

**Paddle Australia Commercial Provider Members
Insurance Application for Additional Activities**

Paddle Australia offers a Commercial Providers membership. The details of this membership and benefits can be found at <https://paddle.org.au/membership/>

As a part of the Paddle Australia Commercial Providers membership, members receive cover for activities they are accredited for. If you require insurance cover for activities outside of your Paddle Australia accreditation, V- Insurance Group can arrange a separate liability insurance policy.

Please complete the following information and return to V- Insurance Group at sports@vinsurancegroup.com

V- Insurance group will then provide an indicative quotation for your consideration.

Applicant Details

Applicants Business Name: _____

ABN/ACN: _____

Name(s) of owner of business:

Name: _____ Paddle Australia Member No. _____

Name: _____ Paddle Australia Member No. _____

Name: _____ Paddle Australia Member No. _____

Name(s) and Paddle Australia Membership Numbers of Coaches / Guides involved in the business:

Name: _____ Paddle Australia Member No. _____

Name: _____ Paddle Australia Member No. _____

Name: _____ Paddle Australia Member No. _____

Registered Address: _____

Email: _____

Phone: _____

Website: _____

Business Activity

Please provide a detailed description of all your business activities: (if multiple activities please list all)

Annual Turnover: \$ _____

Annual Wages: \$ _____

Do you have contractors?: (if yes please advise their role, amount paid and if they have their own insurance):

Do you sell any products: (please circle) Yes / No

If yes, please detail the products and annual turnover:

Previous Insurance

Have you had insurance previously? (please circle) Yes / No

If so, please advise the name of the insurer: _____

and expiry date of your current insurance: _____

Have you had any claims or incidents in the last 5 years: (please circle) YES / NO

If yes, please provide full details _____

Risk Management

Do you have any risk management procedures in place? (please Yes / No

circle) Please provide details (please attach documents) : _____

Duty of Disclosure

Before You take out an insurance policy , the *Insurance Contracts Act 1984* (Cth) requires You to tell Us every matter that is known to You that:

- You know to be a matter relevant to Insurers decision whether to accept the risk and, if so, on what terms, or
- a reasonable person in the circumstances could be expected to know to be a matter relevant to Insurers decision.

Therefore, before You enter (or renew, extend, vary or reinstate) an insurance policy, You must:

- give Us complete and honest answers
- tell Us everything You know, and
- tell Us everything that a reasonable person in the circumstances could be expected to know.

Failure to disclose

Insurers can reduce the amount they pay under this insurance for a claim or even cancel the insurance cover if You, or anyone else insured under the Policy, fail to comply with the duty of disclosure.

If a non-disclosure is fraudulent, Insurers may avoid the Policy under *the Insurance Contracts Act 1984* (Cth), resulting in Insurers treating the Policy as if it never existed.

Declaration

I/We represent that the above statements and facts are true and that no material facts have been suppressed or misstated. Furthermore, I/We

- have either completed all the questions on this form personally or they have been completed by someone else on my/ our behalf and the answers have been checked for fullness and accuracy by me/us;
- have read and understood the information concerning the duty of disclosure and all other important notices;
- Acknowledge that the activities disclosed in this application form are not covered until approved by the insurer;

Name: _____
Date: _____

Signed: _____

ENQUIRIES?

Please contact V-Insurance Group if you require assistance with completing this application form or if you have any questions about the Paddle Australia insurance program;

Phone: (02) 8599 8660 or local call cost only 1300 945547

Email: sports@vinsurancegroup.com