



# GJ INSURANCE CONSULTING PTY LTD

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Authorised Representative of PSC Connect Pty Ltd ABN 23 141 574 914 AFSL 344648  
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## Camping & Conference Centre PROPOSAL FORM

| THE PROPOSER   |   |           |                    |
|--|---|-----------|--------------------|
| Names(s) in full<br>(Indicate if incorporated Pty Ltd or partnership)  |   |           |                    |
| Tax Status   | Registered Business<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | ABN       | Input Tax Credit % |
| Contact Person   |   |           |                    |
| Contact Numbers  | Phone (Business)  | (Private) | (Mobile)           |
|  | Fax   | Email     |                    |
| Other Interested Persons (i.e. Mortgagees)   |   |           |                    |
| Building Owner   |   |           |                    |
| Postal Address   | Postcode  |           |                    |
| Period of Insurance  | From  | / / to    | / / at 4.00pm      |
| Description of Business  |   |           |                    |
| PREVIOUS HISTORY   |   |           |                    |
| Have you, your partners or any Directors of the Business, in the last 5 years made any claims against an insurer for loss or damage?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                        |           |                    |
| If 'Yes' please provide full details including name of insurer, dates, description and amounts (if 'No' write 'nil'):  |   |           |                    |
| Have you, your partners or any Directors of the Business,  | Yes <input type="checkbox"/> No <input type="checkbox"/>                        |           |                    |
| <ul style="list-style-type: none"> <li>had any insurance declined, cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/>                        |           |                    |
| <ul style="list-style-type: none"> <li>suffered any loss or damage which would be covered by the proposed insurance policy?</li> </ul>   | Yes <input type="checkbox"/> No <input type="checkbox"/>                        |           |                    |
| <ul style="list-style-type: none"> <li>ever been declared bankrupt?</li> </ul>   | Yes <input type="checkbox"/> No <input type="checkbox"/>                        |           |                    |
| <ul style="list-style-type: none"> <li>ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. Liquidation or receivership)?</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/>                        |           |                    |
| <ul style="list-style-type: none"> <li>ever been convicted of any criminal offence (other than minor traffic convictions) ?</li> </ul>   | Yes <input type="checkbox"/> No <input type="checkbox"/>                        |           |                    |
| <ul style="list-style-type: none"> <li>ever been liable for any civil offence or pecuniary?</li> </ul>   | Yes <input type="checkbox"/> No <input type="checkbox"/>                        |           |                    |
| If Yes to any of the above questions, please provided details:-  |   |           |                    |

**DETAILS OF THE BUSINESS/PREMISES & ACTIVITIES**

|                    |   |  |  |
|--------------------|---|--|--|
| Principal Location | (Note: Full location details including description of structures to be completed on attached 'Property Schedule') |  |  |
|--------------------|---|--|--|

|                          |  |   |  |
|--------------------------|--|---|--|
| Years business operating |  | No of Years operated by current Manager |  |
|--------------------------|--|---|--|

|                                    |  |                               |  |
|------------------------------------|--|-------------------------------|--|
| <b>List all Activities offered</b> |  |                               |  |
| Abseiling                          | Yes <input type="checkbox"/> No <input type="checkbox"/> | Caving                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Rock Climbing with ropes           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Trail/Motor Bikes             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Climbing Walls                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Go Carts                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Flying Fox (Number _____ )         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Water Sports with power boats | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Ropes Course - Low                 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Orienteering                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Ropes Course - High                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Archery                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Leap of faith/Pamper Pole          | Yes <input type="checkbox"/> No <input type="checkbox"/> | Bush Camping                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Snow Skiing                        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Bush Walking                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Swimming                           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Earth, Zorb, Bumper Balls     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Surfing (with boards)              | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fishing                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Trampolines                        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Golf (Inc. Mini)              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sea Kayaking                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Playground Equipment          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pushbikes (BMX & Mountain)         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Tennis                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Skate Boarding                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Roller Blading                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Canoeing – Flat water              | Yes <input type="checkbox"/> No <input type="checkbox"/> | Canoeing – Class 2+ rapids    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Unpowered Watercraft               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Horse Riding                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other, please provide details      |  |                               |  |

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| Details of any non-camping related activities carried out at the site |  |  |  |
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| Do you have written procedures and guidelines for ALL activities run at the camps? | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If 'Yes' please provide a copy with form |  |  |
|--|--|--|--|

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| Is the site hired out to other organisations who self-cater | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide details |  |  |
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|                           |  |  |  |
|---------------------------|--|--|--|
| Fraud Prevention Controls | <p>Does the Company segregate duties so that no one individual can control any of the following activities from commencement to completion without referral to others:</p> <p>(a) signing cheques, authorizing payments or issuing funds transfer instructions above \$5,000 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) refund of monies or return of goods above \$5,000 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(c) reconciling bank statements Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d)</p> |  |  |
|---------------------------|--|--|--|

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| <b>PROPERTY INSURANCE</b>                              | <p>Do you require cover Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sum Insured :</p> <p>Material Damage \$</p> <p>Business Interruption \$</p> <p>Total \$</p> <p>(completed attached 'Property schedule' and insert required sums insured)</p>  |
| <b>LIABILITY INSURANCE</b>                             | <p>Do you require cover Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Select preferred Limit of Liability:</p> <p>\$10,000,000 <input type="checkbox"/> \$20,000,000 <input type="checkbox"/> \$50,000,000 <input type="checkbox"/></p>   |
| <b>VOLUNTARY WORKERS PERSONAL ACCIDENT</b>             | <p>Do you require cover Yes <input type="checkbox"/> No <input type="checkbox"/> (Cover as per scheme table)</p> <p>Approx. number of volunteers per year _____</p> <p>Maximum Number of Volunteers at any one time _____</p>   |
| <b>MANAGEMENT LIABILITY (Directors &amp; Officers)</b> | <p>Do you require cover Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Limit of Liability:\$10,000,000 any one claim \$10,000,000 in aggregate</p> <p><b>Insolvency Questions</b></p> <p>(a) Does the Company have financial statements for the Company which have been audited or reviewed by an external accountant in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) Based on the Company's most recent set of financial statements, do current assets exceed current liabilities? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(c) Based on the Company's most recent set of financial statements, are net tangible assets (i.e. total assets less total liabilities less intangible assets) positive? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Based on the Company's most recent set of financial statements, do total borrowings (both long and short term) exceed net tangible assets? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(e) Is the Company's operating cash flow positive? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(f) Has there been any change in the financial position or capital structure of the Company or is there any matter that is not shown in the latest financial statements that may materially affect the financial position set out in those documents? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(g) Is any director or officer of the Company aware of any facts or circumstances which may affect the ability of the company to meet its debts as and when they fall due? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <b>PROFESSIONAL INDEMNITY</b>                          | <p>Do you require cover Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Select preferred Limit of Liability:</p> <p>\$10,000,000 any one claim \$10,000,000 in aggregate <input type="checkbox"/></p> <p>\$10,000,000 any one claim \$20,000,000 in aggregate <input type="checkbox"/></p>  |
| <b>BOILER / PRESSURE VESSELS</b>                       | <p>Do you require cover Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Total Number of boilers or pressure vessels (please describe)</p>   |

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| <b>UNREGISTERED VEHICLES</b>   | Do you require cover for unregistered vehicles Yes <input type="checkbox"/> No <input type="checkbox"/><br>List items below including estimated value, or attach separate list to form:   |  |
| Special Needs:- (Please outline details of any special insurance requirements you may have)  |   |  |
| <b>General Information</b>   |   |  |
| Annual turnover  | Estimate (This Year)  | Actual (last year)   |
| Number of Campers per year   |   |  |
| Staffing :<br>- No of full time staff<br>- No of part-time / seasonal staff (max any one time)                                     |   |  |
| Do you engage Contract and/or Labour hire personnel  | If 'Yes' please provide details of payments and maximum number of personnel any one time.   |  |
| Accommodation – maximum number of<br>- Beds<br>- Camping sites   | No : ___<br>No : ___  | Est. Annual Occupancy ratio %<br>Est. Annual Occupancy ratio % |
| Do you employ a full time Manager<br>Does Manager reside on site?  | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| Accreditation – Is your facility accredited by any government or industry body?  | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If 'Yes', please provide details:   |  |
| Compliance<br>Is your facility and/or equipment provided at this facility compliant with Australian Standards and/or relevant code | Do your facilities and equipment comply with the relevant Australian Standards, Industry Standards or Building Codes?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Does any facility or equipment need to be certified under the above standards?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>If yes have they been certified?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when and by which authority |  |
| Emergency Management Plan – Do you have a current plan   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If 'Yes' are all staff trained in the execution of the plan?  |  |
| Site Plan – do you have a current plan?  | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If 'Yes', please provide copy   |  |
| Water Supply<br>- Towns Water  | Yes <input type="checkbox"/> No <input type="checkbox"/> . If 'No' Please provide details of:   |  |

|   |  |
|---|--|
|   | Water Source / Quantities /<br>Pumps- clarify numbers, use (i.e. dedicated domestic use or fire protection) and coverage of all structures   |
| Proximity to local Fire Brigade   | Kms Est response time __ min<br>Dedicated <input type="checkbox"/> or Volunteer <input type="checkbox"/>   |
| Date Fire Protection equipment last serviced and by who                                       | ___ / ___ / ___<br>Provider : _____  |
| Electrical Inspection   | Date of last inspection by qualified electrician<br><br>Detail issues identified and resolution<br><br>(note: Electrical inspection would incorporate all switchboards, power supply outlets, lighting and condition of wiring)  |
| Maintenance Program<br>- Do you have a program to inspect and address                         | Building inspection Yes <input type="checkbox"/> No <input type="checkbox"/><br>Plumbing supply inspection Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gutters and drainage inspection Yes <input type="checkbox"/> No <input type="checkbox"/><br>Mowing / grass / vegetation control Yes <input type="checkbox"/> No <input type="checkbox"/><br>Lighting – internal and external Yes <input type="checkbox"/> No <input type="checkbox"/><br>Boiler / pressure vessel – inspection & service Yes <input type="checkbox"/> No <input type="checkbox"/><br>Tree Safety Inspection (camping area) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cooking facilities<br>(if commercial kitchen – compliance with Commercial Cooking Condition)  | Frequency filters are cleaned :<br>Frequency exhaust / extraction system is professionally cleaned :<br>Fire Blanket / extinguishers comply with requirement: Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Smoking Controls – is smoking restricted at these premises                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> . If 'Yes' please provide details   |
| Construction – do any of the structures to be insured contain :<br>- Asbestos<br>- EPS        | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If 'Yes' please include details on Property schedule   |
| Hot Work Protocols – do you have a hot work permit system in place (compliant with AS1674)    | Yes <input type="checkbox"/> No <input type="checkbox"/><br>(Note: If any welding, grinding or cutting is conducted on the premise a Hot work permit system should be implemented by person performing task and supervised by manager).  |
| Surrounding Properties<br>Please provide description and proximity to neighbouring properties | Description<br>Proximity<br>North<br><br>East<br><br>South<br><br>West   |
| Supervision / Instructional Training  | Are you involved in the supervision of people and/or activities who utilize these facilities?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> . If 'Yes' please provide details  |

|   |  |
|---|--|
|   | <p>For groups which hire or use these facilities, how do you instruct persons in the use of the facility (i.e. do you have structure training program for supervisors prior to use of facilities?)<br/> Yes <input type="checkbox"/> No <input type="checkbox"/>. If 'Yes' please provide details</p>  |
| <p>Natural Facilities</p>                 | <p>What natural facilities are available? (describe)</p> <p>Are the natural facilities used?<br/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
| <p>Signage -</p>                          | <p>Where appropriate, do you currently display signage in regard to:<br/> Emergency evacuation procedures<br/> Assembly areas<br/> Hazards (natural and/or man made)<br/> Restricted access areas<br/> Speed limits<br/> Fire Appliances<br/> Smoking and/or lighting of fires<br/> ..other (as required by law).<br/> Yes <input type="checkbox"/> No <input type="checkbox"/>.</p>   |
| <p>Liability Questions</p>                | <p>Do you have a written disclaimer on your Booking/Hire Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does this disclaimer include the responsibility for the sign in and sign out of children and the release of a child to a non-custodial person? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does this disclaimer include the responsibility of the hirer in regards to Working with Children Checks? Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
| <p>Molestation/Sexual Abuse Questions</p> | <p>Do you Require this cover? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no please skip this section)</p> <p>Do you have written procedures and protocols for Child and Vulnerable person Protection (molestation)? Yes <input type="checkbox"/> No <input type="checkbox"/><br/> <u>If yes, please attach a copy to this declaration</u></p> <p>Do you have known offenders within the staff/volunteers /workers of your organisation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the organisation conduct training on Child &amp; Vulnerable Person Protection, including indicators of abuse and notification procedures? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Who within the organisation is involved in the training and how is it conducted?</p> <p>Do all volunteers, permanent and casual staff undertake a “working with children” and/or Police check prior to working with children within the organisation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is there a process for reporting suspicious or concerning relationships or behaviours? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

|  |   |
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|  | <p>Have any of your venues ever had any (past or current) complaints or issues in relation to staff, volunteers or parents?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide detailed explanation)</p> <p>Are activities such as showering, changing and toileting children undertaken by the organisation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you complying with the “Risk management recommendations for Molestation/Sexual Abuse” (see below) ?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b><u>RISK MANAGEMENT OF MOLESTATION / SEXUAL ABUSE</u></b><br/>When engaging, or appointing new employees, representatives, volunteers, members or service providers, please ensure you have:</p> <ul style="list-style-type: none"> <li>• Enquired with two referees as to the persons suitability for the role or position;</li> <li>• Enquired with their previous posting or employment as to their suitability for the role or position;</li> <li>• Enquired of them whether they have ever been convicted or investigated for sexual abuse, assault or a sexual offence of any kind;</li> <li>• Asked them to sign an authority allowing you to conduct a search to determine whether they have a criminal record and have this search conducted; and/or Sight their Working with Children Card</li> <li>• Do not place unknown volunteers in a position of trust within their first six months of joining your organization;</li> <li>• Keep a two-person rule in place at all times.</li> <li>• At no time should any form of physical, emotional or mental discipline be administered.</li> </ul> <p>With existing employees, representatives, members or service providers, please ensure you investigate fully any complaint regarding any alleged sexual abuse, assault or offence. If appropriate, remove that person from their role or position.</p> <p><b>You must have written procedures &amp; protocols that include:</b></p> <ul style="list-style-type: none"> <li>• A Statement of Objectives in relation to the Protection of Children and Vulnerable People.</li> <li>• Definitions of abuse including physical, sexual, emotional and neglect</li> <li>• How to raise and report concerns of Child and Vulnerable Person abuse?</li> <li>• Management responsibilities and guidance in relation to Children and Vulnerable Persons.</li> <li>• Details on how the organisation will support staff and victims.</li> <li>• Selection and Screening requirements of all staff, leaders and volunteers.</li> </ul> |
|--|---|

## DECLARATION

1. I/we declare that the sums insured are full value in the knowledge that the 85% Condition of Average will apply if they are not.
2. I/we declare that I/we have not been refused insurance or had special conditions imposed.
3. I/we declare that all information supplied is true and correct and I have not withheld any information that would be of value in assessing the risk or assessing the acceptance of this proposal for insurance, which is incorporated in and forms part of the policy of insurance.
4. I/we authorise my/our previous insurers to release full details of my/our insurance history to QBE Insurance (Australia) Limited ABN 78 003 191 035 (AFSL 239545) AAI Limited Trading as Vero ABN 48 005 297 807 GJ Insurance Consulting Pty Ltd and/or PSC Connect Pty Ltd.

## 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 the insurer every matter that you know, or could be reasonably

expected to know, is relevant to the insurers decision whether to accept the risk of the insurance and if so, on what terms.

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

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

**NON DISCLOSURE:**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

**PRIVACY CONSENT:**

I/we agree to allow our personal information to be collected, used and disclosed to GJ Insurance Consulting, PSC Connect, Christian Venues Association and/or any related corporation and/or related individual for the primary purposes of evaluating, effecting, managing and administering this or any other insurance cover or financial service or product provided to you.

Personal information about you, collected for the above primary purpose may also be disclosed to insurers &/or their service providers, claims consultants and the like.

Personal information about you may also be collected, used and disclosed by us for the secondary purpose of informing you of other products and services offered by us &/or related corporations.

You may however, at any time, withdraw your consent to the use of information about you for the secondary purposes by advising us at any time.

If you do not provide the requested personal information, we may not be able to evaluate, effect, manage or administer your insurance cover and you may breach your Duty of Disclosure.

**SIGNATURE OF PROPOSER(S)**

Signed: ..... Date ...../...../.....

Print Name: .....

Position: .....