

CARAVAN / TOURIST PARK NEEDS ANALYSIS

The Applicant/s			
Name of Insured in Full (Block Letters)	Surname(s)	Given Name(s)	
Tax Status	Registered Business YES / NO	ABN:	Taxable %
Situation Address		State	Post Code
Post Address		State	Post Code
Contact Numbers(s)	Private Phone No.	Business Phone No.	
	Email:	Website:	
Other Interested Persons	Type of Interest		
	Name		
	Address		
		State	Post Code
Period of Insurance	From: / /	To: / /	at 4:00 pm
Current Insurer:			

General Information	
(If "Yes", to any questions below, please provide full details including name of insurer, dates, amount in \$'s, reason for cancellation)	Please Tick
1. Have you (in the past 5 years)	Yes No
a. Made any claim(s) on an insurer for loss or damage?	<input type="checkbox"/> <input type="checkbox"/>
b. had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?	<input type="checkbox"/> <input type="checkbox"/>
c. suffered any loss or damage which would have been covered by the proposed insurance policy?	<input type="checkbox"/> <input type="checkbox"/>
2. Have you or any partner(s), shareholder(s) or director(s) of the business	Yes No
a. ever been declared bankrupt?	<input type="checkbox"/> <input type="checkbox"/>
b. ever been involved in a company or business which has become insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?	<input type="checkbox"/> <input type="checkbox"/>
c. been convicted of any criminal offence within the past 5 years(other than minor traffic convictions)?	<input type="checkbox"/> <input type="checkbox"/>
d. been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?	<input type="checkbox"/> <input type="checkbox"/>

Park Information								
Occupancy Details of the Premises		Owner Operator		Lessee		Property Owner Only		
If Lessee; are you required under your contractual agreement to insure the Property Owners Liability							YES	NO
If Yes; please provide details of the Property Owner								
Do you have Park Managers		YES	NO	If Yes; are they		Employees or Sub-Contractors		
Annual Turnover:		\$		Annual Wages		\$		
No. Working Proprietors				No. Working Employees				
No. Years in this Business				No. Years in Similar Business				
Park Rating (Stars)								
Are you a member of any of the following Groups/Associations								
Big 4 Holiday Park		YES	NO	Top Tourist Parks		YES	NO	Other:
Caravan Park State Association		YES	NO	Family Parks of Australia		YES	NO	
Please advise how many of the following you have:								
Un-powered Sites				Cabin Sites				Powered Sites
Permanent Sites (Full time resident)		Other						
Park Activities/Services								
Please advise what services/activities your park provides (Please tick applicable activities)								
Abseiling				Horse Riding				Spa / Sauna
Archery				Jumping Pillow				Swimming Pool
Badminton, Tennis, Volleyball Courts				Kiosk				Tractor / Train Rides
Boat Hire				Kiosk - Fried Food				Trampoline
Fuel - Bottled Gas				Live Entertainment				Water Slides
Fuel - Petrol/Diesel				Liquor Licence & Type				Wave Skis
Games Room				Merry Go Round				Wind Surfing
Flying Fox				Paddle Boards				Water Skiing
Jet Skis				Jetty/Pontoon				
Other activities not listed above								
Do you engage in any other activities that provides any income (i.e. Walking Tours, School Camps, Backpackers)							YES	NO
If Yes; please provide full details including Income:								
Do you provide transport for patrons?								

Property Damage Section			Cover Required	YES	NO
Insured Property	Building Sum Insured	Contents Sum Insured	Stock Sum Insured		
Office / Kiosk	\$	\$	\$		
Residence - If Not Insured under Householders Policy	\$	\$	\$		
Cabins & Caravans (in Total)	\$	\$	\$		
Amenities Blocks	\$	\$	\$		
Games Room	\$	\$	\$		
Camp Kitchen	\$	\$	\$		
Swimming Pool(s) & Accessories Including Fencing	\$	\$	\$		
Spa / Sauna & Accessories Including Fencing	\$	\$	\$		
Signs	\$	\$	\$		
Roads & Underground Services	\$	\$	\$		
Machinery, Plant & Hose Reels	\$	\$	\$		
BBQ's & Pergolas	\$	\$	\$		
Power Heads / poles	\$	\$	\$		
Boom Gates	\$	\$	\$		
Playground Equipment	\$	\$	\$		
Boundary Fencing	\$	\$	\$		
Other Fencing	\$	\$	\$		
Additional Removal of Debris	\$	\$	\$		
Other	\$	\$	\$		
Other	\$	\$	\$		
TOTAL SUM INSURED	\$	\$	\$		

Business Interruption Section			Cover Required	YES	NO
Indemnity Period (Please select one)	12 Months	18 Months	Other		
Insured Property			Sum Insured		
Gross Income (Money payable to you for goods sold/services rendered or rentals, less purchase cost of stock)			\$		
Payroll (Wages paid to employees)			\$		
Claims Preparation Cost (In addition to included Benefit of \$5,000)			\$		
Increased Cost of Working			\$		
TOTAL SUM INSURED			\$		

Theft Section		Cover Required	YES	NO
Insured Property		Sum Insured		
Contents		\$		
Stock (excluding tobacco, cigarettes, cigars & liquor)		\$		
Tobacco, Cigarettes & Cigars		\$		
Liquor		\$		
Theft without Forcible Entry (In addition to included Benefit of \$2,000)		\$		
TOTAL SUM INSURED		\$		

Money Section		Cover Required	YES	NO
Insured Property		Sum Insured		
In Transit		\$		
On Premises - During Normal Business Hours		\$		
On Premises - Outside Normal Business Hours		\$		
On Premises - Outside Normal Business Hours in a Locked Safe or Strongroom		\$		
In Private Residence		\$		
Damage to Safe/Strongroom		\$		
TOTAL SUM INSURED		\$		

Machinery Breakdown Section		Cover Required	YES	NO			
Fire & Perils risks are to be insured under the Property Section.							
Theft risks are to be insured under the Theft Section							
Do you Require Cover for Breakdown of Machinery, Plant, Boilers & Pressure Vessels (\$10,000 Limit)			YES	NO			
Do you Require Cover for Deterioration of Refrigerated Goods \$ (Insert Required Amount)			YES	NO			
If Yes; please complete the following list and show the number of each type of equipment. Please note: No plant must exceed 4Kw/5hp.							
Air Conditioning Units		Dryers		Freezers		Cool Rooms	
Washing Machines		Other		Other			

Electronic Equipment Section		Cover Required	YES	NO
Fire & Perils risks are to be insured under the Property Section.				
Theft risks are to be insured under the Theft Section				
Insured Property - List Items including make, model & serial numbers		Sum Insured		
		\$		
		\$		
		\$		
Restoration of Data		\$		
Increase Cost of Working		\$		
TOTAL SUM INSURED		\$		

Liability Section			Cover Required	YES NO
Limit of Indemnity (Please select one)	\$10,000,000	\$20,000,000	Other \$	
Glass Section			Cover Required	YES NO
Insured Property			Sum Insured	
Internal & External Glass			Replacement	
Temporary Protection & Shuttering, Sign writing, Damage to Property & Damage to Electric Signs (in addition to automatic benefit of \$5,000)			\$	
General Property Section			Cover Required	YES NO
Type of Cover (Please select one)	Accidental Loss & Damage		Fire, Theft & (Collision)	
Insured Property - List Items including make, model & serial numbers			Sum Insured	
			\$	
			\$	
			\$	
Unspecified Items (\$1,000 Limit any one item/set/pair applies)			\$	
TOTAL SUM INSURED			\$	
Unregistered Mobile Machinery Section (i.e. Lawn Mowers, Quad Bikes)			Cover Required	YES NO
Machinery Details			Sum Insured	
			\$	
			\$	
			\$	
TOTAL SUM INSURED			\$	
Commercial Motor Vehicle Section (i.e. Registered Commercial Vehicles)			Cover Required	YES NO
Vehicle Details including Year, Make, Model		Registration	Sum Insured	
			\$	
			\$	
			\$	
TOTAL SUM INSURED			\$	
Workers Compensation Section			Cover Required	YES NO

Private Motor Vehicle Section (i.e. Registered Private Vehicles, Sedans, Wagons)		Cover Required	YES NO
Vehicle Details including Year, Make, Model		Registration	Sum Insured
			Market Value
			Market Value
			Market Value

Domestic Building & Contents Section		Cover Required	YES NO
Type of Cover (Please select one)	Listed Events (Standard Cover)	Listed Events Including Accidental Damage & Loss	
Occupancy (Please select one)	Park Managers/Operators	Tenant (You are the landlord)	Other _____
Construction (Please select one)	Brick	Timber	Other _____
Date of Birth			

Insured Property	Sum Insured
Building Sum Insured	\$
Contents Sum Insured	\$
Unspecified Valuables	\$
Specified Valuables	
TOTAL SUM INSURED	\$

Please Provide any other information that may be relevant

Office Use Only		
Client Code	Date Received	Date Quotation Provided