yes to the above, please provide details	on the number of ma	achines and the lockup procedure below:		
vi. Have a Liquor License?			Yes	No
If yes to the above, is this a full or cond	itional/function licen	se?		

4. PROPERTY DETAILS							
a. Approximate age of the premi	ses to be insured:						
b. Construction details:	Walls:		Roof:		Floors	:	
c. Number of stories:							
d. Surrounding properties:		Residential	Comm	nercial	Rural		
Security Details							
i. Deadlocks on doors:	Yes	No	ii. Deadloo	eks on windows:		Yes	No
iii. Bars on doors:	Yes	No	iv. Bars on	windows:		Yes	No
v. Local siren / alarm:	Yes	No	vi. Back to	base alarm:		Yes	No
vii. Mobile back up alarm:	Yes	No	viii. Securit	y lighting:		Yes	No
ix. Security patrols:	Yes	No	x. Security	cameras:		Yes	No
xi. Other security measures	Yes	No					
(please provide details):							
Fire Protection							
i. Fire sprinkler system:	Yes	No	ii. Hose re	els:		Yes	No
iii. Extinguishers:	Yes	No	iv. Smoke d	etectors:	7	Yes	No
v. Fire hydrant on site:	Yes	No	vi. Fire ala	rm:		Yes	No
If Yes to fire alarm, is it monito	ored?	-	-		_	Yes	No

5. PROPERTY INSURANCE						
a. Material Damage – Fire and	Perils					
i. Building:		ii. Contents				
		(including sporting e	equipment):			
iii. Stock:		iv. Removal of debris:				
v. Loss of rent:		vi. Alcohol:				
b. Business Interruption – Los	s of Profits					
i. Gross Income		ii. Payroll - Sum Insure	ed:			
iii. Claims preparation costs:		(\$20,000 Automatic Exten	nsion)			
iv. Additional increased costs of working:		(\$50,000 Automatic Exten	sion)			
v. Indemnity period:	6 months	12 months	18 months	Other:		

c. Theft / Burglary							
i. Do you require theft / burgl	ary cover?			,	Yes	No	
ii. Contents:		iii. Stock:				7/	7
iv. Alcohol / Tobacco:		v. Other:				77	
vi. Theft without forcible entry:					/		
d. Money							
i. Do you require money cover	?				Yes	No	
ii. Total limit of money cover r	equired at any one time:						
e. Money and Protection							
i. Does the club store money				,	Yes	No	
If yes to the above, please detail	il the procedure below	/ :					
<u> </u>	-						
f. Glass							
i. Do you require replacement gla	ss cover?				Yes	s N	No
g. General Property and / or Po	ortable Equipment Co	ver - Movable Equip	ment				
i. Do you require general property	y or portable equipment c	over?			Yes	s N	Vo
ii. List of items to be insured:							
iii. Total replacement value of the	items to be insured:						
h. Engineering / Machinery	Breakdown Cover						
i. Do you require cover for breaked Limit of indemnity \$10,000)?	lown of machinery, plant,	boilers and pressure v	essels (Note:		Yes	5 N	lo
i. If Yes to the above, please list all	l items to be insured below	w:					
ii. Do you require cover for deterior	ration of refrigeration?				Yes	N	Jo
If yes to the above, please nomin	nate limit of indemnity:						
i. Electronic Equipment							
List items (including make, 1	nodel and serial numb	pers)	Sum Insured]	Rate %	
			(New replacement	nt cost \$)		
Restoration of data							

Increase cost of working

Total Sum Insured:

		•-		
ublic and Products Liability	and Professional Indo	emnity		
i. Does your club have Public and Professional Indemnity cover thr National			Yes	No
If Yes to the above, please prov	ide details of the activitie	es covered below:		
i Dlagge list other estimities /	uta to he covered (i = Ma	n offlicted anomics for	nationa (anouta)	
ii. Please list other activities /spo	rts to be covered (i.e. No	n-affiliated sporting fu	nctions/sports):	
, .	rts to be covered (i.e. No	n-affiliated sporting fu	nctions/sports):	
ii. Please list other activities /spo iii. Limit of Liability required: Public & Products Liability:	rts to be covered (i.e. No	n-affiliated sporting fur \$20,000,000	nctions/sports): Not required	

7. OFFICIALS/MEMBERSHIP/EMPLOYEES/VOLUNTEE	RS		
a. Number of junior members:	b. Number of senior members:		
c. Number of officials / directors:	d. Number of volunteers:		
e. Number of employees:	f. Number of qualified coaches /		
g. Please list qualifications of employees / coaches / personnel:			
Clubs policies and procedures			
i. Does the club have documented Risk Management policies and pro-	ocedures in place for the following:		
• First Aid / Medical Attention / Blood Spillages:		Yes	No
Discrimination / Harassment / Child Protection:		Yes	No
Facilities / Equipment / Ground Control Inspections / Ch	ecklists:	Yes	No
ii. Additional Information:			

Club Revenue	/ Turnover det	ails (Income /Membershi	p Subscriptions / Takings /	Sponsorship etc)
	the annual turnove		p Subscriptions / Tukings /	Sponsorsinp etc)
	the annual wages			
		actors (Grounds / Cleaners et	a)·	
III. Alliluai	payments to contra	actors (Grounds / Cleaners et	с).	
8. CLAIMS H	ISTORY			
a. Please advis circumstance of	e details of claims	you have had for any insuran	ces over the last five years includ	ing the date, amount and
Date	Amount	Details of loss		
	1			
9. DECLARAT	TION			
I declare that:				
i. I have read notices.	d the advisory and	d important notices on the f	ront page of this proposal and	I understand the content of the
facts. I un		the Underwriter of any mat		or misrepresented any material hether occurring before or after
Dated:				
For and On				
Behalf of:				
Name:				
Signature:				

Submit Form

By clicking on Submit, a new email will open automatically with your completed form attached. Please attach any supporting documentation to the email and send to sport@gowgates.com.au