

Sports • Leisure • Licensed Clubs

Please use this application for occupations relating to the Health & Fitness Industry including:

- Boot Camps
- Fitness Centres
- Fitness Studios
- Health Clubs
- Leisure Centres
- Personal Trainers
- Pilates Studios
- Swim Schools
- Yoga Studios
- Yoga / Pilates instructors

Please complete the following application sections:

**Section 1:**  
**Your Details**  
(Compulsory)

Page 01

**Section 2:**  
**Your Business Details**  
(Compulsory)

Page 01

**Section 3: Cover Selection**  
(please complete the sections relevant to the coverage required)

**Cover Option 1: Business Property Cover**  
Page 03

**Cover Option 2: Platinum Liability**  
Page 05

**Section 4:**  
**Declaration**  
(Compulsory)

Page 06

**Your Details**

|  |  |                 |                          |   |
|--|--|-----------------|--------------------------|---|
| <b>Full Name of Insured</b>  |  |                 |                          |   |
| <b>Trading Name:</b> (if applicable)   |  |                 |                          |   |
| <b>Tax Registered Business:</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>ABN No.:</b> | <b>Input Tax Credit:</b> | %                                       |
| <b>Situation Address:</b>  |  |                 | <b>Postcode:</b>         |   |
| <b>Postal Address:</b>   |  |                 | <b>Postcode:</b>         |   |
| <b>Business Phone No.:</b>   | ( )  | <b>Fax No.:</b> | ( )                      |   |
| <b>Website address:</b>  |  |                 |                          |   |
| <b>Period of Insurance:</b>  | <b>From:</b>   | DD / MM / YYYY  | <b>at 4pm</b>            | <b>To:</b> DD / MM / YYYY <b>at 4pm</b> |
| <b>Other Interested Parties:</b><br>(Please state their full name, the type of interest and the property concerned). |  |                 |                          |   |

**Your Business Details**

1. Please advise the estimated:

|   |  |                   |                   |                |
|---|--|-------------------|-------------------|----------------|
| <b>(a) gross annual turnover for the next 12 months:</b>                | \$   |                   |                   |                |
| <b>(b) gross annual wages paid to employees for the next 12 months:</b> | \$   |                   |                   |                |
| <b>(c) number of employees:</b>   | <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>Full time:</b></td> <td style="width: 25%;"><b>Part time:</b></td> <td style="width: 25%;"><b>Casual:</b></td> </tr> </table> | <b>Full time:</b> | <b>Part time:</b> | <b>Casual:</b> |
| <b>Full time:</b>   | <b>Part time:</b>  | <b>Casual:</b>    |                   |                |
| <b>(d) annual payments to contractors / subcontractors:</b>             | \$   |                   |                   |                |
| <b>(e) number of annual participants/members:</b>                       |  |                   |                   |                |
| <b>(f) number of trainers, coaches, referees and officials:</b>         |  |                   |                   |                |

**Your Business Details (continued)**

**2. Please advise which activity best describes your business:**

- Fitness Centre/Gymnasium     
  Boot Camp     
  Swim School     
  Yoga Studio  
 Personal Trainer (Individual)     
  Leisure Centre     
  Pilates Studio  
 Personal Training Studio     
  Other. Please describe

**3. Does your facility operate 24/7?**  Yes  No

If yes, please advise if your facility contains any of the following:

- CCTV     
  Duress Buttons     
  Secure Access (i.e. Swipe Card, FOB or Fingerprint)

**4. Please confirm the minimum education requirement for all principals, employees and contractors involved in the provision of fitness/exercise training:**

**5. Are contractors used for the provision of any services or activities?**

- Yes  No

If yes, please describe the services or activities provided

Are the contractors separately insured for Liability and Professional Indemnity?

- Yes  No

Do you obtain evidence of their insurance annually?

- Yes  No

**6. Please advise if you offer any of the following services:**

- Professional Massage therapy: refer 3.v. below     
  Swimming pool, spa and/or sauna? refer 3.i. below  
 Ball sports/Racquet sports: refer 3.ii. below     
  Sporting equipment hire: refer 3.iii. below  
 Indoor rock-climbing: refer 3.iv. below     
  Child play days  
 Professional Physiotherapy: refer 3.v. below     
  Professional Nutritionist: refer 3.v. below  
 Other: refer 3.vi. below

**i. Swimming Pools – are they:**

**Used strictly as a lap-pool or by learn-to-swim classes?:**  Yes  No

Used for general swimming purposes?:  Yes  No

Equipped with diving platform/waterslide/springboard?:  Yes  No

|  |                          |        |              |        |
|--|--------------------------|--------|--------------|--------|
| Please advise the dimensions of the pool | <b>Length</b>            | Metres | <b>Width</b> | Metres |
|  | <b>Depth at each end</b> |        |              | Metres |

**ii. Ball sports/Racquet sports – please state the number and type of courts which you have:**

**iii. Sporting equipment hire – please describe items hired and attach a copy of the hire agreement.**

**iv. Indoor rock-climbing – please provide details of the number of climbs, maximum height, safety belay systems and type of flooring used around the climbing/belay area.**

**v. Professional Massage Therapy/Physiotherapy /Nutritionist**

What type of persons conduct these services?

- Employees  Contractors

If you ticked Employees, what are the minimum qualifications of each employee providing this service?

**vi. Other – please provide details of these other facilities/services.**

**7. Do you have at your premises or otherwise offer trampolining, foam pits or any other aerial activities?**  Yes  No

If yes, please provide further details including the activities offered.

**8. Are all participants required to sign a “disclaimer” to “release and indemnify” your business/company in regards to acknowledgment of risks, injury and obligations?**  Yes  No

**9. Do you sell goods to the public?**

If yes, please provide details of the goods you sell and outline any imported or exported products.

## Your Business Details (continued)

10. What procedures do you have in place for the recording and monitoring of Claims or incidences which may give rise to a Claim?

11. Are you licensed to serve alcohol?

Yes  No

If yes, please provide details of your license including the days and hours you operate and detail any restrictions on your licence.

12. Do your premises have clearly displayed signage, stating the risks associated with the consumption of alcohol prior to participating in fitness activities?

Yes  No

13. Do you conduct business, participate in activities, have representation, own assets in or derive revenue outside of Australia?

Yes  No

If yes, please provide further details including the countries and activities involved.

## Cover Option 1 – Business Property Cover

1. Are you the sole occupier of your premises &/or building you occupy?

Yes  No

If no, please state the occupations of other tenants:

2. Please complete the following table about the premises you own / occupy: (use separate sheet if necessary)

| Item         | Occupied As    | Floor | Roof  | Walls | Storeys | Year Built |
|--------------|----------------|-------|-------|-------|---------|------------|
| Example Only | Fitness Centre | Wood  | Slate | Brick | 2       | 1980       |
| Location 1   |                |       |       |       |         |            |

3. Is the property on town or tank water?

Town  Tank

4. When were your premises last rewired?

or, had the wiring inspected?

5. Please provide details of security equipment and devices used to secure your property.

Deadlocks on external doors:  Yes  No      Local alarm:  Yes  No  
 Key locks fitted to external windows:  Yes  No      Self monitored alarm:  Yes  No  
 Bars/Grills on all windows and doors:  Yes  No      Dialer, Securitel or GSM alarm:  Yes  No

6. Please provide details of fire protection equipment used to protect your premises.

Fire Extinguishers:  Yes  No      Sprinkler systems:  Yes  No  
 Hard-wired smoke detectors:  Yes  No → If yes, are they monitored?  Yes  No  
 Heat detectors:  Yes  No → If yes, are they monitored?  Yes  No

7. Do the premises have cooking facilities?

Yes  No →

If Yes and you have a deep fryer, is the deep fryer

Less than 5 Litres  More than 5 Litres →

If the deep fryer is more than 5 litres, does it have a thermostatic cut-off switch?

Yes  No

Select the Types of Insurance You Require

**FIRE AND OTHER DEFINED EVENTS SECTION**

| Insured Property   | Sums Insured   |
|--|--|
| <b>Building</b> (including fixtures, fittings and tenant improvements) | \$   |
| <b>Contents</b> (including machinery, plant and equipment)             | \$   |
| <b>Stock in Trade</b> (including customers goods)                      | \$   |
| <b>Accidental Damage</b> (in addition to the standard policy benefit)  | \$   |
| <b>Playing Surfaces</b> (in addition to the standard policy benefit)   | \$   |
| <b>Is flood cover required?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**BUSINESS INTERRUPTION SECTION**

Indemnity Period Required  12 months  18 Months  24 Months

| Insured Items                               | Sums Insured | Insured Items  | Sums Insured |
|---|--------------|--|--------------|
| <b>Annual Gross Profit</b>                  | \$           | <b>Wages</b> (if not included within Annual Gross Profit)  | \$           |
| <b>Additional Increased Cost of Working</b> | \$           | <b>Professional Fees/Claim Preparation Expenses</b> (in addition to the standard policy benefit) | \$           |
| <b>Accounts Receivable</b>                  | \$           | <b>Rent Receivable</b>   | \$           |

**BURGLARY SECTION**

| Insured Property                                | Sums Insured |
|---|--------------|
| <b>Contents</b>                                 | \$           |
| <b>Stock in Trade including Customers Goods</b> | \$           |
| <b>Tobacco Products</b>                         | \$           |

**MONEY SECTION**

| Insured Property  | Sums Insured |
|---|--------------|
| <b>Blanket Cover</b> (Note: Money in Premises outside Normal Business Hours is limited to a maximum of \$2,500) | \$           |
| <b>Money in Premises during Normal Business Hours</b>   | \$           |
| <b>Money in Premises outside Normal Business Hours</b> (maximum of \$2,500)                                     | \$           |
| <b>Money in Transit or in a Bank Night Safe</b>   | \$           |
| <b>Money in Locked Safe or Strongroom</b>   | \$           |
| <b>Money in your Private Residence</b>  | \$           |

**GLASS SECTION**

| Insured Property  | Replacement Value |
|---|-------------------|
| <b>All fixed internal and external glass</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| <b>Advertising/Illuminated signs</b> (an automatic sub limit of \$7,500 applies)                      | \$                |

**TRANSIT SECTION**

| Please list all items to be covered under this Section including make, model, serial number etc. | Sums Insured |
|--|--------------|
| (i)  | \$           |
| (ii)   | \$           |
| (iii)  | \$           |
| <b>Total Sum Insured</b>   | \$           |

**ELECTRONIC EQUIPMENT SECTION**

Please list all electronic items to be covered under this Section including make, model, serial number etc.

|                          |    |                                  |
|--------------------------|----|----------------------------------|
| (i)                      |    | \$                               |
| (ii)                     |    | \$                               |
| (iii)                    |    | \$                               |
| <b>Total Sum Insured</b> |    | \$                               |
| <b>Electronic Data</b>   | \$ | <b>Increased Cost of Working</b> |
|                          |    | \$                               |

**MACHINERY BREAKDOWN SECTION**

Please list all items to be covered under this Section.

Machinery (please describe):

|                             |    |  |                      |    |
|-----------------------------|----|--|----------------------|----|
| (i)                         |    | <b>HP / KW</b>                             | <b>No. of units:</b> | \$ |
| (ii)                        |    | <b>HP / KW</b>                             | <b>No. of units:</b> | \$ |
| (iii)                       |    | <b>HP / KW</b>                             | <b>No. of units:</b> | \$ |
| <b>Limit any one event:</b> | \$ | <b>Deterioration of Refrigerated Stock</b> |                      | \$ |

**GENERAL PROPERTY SECTION**

Please list all items to be covered under this Section including make, model, serial number etc.

| Specified Items                            | Sum Insured Required |    |
|--|----------------------|----|
| (i)  | \$                   |    |
| (ii)                                       | \$                   |    |
| (iii)                                      | \$                   |    |
| (iv)                                       | \$                   |    |
| <b>Total of Specified Items</b>            |                      | \$ |
| <b>Unspecified Items (maximum \$1,000)</b> |                      | \$ |

**Cover Option 2 – Platinum Liability Cover****PART A: GENERAL LIABILITY**

|   |   |
|---|---|
| <b>Limit of Indemnity for Part A:</b>             | <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000   |
| <b>Property in your physical or legal control</b> | NB: automatic cover is \$500,000  |
| <b>Excess Option:</b>                             | <input type="checkbox"/> Nil <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ |

**PART B: PROFESSIONAL INDEMNITY**

|                                       |   |
|---------------------------------------|---|
| <b>Limit of Indemnity for Part B:</b> | <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000              |
| <b>Excess Option:</b>                 | <input type="checkbox"/> Nil <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ |

Do you currently hold Professional Indemnity or Errors & Omissions insurance?  Yes  No

|                              |   |
|------------------------------|---|
| <b>If yes, please state:</b> | <b>The date from which you have had this insurance?</b> |
|                              | <b>Your current insurer?</b>                            |

NB: Retroactive Date for Part B - The date the insured first held continuous Professional Indemnity cover or the inception date of this policy, whichever the earlier.

**Cover Option 2 – Platinum Liability Cover**

**PART C: MANAGEMENT LIABILITY**

|   |  |  |  |
|---|--|--|--|
| <b>Limit of Indemnity for Part C:</b>   | <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other \$ |  |  |
| <b>Optional Extensions:</b>   | <input type="checkbox"/> Fidelity (\$100,000 limit)  | <input type="checkbox"/> Pollution Defence Costs (\$100,000 limit) |  |
| <b>Fixed Excesses:</b>  | <b>Directors &amp; Officers Liability</b>  | <b>\$Nil</b>   |  |
|   | <b>Fidelity</b>  | <b>\$5,000 each &amp; every Claim</b>                              |  |
|   | <b>Pollution Defence Costs</b>   | <b>\$5,000 each &amp; every Claim</b>                              |  |
|   | <b>All Other Claims</b>  | <b>\$2,500 each &amp; every Claim</b>                              |  |
| <b>Do you currently hold Directors &amp; Officers or Management Liability insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| <b>If yes, please state:</b>  | <b>The date from which you have had this insurance?</b>  |  |  |
|   | <b>Your current insurer?</b>   |  |  |

Retroactive Date for Part C - The date the insured first held continuous Directors and Officers or Management Liability Insurance or the inception date of this policy, whichever the earlier.

**Claims Made Policy**

Please note the Professional Indemnity & Management Liability sections of the Policy are offered on a Claims Made basis. Claims Made means that the Professional Indemnity & Management Liability section covers you for Claims made against you during the Period of Insurance specified in your Policy Schedule and notified to us during that Period of Insurance.

This means that the Professional Indemnity & Management Liability sections do not provide cover in relation to;

- Events which occurred prior to the same Period of Insurance or any earlier retroactive date stipulated in the Policy Schedule;
- Claims made against you after the expiry of the Period of Insurance even though the event giving rise to the Claim may have occurred during the Period of Insurance;
- Claims the possibility of which was intimated in any way prior to the commencement of the Period of Insurance;
- Claims rising from or attributable to any facts, circumstances or occurrences noted on the proposal for the current Period of Insurance or for any prior Period of Insurance or of which notice had been given under any previous policy;
- Claims rising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have realised) prior to the commencement of the Period of Insurance may give rise to a Claim.

For the purposes of the Professional Indemnity and Management Liability sections, a Claim means; any

- a. written or verbal demand for compensation or damages or other relief; or
- b. a civil proceeding seeking compensation or damages or other relief; or
- c. any criminal charge brought against You alleging a Wrongful Act; or
- d. a notice of charge, formal investigation order or notice requiring You to attend an inquiry or other proceedings ordered by an Inquiring Body.

As explained above, the Professional Indemnity section, by its terms, does not provide cover for Claims made after the expiry of the Period of Insurance cover provided by the Policy.

Section 40(3) of the Insurance Contracts Act 1984 (Cth) applies to certain contracts of liability insurance (including Sections 2 & 3 of this Policy) and states 'Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by the contract where the insured has given notice in writing to the insurer;

- of the facts that might give rise to a claim against the insured
- as soon as was reasonably practicable after the insured became aware of those facts, and
- before the expiry of the Period of Insurance.

**Declaration**

**Details of Your History:**

**After investigation, have you or any principal, partner, or director, either alone or jointly with others ever, in the last 5 years:**

- (a) Had any insurance declined or cancelled, application/proposal rejected, renewal refused, Claim rejected, or special conditions imposed by an insurer?  Yes  No
- (b) Been charged with or convicted of any criminal offence?[excluding traffic offences]  Yes  No
- (c) Been declared bankrupt or subject to any form of insolvency administration?  Yes  No

**If you have answered yes to any of the above questions please provide full details:**

**How many years have you been in business/operation?**

**In the previous 5 Years have You made any Claim on any insurance for loss or damage or suffered any loss or damage which would be covered by this proposed insurance?**  Yes  No

**Are you aware of any other incident(s) that have occurred in the last 5 years that may give rise to a Claim against you?**  Yes  No

**If you are seeking cover under Part B of Platinum Liability (Professional Indemnity) and/or Part C of Platinum Liability (Management Liability) please answer the following questions:**

- a) Has any Claim ever been made against the Proposer or any other person or entity to whom Parts B and C of this Policy will apply?  Yes  No
- b) Has the Proposer or any other person or entity to whom Parts A and B of this Policy will apply incurred any other Loss which might be within the terms of Part B and/ or Part C of this Policy?  Yes  No
- c) Is the Proposer or any other person or entity to whom Parts B and C of this Policy will apply aware, after enquiry (bold), of any circumstances which might:
  - (i) give rise to a Claim against the Proposer or any other person or entity to whom Parts B and C of this Policy will apply? Yes/No  Yes  No
  - (ii) result in the Proposer or any other person or entity to whom Parts B and C of this Policy will apply incurring any Loss to which the terms of this Policy might apply?  Yes  No
  - (iii) otherwise might affect Our consideration of this Policy?  Yes  No

**If you have answered yes to any of the above questions, please fill in the table below:**

| Year of Claim | Description of Incident | Is Claim settled   | Amount Claim settled for |
|---------------|-------------------------|--|--------------------------|
|               |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$                       |
|               |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$                       |
|               |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$                       |
|               |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$                       |
|               |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$                       |
|               |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$                       |
|               |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$                       |

**This declaration must be completed and signed by or on behalf of all parties applying for insurance.**

**I/We**

(a) declare that:

- (i) the answers and information given by me/us in this Proposal and any addendum are true and correct in all respects;
  - (ii) no information has been withheld that would affect the insurer's decision to accept this Proposal;
  - (iii) where answers in this Proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
  - (iv) I/we have read and understood the clauses detailed under the Important Notices section;
  - (v) if there was insufficient space to fully answer any questions, we have attached \_\_\_\_\_ supplementary pages providing the additional information required.
  - (vi) I/we have read and understood the Privacy Statement and consent to collection, storage, use and disclosure of any personal information.
- (b) authorise the insurer and Sports Underwriting to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and Claims under those insurances.
- (c) understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the applicable Sports Underwriting Policy wording.
- (d) acknowledge that the insurer and/or Sports Underwriting, its agents and/or employees reserve the right to decline this Proposal.
- (e) have received a copy of the PDS/Policy document (as relevant).

**Proposer's Signature:**

**Date:**

DD / MM / YYYY

**Proposer's Name:**

**Proposer's Title:**

**Club/Business:**

**IMPORTANT NOTICES**

Some words used in this document have a special meaning as defined in any documents which make up the Policy which contain definitions.

**The Insurer and Agent**

Sports Underwriting Australia Pty Ltd (Sports Underwriting) (ABN 53 119 852 096, AFSL 302484) acts as agent for AIG Australia Limited (ABN 93 004 727 753 AFSL 381686 trading as AIG) a limited liability company incorporated in Australia, the insurer of the product.

**General Insurance Code of Practice**

AIG Australia Limited is signatory to the General Insurance Code of Practice ("Code"). The Code sets out the minimum standards of service that can be expected from the insurance industry and requires insurers to be open, fair and honest in their dealings with customers.

We are committed to adhering to the objectives of the Code and to uphold these minimum standards when providing services covered by this Code. The Code objectives will be followed having regards to the law and acknowledging that a contract of insurance is a contract based on the utmost good faith.

For more information on the Code please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

**Duty of Disclosure**

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our 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.

You have this duty until we agree to insure you.

**If you do not tell us something**

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

**Your duty of disclosure for renewals**

Before you renew this contract of insurance, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our 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 have this duty until we agree to renew the contract.

**If you do not tell us something**

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

**Who Needs To Tell Us**

It is important that you understand that you are answering our questions in this way for you and anyone else whom you want to be covered by the Policy.

**Sports Underwriting Australia Privacy Statement**

In this Privacy section "we", "us" or "our" means Sports Underwriting Australia, unless specified otherwise.

We are committed to the safe and careful use of your personal information in the manner required by the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

We collect your personal information in order to assess your application for insurance and, if your application is accepted, to administer and manage your Policy and respond to any Claim that You make. To do this, your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing us with your personal information, you consent to the disclosure of your personal information to reinsurers, service providers and related entities in overseas countries to enable us to assess your application, to administer and manage your Policy and to respond to any Claim that you make. If you consent to the disclosure of your personal information to overseas recipients, and the overseas recipient handles your personal information in a way other than in accordance with the Australian privacy laws, we may not be responsible for the handling of your personal information by the overseas recipient.

If you choose not to provide your personal information and/or choose not to consent and / or withdraw your consent to the disclosure of your



personal information at any stage, we may not be able to assess your application or administer and manage your insurance policy and respond to any Claim that you make.

Our Privacy policies contain information on how you may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled. If you require more information, you can access the SUA Privacy Policy and Privacy Statement at [www.sportsunderwriting.com.au/documents.html](http://www.sportsunderwriting.com.au/documents.html).

### **AIG Australia Privacy Notice**

This notice sets out how AIG collects, uses and discloses personal information about:

- you, if an individual; and
- other individuals you provide information about.

Further information about our Privacy Policy is available at [www.aig.com.au](http://www.aig.com.au) or by contacting us at [australia.privacy.manager@aig.com](mailto:australia.privacy.manager@aig.com) or on 1300 030 886.

### **How we collect your personal information**

AIG usually collects personal information from you or your agents.

AIG may also collect personal information from:

- our agents and service providers;
- other insurers;
- people who are involved in a claim or assist us in investigating or processing claims, including third parties claiming under your policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that you are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

### **Why we collect your personal information**

AIG collects information necessary to:

- underwrite and administer your insurance cover;
- maintain and improve customer service; and
- advise you of our and other products and services that may interest you.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in AIG declining cover, cancelling your insurance cover or reducing the level of cover, or declining claims.

### **To whom we disclose your personal information**

In the course of underwriting and administering your policy we may disclose your information to:

- entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of your policy;
- banks and financial institutions for policy payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- other entities to enable them to offer their products or services to you; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

### **Access to your personal information**

Our Privacy Policy contains information about how you may access and seek correction of personal information we hold about you. In summary, you may gain access to your personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to your personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

### **Consent**

If applicable, Your application includes a consent that You and any other individuals You provide information about consent to the collection, use and disclosure of personal information as set out in this notice.

### **Complaints**

Our Privacy Policy also contains information about how you may complain about a breach of the applicable privacy principles and how we will deal with such a complaint.

### **Taxation Information**

The amount of cover available under this Policy excludes Goods and Services Tax (GST).

If you are not registered for GST, in the event of a Claim we will reimburse you the GST component in addition to the amount that we pay.

The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to Claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you must inform us of the extent of that entitlement at or before the time you make a Claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the Premium.

If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to Claim on payment of the Excess.

If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

### **Don't Prevent Our Right of Recovery**

The Liability Policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the Policy, we have a right to reject any Claim from you in relation to that loss.