

## CARAVAN / TOURIST PARK NEEDS ANALYSIS & APPLICATION

### APPLICANT DETAILS

<b>Insured name:</b>	<input style="width: 100%;" type="text"/>		
<b>Trading Name:</b>	<input style="width: 100%;" type="text"/>		
<b>Contact Name:</b>	<input style="width: 100%;" type="text"/>		
<b>Tax Status:</b>	Registered for GST: <input type="checkbox"/> Yes <input type="checkbox"/> No	ABN: <input style="width: 100px;" type="text"/>	ITC%: <input style="width: 100px;" type="text"/>
<b>Postal Address:</b>	<input style="width: 60%;" type="text"/>	State: <input style="width: 50px;" type="text"/>	Postcode: <input style="width: 100px;" type="text"/>
<b>Business Address:</b>	<input style="width: 60%;" type="text"/>	State: <input style="width: 50px;" type="text"/>	Postcode: <input style="width: 100px;" type="text"/>
<b>Email Address:</b>	<input style="width: 60%;" type="text"/>	<b>Website:</b>	<input style="width: 60%;" type="text"/>
<b>Business Phone:</b>	<input style="width: 60%;" type="text"/>	<b>Mobile Phone:</b>	<input style="width: 60%;" type="text"/>
<b>No. Years in this Business:</b>	<input style="width: 60%;" type="text"/>	<b>No. Years in Similar Business:</b>	<input style="width: 60%;" type="text"/>
<b>Interested Parties:</b>	<input style="width: 100%;" type="text"/>		
<b>Nature of Interest:</b>	<input style="width: 100%;" type="text"/>		
<b>Current Insurer:</b>	<input style="width: 100%;" type="text"/>		
<b>Period of Insurance:</b>	From: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> To: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>		

### HISTORY & GENERAL INFORMATION

**Have you or any partner(s) or director(s) of the business:**

a) Ever had an insurance policy cancelled, declined or terms imposed?  Yes  No

b) Ever been declared bankrupt?  Yes  No

c) Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration (e.g. liquidation or receivership)?  Yes  No

d) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?  Yes  No

e) Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?  Yes  No

f) Made any claims on an insurer for loss or damage within the past 5 years?  Yes  No

If YES to any of the above, please advise details:

### PARK INFORMATION

<b>Type of Park:</b>	<input type="checkbox"/> Tourist Park	<input type="checkbox"/> Permanent Resident Park	<input type="checkbox"/> Lifestyle Village
<b>Occupancy Details:</b>	<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Property Owner Only	<input type="checkbox"/> Tenant
<b>Do you have Park Managers:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, are they <input type="checkbox"/> Employees or <input type="checkbox"/> Sub-Contractors		
<b>Annual Turnover:</b>	<input style="width: 150px;" type="text"/>	<b>Park Rating (Stars):</b>	<input style="width: 100px;" type="text"/>
<b>No. Working Proprietors:</b>	<input style="width: 150px;" type="text"/>	<b>No. Working Employees:</b>	<input style="width: 150px;" type="text"/>

**PARK INFORMATION - CONTINUED**

**Member of any Industry Related Associations:**

Yes  No **Details:**

**Site Numbers:**

Unpowered:

Powered:

Cabin:

Permanent Resident:

Annual:

Other - Advise:

**SITUATION DETAILS**

**Which of the following best describes your building(s) construction:**

Fire Resistive Construction – i.e. Concrete walls, concrete floor, concrete roof

Yes  No

Non Combustible Materials – i.e. Brick or metal walls, concrete floor, tiled or metal roof

Yes  No

Combustible Materials i.e. Building(s) includes timber walls and/or timber frames and/or timber floors

Yes  No

Other – please describe:

Yes  No

Sandwich panels or expanded polystyrene (EPS) less than 20%, or cool rooms covering less than 20% of floor space

Yes  No

Sandwich panels or EPS Construction greater than 20%, or cool rooms covering more than 20% of floor space

Yes  No

Flood Prone Area:

Yes  No

Bushfire Prone Area:

Yes  No

Cyclone Prone Area:

Yes  No

Approximate Age of Premises:

Connected To Mains Water Supply:

Yes  No

**Fire Protection:**

Monitored Alarm:

Yes  No

Local Alarm:

Yes  No

Smoke Detectors:

Yes  No

Hose Reels:

Yes  No

Fire Extinguishers:

Yes  No

Sprinkler System:

Yes  No

**Security Protection:**

CCTV:

Yes  No

Burglar Alarm:

Yes  No

Alarm Type:

Boom Gates:

Yes  No

Deadlocks on Doors:

Yes  No

Security Lighting:

Yes  No

**PARK ACTIVITIES/SERVICES**

**Please advise what services/activities your park provides**

Abseiling

Yes  No

Live Entertainment

Yes  No

Archery

Yes  No

Liquor Licence

Yes  No

BMX/Bike Track

Yes  No

Mini Golf

Yes  No

Boat Hire

Yes  No

Modular Pump Track

Yes  No

Boat Ramp

Yes  No

Paddle Board Hire

Yes  No

Courts (e.g. Tennis, Basketball)

Yes  No

Patron Transport

Yes  No

Canoes/Kayaks Hire

Yes  No

Pedal Go-Kart Hire

Yes  No

Fire Pit/Camp Fire

Yes  No

Playground Equipment

Yes  No

Fishing Equipment Hire

Yes  No

Pontoon

Yes  No

Flying Fox

Yes  No

Push Bike Hire

Yes  No

Fuel (Petrol/Diesel)

Yes  No

Roller Skate Hire

Yes  No

Fuel (Gas/LPG)

Yes  No

Skateboard Hire

Yes  No

Games Room

Yes  No

Snorkelling

Yes  No

Gym

Yes  No

Spa/Sauna

Yes  No

Horse Riding

Yes  No

Swimming Pool

Yes  No

Jetty/Pier/Wharf

Yes  No

Tractor/Train Rides

Yes  No

Jumping Pillow

Yes  No

Trampoline

Yes  No

Kiosk

Yes  No

Water Park/Playground

Yes  No

Kiosk incl Deep Frying

Yes  No

Water Skiing

Yes  No

Lawn Bowls

Yes  No

Water Slide

Yes  No

**PARK ACTIVITIES/SERVICES – CONTINUED**

**Other Activities Not Listed Above:**

Do you engage in any other activities that provides any income (e.g. including but not limited to Cafe/Restaurant, Roadhouse, Service Station, Guided Tours, Wedding Receptions, School Camps, Backpackers Hostel)  Yes  No

If Yes, please provide full details including income:



**PROPERTY DAMAGE SECTION**

**Cover Required:**  Yes  No

UNDERINSURANCE WARNING – This section is subject to an underinsurance / average clause where if the sums insured do not represent the full replacement (new for old) value you are penalised when it comes to a claim.

Insured Property	Building Sum Insured	Contents Sum Insured	Stock Sum Insured
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Total Sum Insured</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>BUSINESS INTERRUPTION SECTION</b>	<b>Cover Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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UNDERINSURANCE WARNING – This section is subject to an underinsurance / average clause where if the sum insured does not represent the full value (e.g. gross profit or annual revenue) you are penalised when it comes to a claim.

<b>Insured Property</b>	<b>Sum Insured</b>
Gross Profit (the net income and ongoing expenses, including payroll, management/staff bonuses and financing costs) <b>or</b>	<input style="width: 100%;" type="text"/>
Annual Revenue (the revenue earned during the 12 months immediately before the date of the damage)	<input style="width: 100%;" type="text"/>
Claim Preparation Expenses	<input style="width: 100%;" type="text"/>
Additional Increase in Cost of Working	<input style="width: 100%;" type="text"/>
Accounts Receivable	<input style="width: 100%;" type="text"/>
<b>Indemnity Period</b> (The Indemnity Period is the period of time it would take for your business to fully recover following the damage or loss. This is not only the time to rebuild, repair or replenish damaged buildings, contents, machinery or stock, but also the time for approvals, to train staff on how to use new plant and equipment, or to win back or replace customers you lost while you were unable to operate.) - <b>Please Select An Option</b>	<input type="checkbox"/> <b>12 Months</b> <input type="checkbox"/> <b>18 Months</b> <input type="checkbox"/> <b>24 Months</b> <input type="checkbox"/> <b>36 Months</b>

<b>THEFT SECTION</b>	<b>Cover Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Insured Property</b>	<b>Sum Insured</b>
Contents	<input style="width: 100%;" type="text"/>
Stock (excluding cigarettes / tobacco)	<input style="width: 100%;" type="text"/>
Contents including Stock (excluding cigarettes / tobacco)	<input style="width: 100%;" type="text"/>
Cigarettes / Tobacco	<input style="width: 100%;" type="text"/>
Theft Without Forcible and Violent Entry	<input style="width: 100%;" type="text"/>

<b>MONEY SECTION</b>	<b>Cover Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Insured Property</b>	<b>Sum Insured</b>
Blanket Cover (nominate either \$2,500, \$5,000, \$10,000, \$15,000 or \$20,000) <b>or</b>	<input style="width: 100%;" type="text"/>
In Transit	<input style="width: 100%;" type="text"/>
On Premises - During Normal Business Hours	<input style="width: 100%;" type="text"/>
On Premises - Outside Normal Business Hours	<input style="width: 100%;" type="text"/>
On Premises - Outside Normal Business Hours in a Locked Safe or Strongroom	<input style="width: 100%;" type="text"/>
In Private Residence	<input style="width: 100%;" type="text"/>

<b>ELECTRONIC EQUIPMENT SECTION</b>	<b>Cover Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Insured Property</b> (list make, model, year & serial number)	<b>Sum Insured</b>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Restoration of Data</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Increase Cost of Working</b>	<input style="width: 100%; height: 20px;" type="text"/>

MACHINERY BREAKDOWN SECTION		Cover Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Blanket Cover</b>		
<b>Total Number of Items</b>	<b>Sum Insured Any One Loss (per unit)</b>	
<input type="text"/>	<input type="text"/>	
<b>Specified Items</b>		
<b>Description</b> (make, model, year & serial number)	<b>Sum Insured</b>	<b>Kilowatts</b>
<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"/>	<input type="text"/>	<input type="text"/>
<b>Spoilage of Stock</b>		
<b>Description of Stock</b>	<b>Sum Insured</b>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

PUBLIC & PRODUCTS LIABILITY SECTION		Cover Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Limit of Liability</b>	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000
		<input type="checkbox"/> \$50,000,000

STATUTORY LIABILITY SECTION		Cover Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Protects companies and individuals against liability for statutory fines and penalties which result from a breach of legislation		
<b>Limit of Liability</b>	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000

GLASS SECTION		Cover Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Insured Property</b>	<b>Sum Insured</b>	
Internal & External Glass	Replacement Cover	
Temporary Protection & Shuttering, Sign writing, Damage to Property & Damage to Electric Signs (in addition to automatic benefit of \$8,000)	<input type="text"/>	

GENERAL PROPERTY SECTION		Cover Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Cover</b>	<input type="checkbox"/> Accidental Loss & Damage	<input type="checkbox"/> Fire, Theft & Collision
<b>Insured Property</b> (list make, model, year & serial number)	<b>Sum Insured</b>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Unspecified Tools Of Trade (\$2,500 Limit any one item/set/pair applies)		

TAX AUDIT SECTION		Cover Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sum Insured</b>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$20,000
		<input type="checkbox"/> \$50,000

EMPLOYEE DISHONESTY SECTION		Cover Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Protects the company's balance sheet from fraud and dishonest activities carried out by employees		
<b>Sum Insured</b>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$20,000
		<input type="checkbox"/> \$50,000

EMPLOYMENT PRACTICES SECTION		Cover Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Protects the business from claims for wrongful dismissal or discrimination by past or present employees, customers or suppliers		
<b>Limit of Liability</b>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000
		<input type="checkbox"/> \$500,000
		<input type="checkbox"/> \$1,000,000

**COMMERCIAL/PRIVATE MOTOR SECTION**

Cover Required:  Yes  No

**Vehicle Details** (list make, model, year, modifications and accessories incl values)


**Registration No.**


**Sum Insured**


**Name of Drivers** (Advise registered numbers of all vehicles these drivers will drive)


**Date of Birth**


**Year Licensed**


**Have any of the vehicles any existing damage, e.g. dents, scratches, rust or hail?**

If Yes, please provide details:

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**Windscreen Extension Required** (please advise registration number):

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**Previous Experience:**

**In the last 5 years have you or any other person likely to drive these vehicles:**

**1. Had:**

- (a) a claim, accident or car stolen or burnt (even if not reported or not claimed from an insurer)?  Yes  No
- (b) insurance refused, declined or cancelled by an insurer or any special conditions imposed?  Yes  No
- (c) a drivers or motorcycle licence cancelled, suspended or endorsed?  Yes  No

**2. Been convicted or charged with:**

- (a) drug use, driving under the influence, or exceeding prescribed concentration of alcohol?  Yes  No
- (b) any driving offences or speeding infringements (other than parking offences)?  Yes  No
- (c) fraud, arson, theft or any other criminal act?  Yes  No

**3. Suffered from any physical or mental disability (excluding wearing of glasses/lenses)?**  Yes  No

**If you answered 'Yes' to any of the above questions please provide details below**

Name of Driver	Date of Incident	Details of each incident or act	Your insurer	Person at fault

**UNREGISTERED MOBILE MACHINERY SECTION**

Cover Required:  Yes  No

**Insured Property** (e.g. ride on mower, golf buggy. List Items incl make, model, year and vin)


**Sum Insured**


**DOMESTIC HOME & CONTENTS SECTION**Cover Required:  Yes  No

<b>Type of Cover:</b>	<input type="checkbox"/> Accidental Damage	<input type="checkbox"/> Insured Events	
<b>Occupancy:</b>	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
<b>Date Of Birth</b> (oldest resident):	<input type="text"/>	<b>Year Built:</b>	<input type="text"/>
<b>Construction Details:</b>	Walls: <input type="text"/>	Roof: <input type="text"/>	Floor: <input type="text"/>
<b>Doors Deadlocked:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Windows Key Locked:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monitored Alarm:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Current Excess:</b>	<input type="text"/>
<b>Situation Address:</b>	<input type="text"/>		State: <input type="text"/> Postcode: <input type="text"/>
<b>Insured Property</b>		<b>Sum Insured</b>	<input type="text"/>
<b>Home Building:</b>			<input type="text"/>
<b>Home Contents:</b>			<input type="text"/>
<b>Unspecified Valuables:</b>			<input type="text"/>
<b>Specified Valuables:</b>	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

**PLEASE PROVIDE ANY OTHER INFORMATION THAT MAY BE RELEVANT****IMPORTANT NOTICES****Your Duty of Disclosure**

This policy is subject to The Insurance Contracts Act 1984. Under that Act You have a Duty of Disclosure.

This means:

1. When You ask for cover, You must tell Us all that You know about the risk that You want covered which may affect Our decision:
  - a) To offer You cover, and
  - b) The terms and the cost of such cover.
2. If You ask for the cover to be renewed, extended, altered or reinstated You must tell Us:
  - a) If there have been any changes in what is covered, and
  - b) Of all things that may increase the chances of a claim.

**What You Don't Have to Tell Us**

You do not have to tell Us of anything;

1. That reduces the chances of a claim. But, if You do, it may let Us offer You better terms.
2. That is common knowledge.
3. That we should know as a normal part of Our business.
4. If We waive Your Duty of Disclosure

**Non-Disclosure**

If You don't tell Us something that You know which may affect Our decision to offer You cover or the terms of that cover We may be allowed to:

1. Reduce the amount that We have to pay for a claim. This may mean that We would pay You nothing.
2. Cancel this policy. We may even be allowed to cancel this policy from the date that the cover started if You lie to Us or deliberately keep information from Us or mislead Us.

## PRIVACY

Grampians Insurance Brokers Pty Ltd and the Insurers respect your privacy and comply with the Privacy Act and the Australian Privacy Principles. A copy of our Privacy Policy and the Insurers' Privacy Policy is available on our respective websites.

## DECLARATION

**By signing this Caravan / Tourist Park Needs Analysis & Application You declare that:**

1. You have read the Important Notices
2. You understand and have complied with Your Duty of Disclosure.
3. The property that You want covered is in good condition.
4. All the information You have given in this form is correct.

**Signature:**

**Date:**

**Name:**

**Position:**