

# TOURISM OPERATORS INSURANCE

## Application Form

AIB AUSTRALIA

AIB  
Australia

### PARTICIPATING BROKER

Participating  
Broker:

A/C Exec:

Phone:

Fax:

Email:

AFS Licence No.:

### IMPORTANT FACTS: *Please read these notes before completing the application form*

#### Your duty of Disclosure:

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know, or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

#### Privacy:

##### **QBE Privacy Policy**

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways, we could use it. To get a free copy of it please visit [qbe.com.au/privacy](http://qbe.com.au/privacy) or contact QBE Customer Care.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

##### **AIB Privacy Policy**

AIB Insurance Brokers complies with the Federal Privacy Act and its National Privacy Principles (NPPs), which set out standards for the collection, use, disclosure and handling of personal information. For further information relating to our NPPs please refer to <https://www.aibinsurance.com.au/AboutUs/DocumentsResources-461/PrivacyPolicy-464/>

#### The applicants for insurance:

In this Application Form the applicants for insurance are:

- the corporation (that being the company of organisation named in this Application Form and includes any subsidiary thereof);
- the insured person(s) as defined within the applicable Policy Wording;

Before completing this Application Form, enquiries should be made with each proposed insured person in relation to the questions and declarations to be completed on their behalf.

All capitalised terms are defined within the applicable policy wording. You should familiarise yourself with our standard form of policy for this type of cover before submitting this Application Form.

AIB Insurance Brokers – Level 1, 78 Primary School Court, Maroochydore QLD 4558 Phone 07 5409 4600

Note: AIB Pty Ltd acts under a binder authority from QBE Insurance (Australia) Limited  
ABN 78 003 191 035, AFS Licence No. 239545. AIB holds Australian Financial Services Licence 246282

To enable us to consider providing insurance terms and conditions please provide us with the following information 21 days prior to the expiry date of your existing policy.

Details of the applicant:

Upon receipt of the required information our offer of insurance will be prepared and provided to your financial service provider. If this is a renewal declaration for the renewal of your existing Policy, cover will cease at 4:00pm on the expiry date shown on your current Policy Schedule unless you have provided us with the renewal information requested and we have agreed to renew your Policy.

## 1. THE APPLICANT

Full name of Applicant  
including all subsidiaries:  
(not just the holding company)

A.B.N.:

Input Tax Credit:

%

Phone:

Fax:

Email:

Website:

Postal address

Street:

Town:

State:

Post Code:

Principal Place of Operations

Street:

Town:

State:

Post Code:

Qualifications/experience of  
Principals

Number of continuous years in this business:

Do you require your customers/guests/patrons to sign a Disclaimer (Indemnity and Release form)?

Yes

No

Please advise the name of your current Public/Products Liability Insurer:

Insurance to commence from:

at 4:00pm LST

To:

at 4:00pm LST

Limit of Liability required:

\$10,000,000

\$20,000,000

## 2. OCCUPATIONS

### Accommodation e.g. Hotels, Resorts, Caravan Parks, Camping Sites, etc.:

Full description of your operations and activities (all activities to be insured should be disclosed not just the main activity):

Site details: (Please supply a copy of the site plan if available)

Units:	Caravan Sites:	Rooms:		
Cabins:	BBQ Facilities:	Swimming pool/Spa/ Sauna:		
Children's Playground Equipment:		Tennis/Basketball courts and other sporting facilities:		
Other leisure facilities/activities:				
Does the business have live entertainment?			Yes	No
If YES, please provide details of the type of entertainment.				
How often is entertainment provided?				

### Estimated Annual Turnover

Accommodation	\$			
Bar / Food	\$			
Other (Please specify):	\$			
Do the premises comply with all current relevant government legislation relating to fire detection, protection and evacuation procedures?			Yes	No
Are fire drills carried out regularly?			Yes	No
Is there a documented emergency and evacuation plan in place?			Yes	No
If YES, are all staff aware of and trained in these procedures?			Yes	No
Is there a written Risk Management program in place?			Yes	No
Do you have appropriate accreditation in Risk Management and Occupational Health and Safety?			Yes	No
Do you keep and maintain incident reports and logs?			Yes	No

Do you have a written maintenance program for:

Inspections, Identifying hazards and taking remedial action	N/A	Yes	No
---	-----	-----	----

General upkeep and maintenance	N/A	Yes	No
Servicing of equipment	N/A	Yes	No
Please provide a brief description of the maintenance program in place for your premises.			
How often are the premises, facilities and equipment serviced, inspected and maintained?			
Do you have a written cleaning procedure/program in place?		Yes	No
Do you maintain a cleaning and incident log?		Yes	No
Are cleaners on site during trading hours?		Yes	No
If YES, are they:	Own staff:	Contractors:	Volunteers:
Are security staff provided at your premises?			Yes No
If YES, are they:	Own staff:	Contractors:	Volunteers:
<b>Swimming pools/Spas/Saunas</b>			
Do you have a written maintenance program for:			
Inspections, Identifying hazards and taking remedial action	N/A	Yes	No
General upkeep and maintenance	N/A	Yes	No
Servicing of equipment	N/A	Yes	No
Full details of safety practices (eg. supervision, first aid, certified lifeguards on duty, gates kept locked outside operative hours, etc.)			
Do swimming pool, spa and saunas have the following safety features: warning/safety signage, depth markings, anti-slipping matting, security fencing? If no, please explain why.		Yes	No
<b>Camping Sites</b>			
Are there any fire pits on the premises for camp fires?		Yes	No
If YES, please answer the below questions:			
Number of fire pits on site:			
How often are the fire pits serviced, inspected and maintained?			
What measures are taken to ensure that camp fires have been totally extinguished? Please provide details:			
What fire precaution measures are undertaken to ensure that fires are not lit in dangerous weather conditions or in contravention of the provisions of any Statute or of any By-Law regulations that are imposed by any Public Authority? Please provide details:			

**Education and Cultural pursuits e.g. museums, botanical gardens, aboriginal culture**

Full description of your operations and activities (all activities to be insured should be disclosed not just the main activity):

Do the premises comply with all current relevant government legislation relating to fire detection, protection and evacuation procedures? Yes      No

Are all walkways well maintained and free from obstructions? Yes      No

Are there any activities or demonstrations carried out that involve the throwing or firing of any items e.g. boomerangs, spears or whip cracking? Yes      No

If YES, please state the type of activity and all measures taken to protect the safety of participants, spectators and their property?

Are patrons invited to participate in those activities: Yes      No

Details of any instructors engaged by the Insured:

No. of Instructors	Type of Instruction	Employee or Contractor	Own Professional Indemnity Cover	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

**Estimated Annual Turnover**

Annual Turnover: \$

Annual Attendance:

Maximum attendance any one day:

Equipment Hire			
Type of Equipment Hired	Income from Hire	Number of Hired Units	
Bicycles (inc. mountain bikes)	\$		
Bicycles – powered	\$		
Camping equipment	\$		
Camping Trailers	\$		
Canoes / kayaks	\$		
Caravans	\$		
Children's equipment	\$		
Houseboats	\$		
Row / paddle boats	\$		
Segways	\$		
Snow ski equipment	\$		
Swim aids (not scuba equipment)	\$		
Watercraft – not powered	\$		
Watercraft – powered (specify HP / engine size)	\$	HP	
	\$	HP	
Other items not mentioned above:	\$		
	\$		
	\$		
What is the minimum and maximum age of hirers?	Minimum age:	Maximum Age:	
Is there regular maintenance / safety inspections on hire equipment?		Yes	No
Is there a documented repair, maintenance and safety inspection program for all hire equipment?		Yes	No
What instruction / training is given by you to your customers on your hire equipment?			
Do you have a formalised, documented training procedure in place for staff?		Yes	No
Do your product/s (including accessories, e.g. life jackets and helmets, etc.) comply with the relevant Australian Standards?		Yes	No
Do you have a separate Marine Hull policy with passenger liability in place?		Yes	No
If NO, please explain why.		Yes	No

Estimated Annual Turnover:

Estimated Annual Turnover from hired equipment?

Estimated Annual Turnover from retail sales?

**Tours (including charter boats):**

Do your activities include:

Inbound tours or tours within Australia only? Yes      No

Outbound tours (tours outside Australia)? Yes      No

If YES, please provide full details.

Are your activities:

Restricted to organising or booking of tours only? Yes      No

If NO, do you accompany the tour group in a leader/guide capacity? Yes      No

Please give a full and complete description of your specific tour/s, including destination(s) and all activities conducted whilst on the tour/s (a) by you and (b) by external providers:

If your tour involves any activity other than sightseeing, please complete details of all employees involved as tour/trek leaders or guides:

Name	Role	Qualifications / Experience
------	------	-----------------------------

What is the ratio of guides/leaders to participants? 1:

For tours in remote or inaccessible areas do you carry:		
Effective Emergency communication equipment?	Yes	No
Emergency location equipment?	Yes	No
Do you have a current Emergency Response and/or Disaster Recovery Plan If NO, please explain why.	Yes	No
Does your business and employees comply with all regulations, licenses and permits required by all relevant statutory authorities and/or industry accreditation, and regularly checked?	Yes	No
If YES, how often are these checks done?		
If your tour involves the use of watercraft operated by you please advise:		
Number of vessels under 10 metres in length?		
Number of vessels between 10 and 20 meters in length? (vessels over 20 metres not covered)		
Do you have a separate Marine Hull policy with passenger liability in place? If NO, please explain why.	Yes	No
Estimated Annual Turnover:		
Please provide an estimate of your annual turnover from guided tours?	\$	
Estimate of your annual turnover generated from retail sales:	\$	
Estimate of the number of passengers you expect to cater for this year?		



**Animal Park/Sanctuary, Zoos, Wildlife Parks, Fauna Parks, and Mobile Animal Displays:**

Full description of your operations and activities (all activities to be insured should be disclosed not just the main activity):

Please supply a list of all animals and numbers:

Do you have any free roaming animal attractions that involve public interaction or audience participation, e.g. feeding, photographs etc.? Yes      No

If YES, please provide details (i.e. type of animals and interaction, ratio of supervisors to tourists)?

What safety measures are in place to prevent injury to participants?

Do the premises and all animal enclosures comply with all current relevant regulations? Yes      No

Are there designated paths/roadways for the public to walk on? Yes      No

Do the premises have adequate signage, lighting etc (including car parks)? Yes      No

How often are pathways/lighting/barriers/guard-rails/car-parks, etc. checked for faults?

Do you have a written maintenance program for:

Inspections, Identifying hazards and taking remedial action Yes      No

General upkeep and maintenance Yes      No

Servicing of equipment Yes      No

How often are the premises, facilities and equipment serviced, inspected, maintained?

What on-site security is in place outside business hours?

Do you have dedicated on-site cleaners during operating hours?

Yes No

Do cleaners have radios/mobiles so that spills are identified and cleaned up immediately?

Yes No

Do you have a documented incident reporting system in place for all injuries?

Yes No

Please advise the seating capacity of any grandstands located on the premises?

Please advise details of all recreational activities provided:

Description

Number

Water slides, swimming pools, lakes,  
playground equipment?

Animal attractions and/or animal rides?

All other rides or attractions?

Estimated Annual Turnover:

Please provide an estimate of your annual turnover?

\$

Please provide an estimate of the number of visitors you expect  
to receive this year?

### 3. TO BE COMPLETED BY ALL APPLICANTS

#### Contract Liability

Do you assume liability under any contract or hold others harmless (other than lease liability)? Yes      No

If yes, please provide full details and attach copies of all agreements (other than lease liability):

#### Volunteers/staff

Please advise the number of staff you employ (excluding any contractors/sub-contractors, labour hire personnel or volunteers):

Please advise the number of volunteer staff you employ:

If you employ volunteer staff what are their duties?

If you employ volunteer staff, are they covered by a Group Personal Accident policy? Yes      No

#### Contractors

Are any contractors (including sub-contractors and/or labour hire personnel) employed by you e.g. cleaners, maintenance/repair, security personnel, catering staff or others? Yes      No

If YES, do they have their own liability insurance in place? Yes      No

Are your interests noted on their policy? Yes      No

#### Imports

Do you purchase any items direct from an overseas supplier for re-sale? Yes      No

If YES, please describe the items:

#### Manufacturing

Do you manufacture or sell any locally produced products or merchandise? Yes      No

If yes, please give full details:

#### Food & Beverage

Do you serve food and beverage? Yes      No

Do you prepare the food/beverage or purchase complete? Yes      No

Do you serve alcohol? Yes      No

Do you have a license to serve alcohol? Yes      No

If YES, do staff receive training in the alcohol policy? Yes      No

Have you, or any director/partner/manager of the business ever:

sustained any loss or damage or incurred liability during the last 5 years whether insured or not of a type against which insurance is now sought?	Yes	No
are there any circumstances of which you are aware which could give rise to a claim under the proposed policy?	Yes	No
had any insurance declined or cancelled?	Yes	No
had an insurer refuse or not invite renewal?	Yes	No
had any special conditions imposed?	Yes	No
had an excess imposed, other than a standard excess?	Yes	No
had a claim rejected?	Yes	No
been declared bankrupt, or put into receivership or voluntary liquidation?	Yes	No
been charged/convicted of any criminal offence in the last 10 years?	Yes	No
are there any other matters you should disclose (see "Your duty of disclosure" page 1)?	Yes	No
If you have answered YES to any of the above questions please supply full details:	Yes	No

#### 4.0 DECLARATION:

I/We the undersigned duly authorised person(s) declare that:

- I/We, after enquiry, are authorised by all persons or entities seeking insurance to sign this Application Form;
- I/We understand that any statement made in this Application Form will be treated by QBE Insurance (Australia) Limited ABN 78 003 191 035 (QBE) and AIB Pty Ltd (AIB) as a statement made by all persons to be insured;
- I/We have read and understood the Notice on the front of this Application Form;
- I/We have carefully reviewed all answers and statements made in the Application Form and declare that all answers and statements are true, correct and complete in every respect;
- I/We understand that no insurance is in force until such time as AIB has confirmed acceptance of the proposed insurance;
- I/We agree that should any of the information given in this Application Form alter between the date of this Application Form and the inception date of the Policy that this Application Form relates to, I will give immediate notice to AIB; and
- I/We authorise QBE to give or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance held by the business including this completed Application Form and the business's claims history and credit history;

Signature of Applicant(s):

Title/position e.g. Director

Date:

N.B All Applicants must sign the Declaration.