



INSURANCE QUOTE APPLICATION FORM

Please complete and send to insurance@lcis.com.au or Post to GPO Box 1693 Adelaide SA 5001

GENERAL INFORMATION			
Name of group/organisation to be insured:			
Street Address:			
Suburb:			
State:		Postcode:	
Website:	www.		
Location of Business, Clubroom or Event:			
ABN (if you have one):		Income Tax Credit % Claimable:	
Approx. Annual Turnover (Please note that turnover is made up of Memberships, fees, grants, donations etc.):			\$
Period of Insurance required:		To:	at 4.00pm
Provide full details of the type of group, club or organisation. E.g. Sports & Community Centre			
CONTACT PERSON'S DETAILS			
Contact person's name:		Position/Title:	
Telephone No.		Mobile No.	
Email Address:		Fax No.	
CURRENT INSURANCE DETAILS			
Insurance Broker:			
Insurance Company:			
INSURANCE HISTORY			
If you answer YES to any of the questions below, please provide full details.			
a) Have you made any claim(s) against an Insurer for loss or damage in the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
b) Have you ever had any insurances declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an Insurer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

c) Have you suffered any loss or damage which would have been covered by the insurance coverage being applied for?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d) Is there any other information that may be relevant to the decision by the insurer to accept this risk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

YOUR GROUP'S ACTIVITIES

What type of activities does your group conduct throughout the year?

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TELL US ABOUT YOUR EVENT?

Have you got a risk management plan in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have first Aid/Security on hand?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your event Ticketed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you having regular event with:		
Less than 500 people	<input type="checkbox"/> YES	<input type="checkbox"/> NO
More than 500 people	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered YES to more than 500 people, please advise how many attendees will be at your event.		

OUR COVERS

Information regarding the available policies, the policy terms and applicable endorsements and exclusions are available at www.lcis.com.au or by calling us on **1300 853 800**.

Please tick the covers you would like quoted and provide the liability limit or sum insured required

<input type="checkbox"/> ANNUAL PUBLIC & PRODUCTS LIABILITY	
Provides indemnity against claims for personal injury or property damage made against your organisation over a 12 month period. This may be required to cover committee meetings and organising activities of your group in the lead up to and after your event.	
NOTE: this is in addition to the Public Liability policy for your event/s	
<input type="checkbox"/> \$10 Million	
<input type="checkbox"/> \$20 Million	
<input type="checkbox"/> COMMUNITY AND FAMILY EVENT PUBLIC LIABILITY	
Where is your event being held?	
How many people do you estimate to attend?	
Cover is required for each one-off event you are organising. This policy covers for the event period only including bump-in/bump-out.	
<input type="checkbox"/> \$10 Million	
<input type="checkbox"/> \$20 Million	

Event No.	Event Name	Location (postcode)	Date/s	Total Attendance	Length (days)
EVENT 1					
EVENT 2					
EVENT 3					
Do you require cover for more than 3 Events? (If YES, you will be contacted for further information)				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have stallholders or individuals performers you want to provide indemnity for?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, how many?					
Do you have bands you want to provide indemnity for?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, how many?					
<input type="checkbox"/> ASSOCIATION & OFFICIALS LIABILITY					
Available for incorporated bodies only.					
LCIS/QBE Scheme Association Liability insurance can only be taken in conjunction with a Public Liability Policy.					
<input type="checkbox"/> \$2 Million					
<input type="checkbox"/> \$5 Million					
How many members do you have? (in total, not just committee members)					
<input type="checkbox"/> VOLUNTEER WORKERS PERSONAL ACCIDENT COVER					
Provides your volunteers with financial compensation for personal injury sustained while working in a voluntary capacity for your group.					
<input type="checkbox"/> \$50,000 capital; \$500 weekly; out of pocket expenses \$10,000					
<input type="checkbox"/> \$75,000 capital; \$750 weekly; out of pocket expenses \$10,000					
<input type="checkbox"/> \$100,000 capital; \$750 weekly; out of pocket expenses \$10,000					
<input type="checkbox"/> \$100,000 capital; \$1,000 weekly; out of pocket expenses \$10,000					
Do you have more than 50 volunteers working at any one time?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, how many?					
Provide more information about their main activities:					
<input type="checkbox"/> MOTOR VEHICLES (INCLUDING CARS, TRAILERS, RIDE-ON MOWERS ETC)					
Do you need to insure motor vehicles?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide a separate attachment or email with all details of the vehicles including make, model, year, sum insured, where they are parked at night, details of any finance, and details of drivers.					
<input type="checkbox"/> PROPERTY AND ASSET INSURANCE (BUSINESS PACK)					
Protection for your buildings and asset for damage or loss.					
Is the location of buildings and assets different to the location specified on page 1?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide location details:					

BUILDING INSURANCE FOR FIRE AND PERILS		
Does your organisation own the building, or are you required under the lease to insure the building?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what is the new replacement value of the building? (estimated cost to rebuild it today)	\$	
IT IS A REQUIREMENT OF THE POLICY THAT YOU INSURE YOUR BUILDING FOR COMPLETE REPLACEMENT VALUE (NEW FOR OLD) PLUS THE REMOVAL OF DEBRIS AND COST OF EXPERTS SUCH AS ARCHITECTS OR ENGINEERS FEES WHICH MAY BE INCURRED IF THERE IS A LOSS UNDER THIS SECTION.		
Removal of Debris Sum Insured:		
(if your building has a replacement value over \$200,000 we recommend that the removal of debris sum insured should be 10% of the value)		
Therefore, if you require more than this amount please specify the removal of debris sum insured	\$	
Please specify other structures on the property to be covered together with the value: (including fencing, statues, water fountains, water tanks, lighting towers, cricket nets, watering systems, etc.)		
Do you want to insure any sporting surfaces? (such as tennis courts or bowling greens)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROPERTY DETAILS (ONLY REQUIRED IF YOU ARE INSURING THE BUILDING)		
Age/ Year of construction of building:		
If constructed prior to 1960, approx. what year was it last re-wired/re-plumbed?		
What is the Building made of? (E.g. brick, concrete, timber, iron, steel, other). Please specify for each:		
Outside Walls:		
Roof:		
Floor:		
Internal Wall Linings:		
Does the building contain any asbestos?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECURITY DETAILS		
Do you have deadlocks on all external doors? (padlocks are sufficient on storage sheds/containers)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a Security Alarm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, select one or more from the following:		
<input type="checkbox"/> LOCAL	<input type="checkbox"/> MONITORED*	<input type="checkbox"/> SENSORS
<input type="checkbox"/> VIDEO CAMERAS	<input type="checkbox"/> SECURITY PATROL	
* If a monitored alarm is operating at the premises, the condition in the policy for deadlocks on external doors is removed.		
If monitored, by whom: (if known)		
Do you have key operated window locks on all windows?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have bars or security screens or roller shutters on all external windows?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have fire protection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If YES, select one or more from the following:

<input type="checkbox"/> SMOKE, THERMAL DETECTORS	<input type="checkbox"/> EXTINGUISHERS	<input type="checkbox"/> HOSE REEL	<input type="checkbox"/> SPRINKLER SYSTEM
Is your water connected to Town Water?			<input type="checkbox"/> YES <input type="checkbox"/> NO

INSURANCE FOR CONTENTS, STOCK AND ASSETS

Your group's asset value (excluding the value of buildings) includes all contents required for coverage such as:

- Tenants improvements to leased premises, tenants improvements to playing fields and surrounds (e.g. cricket nets, sprinkler systems, fencing, lighting)
- Stock on hand at any one time (e.g. food, drink, alcohol, cigarettes)
- Business Property / Sporting Equipment (e.g. bats, balls, catching / bowling machines, clothing)
- Electronic Equipment (e.g. tv, video, sound systems, computers, appliances)

Other items (e.g. fridge, freezer, furniture, memorabilia etc)

SELECT WHICH COVER TYPES YOU REQUIRE FOR CONTENTS, STOCK AND OTHER ASSETS.

COVER TYPE	BRIEF DESCRIPTION	SUM INSURED
<input type="checkbox"/> FIRE & PERILS	Stock and Contents (including sporting equipment). IT IS A REQUIREMENT OF THE POLICY YOU INSURE ALL THE ASSETS YOU OWN FOR COMPLETE REPLACEMENT VALUE (NEW FOR OLD) UNDER THIS SECTION.	\$
<input type="checkbox"/> BUSINESS INTERRUPTION	Financial compensation for the loss of Gross Income OR Increased Cost of Working (ICOW) (12 month indemnity period unless otherwise requested)	\$
<input type="checkbox"/> BURGLARY/THEFT	Theft of contents and stock following a break-in. WE RECOMMEND YOU INSURE FOR THE AMOUNT YOU BELIEVE COULD BE STOLEN AT ANY ONE TIME. THIS IS NOT NECESSARILY THE COMPLETE REPLACEMENT VALUE OF YOUR CONTENTS.	\$
<input type="checkbox"/> MONEY	Theft/loss of money from insured. Specify those applicable.	SPECIFY VALUE FOR EACH
	In Transit	\$
	On premises during business hours	\$
	On premises outside business hours	\$
	In safe and/or strong room	\$
<input type="checkbox"/> GENERAL PROPERTY	In the private residence of Authorised Persons	\$
<input type="checkbox"/> GENERAL PROPERTY	Loss or damage to items taken away from the premises (eg.laptops, mobile phones).	\$ VALUE REQUIRED
<input type="checkbox"/> GLASS	Replacement or repair to fixed internal or external glass.	\$ <input type="checkbox"/> AUTOMATIC COMPLETE REPLACEMENT VALUE
<input type="checkbox"/> ELECTRONIC EQUIPMENT BREAKDOWN	Breakdown of TV's, video's, computers, laptops etc.	\$ VALUE REQUIRED

<input type="checkbox"/> MACHINERY BREAKDOWN	Breakdown of machinery items (eg. fridge freezer etc)	<input type="checkbox"/> UP TO 5 ELECTRIC MOTOR/APPLIANCES
	The policy automatically covers \$10,000 per machine per event/claim.	<input type="checkbox"/> 6-10 ELECTRIC MOTOR/APPLIANCES
<input type="checkbox"/> DETERIORATION OF STOCK	Loss of stock following machinery breakdown (machinery Breakdown cover must be taken).	\$ VALUE REQUIRED
<input type="checkbox"/> FIDELITY GUARANTEE	This is theft, fraud or dishonesty committed by an employee or volunteer against the organisation. THIS COVER AUTOMATICALLY INCLUDED IN OUR ASSOCIATIONS & OFFICIALS LIABILITY COVER UP TO \$25,000 IF YOU OPT FOR THIS COVER.	\$ VALUE REQUIRED
<input type="checkbox"/> TAX AUDIT	Accountant's fees associated with an audit of your business pursuant to a Statutory tax audit.	\$ VALUE REQUIRED
<input type="checkbox"/> STATUTORY LIABILITY	Statutory fines and penalties and official investigation and inquiry costs and expenses pursuant to a claim by a Regulatory Authority.	\$ VALUE REQUIRED
<input type="checkbox"/> TRANSIT	Loss or damage to property whilst in the normal course of transit by road vehicle.	\$ VALUE REQUIRED
<input type="checkbox"/> EMPLOYMENT PRACTICES	Amounts legally obligated to pay in respect to a claim made against you for a wrongful act. THIS COVER IS INCLUDED IN OUR ASSOCIATIONS & OFFICIALS LIABILITY UP TO \$100,000.	\$ VALUE REQUIRED
<input type="checkbox"/> PROFESSIONAL INDEMNITY	If you are providing professional advice for a fee.	IF YOU SELECT THIS COVER WE WILL SEND YOU A SPECIALISED PROPOSAL FORM.

IMPORTANT NOTE

YOU ARE REQUIRED TO READ THE FOLLOWING PAGES AND SIGN and DATE THIS FORM ON PAGE 10

Local Community Insurance Services (LCIS) is a division of JLT Risk Solutions Pty Ltd (ABN 69 009 098 864 AFS Licence No: 226827) (JLT) and is a business of Marsh & McLennan Companies (MMC).

IMPORTANT INFORMATION

BINDING AUTHORITY

This insurance is underwritten by Victor Insurance Pty Ltd ("Victor Insurance") under an authority to bind cover on behalf of the insurer.

Victor Insurance is an Authorised Representative (No. 403803) of Marsh Pty Ltd ABN 86 004 651 512 AFS Licence No 238983 (Marsh).

Victor Insurance and Marsh are related companies of JLT and are businesses of Marsh & McLennan Companies (MMC). In underwriting this insurance, Victor Insurance may delegate authority to certain employees of JLT. Victor Insurance and those employees of JLT act as agents of the insurer and not as your agent.

DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984. You have a duty to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that reduces the risk insured, is common knowledge, the insurer knows or should know as an insurer or the insurer waives your duty to tell them about.

If you do not tell us something

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

CHANGE OF RISK OR CIRCUMSTANCES

Please tell us about any changes to your circumstances or business, such as any alteration of risk, location changes, new or changed business activities, as they could affect your insurances.

AVERAGE CLAUSE – UNDER INSURANCE

Home buildings and contents, fire, business interruption, industrial special risks and other policies often contain an average clause. This means that you should insure for full value which may be replacement, indemnity or market value depending on the type of insurance cover arranged. If you are under insured your claim may be reduced in proportion to the amount of under-insurance.

UNREPORTED LOSSES

Please let us know whether there are any losses which have occurred that have not been reported to us/insurers, whether you intend making a claim or not.

NEW CLAIMS

Any quotation we have obtained on your behalf is based on the understanding that there will be no deterioration in the claims experience between the date insurers quoted their terms and the inception date of the cover. If claims do occur during this period, insurers have the right to revise the terms quoted or even withdraw their quotation.

HOLD HARMLESS AGREEMENTS, CONTRACTING OUT, REMOVAL OF SUBROGATION RIGHTS

You may prejudice your rights to a claim if, without prior agreement from your insurer, you make any agreement that could prevent the insurer from recovering the loss from a third party. These 'hold harmless' clauses are often found in leases, licenses and contracts for maintenance, supply, construction and repair.

INSURING THE INTEREST OF OTHER PARTIES

If you require the interest of another party to be covered by the policy, you MUST request this. Most policies will attempt to exclude indemnity to other parties (e.g. mortgagees, lessors, principals etc.) unless their interest is expressly noted on the policy.

SEVERAL LIABILITY

Where your policy cover is provided by more than one insurer it is important to note that each insurer is only responsible to the extent of their individual subscription and there is no obligation for that insurer to make up the shortfall of any other subscribing insurer in a claim or return premium payment.

CONFIRMATION OF TRANSACTION

You may contact us by telephone or in writing to confirm any transaction under your policy, such as renewals and endorsements. If necessary, we will obtain the information for you from the insurer.

COOLING OFF PERIOD FOR RETAIL CLIENTS

If you are a retail client as defined in the Corporations Act 2001 as amended (the 'Act'), you may be entitled to a minimum 14 day cooling-off period during which you may return the insurance policy and receive a refund of the insurance premium paid (less amounts lawfully deducted), subject to the requirements of the Act and the terms and conditions of your policy. This does not affect any other cancellation rights you may have under your policy. Please check your policy and schedule upon receipt to be sure you have the cover you require. If the cover does not meet your needs, please contact your JLT Risk Solutions Pty Ltd (JLT) adviser for advice as to your rights.

REMUNERATION AND OTHER INCOME

Our principal remuneration for arranging insurance on your behalf is either by way of commission paid by the insurer and/or a fee including a service fee and an administration fee to be paid by you. In the event of a mid-term broker appointment, JLT reserves the right to retain all commission, fees and charges. In addition to the above JLT and its related entities may receive income from insurers as follows: interest earned on insurance monies passing through our bank accounts; profit commissions or profit shares paid by insurers on specific classes of business; administrative service fees or expense reimbursements for limited specific services we provide to insurers as part of the placing or claims process. We will disclose any potential conflict of interest not included above which may occur and affect our relationship.

REFUND of PREMIUMS

In the event of any refund of premium allowed for the cancellation or adjustment of this insurance policy, JLT reserves the right to retain all brokerage, fees and charges.

RECEIVING INFORMATION ABOUT OTHER PRODUCTS AND SERVICES

JLT may, from time to time, offer you information about products and services which may be of interest to you. Please notify us if you do not wish to receive such additional information.

BINDING AUTHORITY

This insurance is underwritten by Victor Insurance Pty Ltd (Victor Insurance) (formerly known as Key Underwriting Pty Ltd) under an authority to bind cover on behalf of the insurer. In underwriting this insurance, Victor Insurance may delegate authority to certain employees of JLT or Marsh Pty Ltd (Marsh). Victor Insurance and those employees of JLT/Marsh act as agents of the insurer and not as your agent. JLT, Marsh and Victor Insurance are related companies and Victor Insurance is an Authorised Representative (no. 000403803) of Marsh. Victor Insurance, JLT and Marsh are businesses of Marsh & McLennan Companies (MMC).

PRIVACY POLICY

JLT is committed to the protection of your privacy and is bound by the Australian Privacy Principles for the handling of your information.

JLT's Privacy Policy can be examined by accessing our website <https://www.jltpublicsector.com/> or by obtaining a copy from your JLT Client Risk Adviser or the JLT Privacy Officer (email: privacy.australia@marsh.com or on telephone number +61 2 8864 7688).

SERVICE DIFFICULTIES

We would like to know if you are not satisfied with our services. If you have any difficulties please contact your JLT adviser or our Complaints Manager. JLT subscribes to the Australian Financial Complaints Authority (AFCA) (1800 931 678), which is a free consumer service, and the Insurance Broker's Code of Practice. Additional information is available from your local JLT office.

FINANCIAL SERVICES GUIDE (FSG)

Please refer to the JLT FSG here for information on the services offered by us. It is designed to assist you in making a decision whether to use any of the services offered.

IF THERE IS ANY PART OF THE ABOVE THAT YOU DO NOT UNDERSTAND OR YOU REQUIRE FURTHER EXPLANATION, PLEASE CONTACT US IMMEDIATELY.

JLT COLLECTION STATEMENT

Local Community Insurance Services (LCIS) is a division of JLT Risk Solutions (JLT).

In accordance with the Privacy Act 1988 (Cth) and any subsequent amendments (the Privacy Act), we, JLT Risk Solutions Pty Ltd and our subsidiaries and related entities (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for any of the following purposes (depending on your requirements):
 - o approaching the (re)insurance market;
 - o placing insurance or providing alternative coverage;
 - o assessing and advising you on your insurance or coverage needs;
 - o providing claims handling or risk management services;
 - o providing you with information about other JLT products or services; and
 - o administering payments to you.
- If you are proposing for or renewing insurance, the information you disclose within this document is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to: (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and other entities within the MMC group of companies.
- Your personal information may be sent to our administrative processing centers in Mumbai (India) or Kuala Lumpur (Malaysia). It may also be sent to: Bermuda, Brazil, China, Dubai, Hong Kong, Ireland, Japan, Singapore, South Korea, United Kingdom and the United States for the purposes of outsourcing Insurance Broking, Intermediary and Risk Advisory Services; and Canada, India, United Kingdom and the United States for the purposes of outsourcing Business Support Services (for example, IT systems administration and payment processing).
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. Our Privacy Policy can be accessed on our website (<https://www.jltpublicsector.com/privacy-policy.html>).

For further information contact your account executive or our Privacy Officer at the following address:

JLT Risk Solutions Pty Ltd

Level 19, One International Towers, 100 Barangaroo Avenue,

Sydney NSW 2000

Email: privacy.australia@marsh.com

Phone: (02) 8864 7688

JLT Risk Solutions Pty Ltd (ABN 69 009 098 864 AFSL 226827) is a business of Marsh & McLennan Companies (MMC).

SIGNATURE & DECLARATION

1. The Duty of Disclosure, Non-Disclosure, Co-Insurance, Privacy Act 1988 notices set out above have been read by me/us.
2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect the Insurer's decision about accepting this insurance.
3. I/We acknowledge that the Insurer reserves the right to decline any application.

Applicant's Signature:		Date:	
Applicant's Position:			

PLEASE RETURN THIS FORM TO:

Local Community Insurance Services

GPO Box 1693 Adelaide SA 5001 or **EMAIL TO: insurance@lcis.com.au**

Should you have any questions please contact the LCIS team on 1300 853 800.



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