

Please use this application for occupations relating to Licensed Clubs including:

- Citizens Clubs
- Leagues Clubs
- Social Clubs
- Surf Clubs
- Other Licensed Clubs
- Community Clubs
- Recreation Clubs
- Soldiers Clubs
- Workers Clubs
- Golf Clubs
- RSL Clubs
- Sporting Clubs
- Yacht Club

Please complete the following application sections:

<input checked="" type="checkbox"/> Section 1: Your Details (Compulsory) Page 01	<input checked="" type="checkbox"/> Section 2: Your Business Details (Compulsory) Page 01	Section 3: Cover Selection (please complete the sections relevant to the coverage required) <ul style="list-style-type: none"> <input type="checkbox"/> Cover Option 1: Business Property Cover Page 03 <input type="checkbox"/> Cover Option 2: Platinum Liability Page 05 <input type="checkbox"/> Cover Option 3: Member Insurance Plan Page 06 	<input checked="" type="checkbox"/> Section 4: Declaration (Compulsory) Page 04
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Your Details

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

Your Business Details

1. Please advise the estimated:

(a) gross annual turnover for the next 12 months:	Gaming (Gross Commission Only)	\$
	Other (Gross Turnover / Sales)	\$
	Total:	\$
(b) gross annual wages paid to employees for the next 12 months:		\$
(c) annual payments paid to contractors / subcontractors:		\$

Your Business Details (continued)

2. Please advise which activity best describes your business:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Citizens Clubs | <input type="checkbox"/> Leagues Clubs | <input type="checkbox"/> Social Clubs | <input type="checkbox"/> Surf Clubs |
| <input type="checkbox"/> Community Clubs | <input type="checkbox"/> Recreation Clubs | <input type="checkbox"/> Soldiers Clubs | <input type="checkbox"/> Yacht Club |
| <input type="checkbox"/> Golf Clubs | <input type="checkbox"/> RSL Clubs | <input type="checkbox"/> Sporting Clubs | <input type="checkbox"/> Workers Clubs |
- Other (please describe):

3. How Many Members?

Full Members:	Directors / Volunteers:	Bowlers:	Golfers:
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4. How Many Personnel?

Full Time:	Part Time:	Casual:
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5. How Many Contractors?	Security:	Caterers:	Cleaners:
	Licensed Money Carriers:	Green Keepers:	Maintenance:
6. How Many Facilities	Gaming Machines:	Bistro (How Many Seats):	Restaurant (How Many Seats):
	Tennis Courts:	Bowling Greens	Squash Courts:
	Golf Driving Range:	Golf Course: (How Many Holes)	Motorized Golf Carts:
	Car Parking: (How Many Spaces)	Child Minding: (How Many Places)	Separate Auditorium: (Seating Capacity)

7. Does the club have any recreational/sporting fields or facilities not detailed above. Yes No

If yes, please detail the type of facility and its use.

8. Does the club have:

Duress buttons <input type="checkbox"/> Yes <input type="checkbox"/> No	Duress code in control panel <input type="checkbox"/> Yes <input type="checkbox"/> No	Armed hold-up procedures <input type="checkbox"/> Yes <input type="checkbox"/> No
Security Lights <input type="checkbox"/> Yes <input type="checkbox"/> No	Automatic security lights <input type="checkbox"/> Yes <input type="checkbox"/> No	Security cameras <input type="checkbox"/> Yes <input type="checkbox"/> No

How long are the security tapes kept?

9. Does the club use the security guards to:

Escort staff from premises at closing: Yes No Crowd control: Yes No

Give details of any other security measures used by the club:

10. Sub-Clubs

Please provide details of any sub-clubs requiring cover under this policy and the exact nature of any such relationship:

Name of Sub-Club	Activity	Number of Members

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 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
Building (including fixtures, fittings and tenant improvements)	\$
Contents (including machinery, plant and equipment)	\$
Stock in Trade (including customers goods)	\$
Accidental Damage (in addition to the standard policy benefit)	\$
Playing Surfaces (in addition to the standard policy benefit)	\$
Is flood cover required?	<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
Annual Gross Profit	\$	Wages (if not included within Annual Gross Profit)	\$
Additional Increased Cost of Working	\$	Professional Fees/Claim Preparation Expenses (in addition to the standard policy benefit)	\$
Accounts Receivable	\$	Rent Receivable	\$

BURGLARY SECTION

Insured Property	Sums Insured
Contents	\$
Stock in Trade including Customers Goods	\$
Tobacco Products	\$

MONEY SECTION

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

GLASS SECTION

Insured Property	Replacement Value
All fixed internal and external glass <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advertising/Illuminated signs (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)	\$
Total Sum Insured	\$

ELECTRONIC EQUIPMENT SECTION

Please list all electronic items to be covered under this Section including make, model, serial number etc.			
(i)			\$
(ii)			\$
(iii)			\$
Total Sum Insured			\$
Electronic Data	\$	Increased Cost of Working	\$

MACHINERY BREAKDOWN SECTION

Please list all items to be covered under this Section.			
Machinery (please describe):			
(i)	HP / KW	No. of units:	\$
(ii)	HP / KW	No. of units:	\$
(iii)	HP / KW	No. of units:	\$
Limit any one event:	\$	Deterioration of Refrigerated Stock	\$

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)	\$
Total of Specified Items	\$
Unspecified Items (maximum \$1,000)	\$

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

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

Limit of Indemnity for Part 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
Excess Option:	<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

If yes, please state:	The date from which you have had this insurance?
	Your current insurer?

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.

PART C: MANAGEMENT LIABILITY

Limit of Indemnity for Part C:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other \$
Optional Extensions:	<input type="checkbox"/> Fidelity (\$100,000 limit) <input type="checkbox"/> Pollution Defence Costs (\$100,000 limit)
Fixed Excesses:	Directors & Officers Liability \$Nil
	Fidelity \$5,000 each & every Claim
	Pollution Defence Costs \$5,000 each & every Claim
	All Other Claims \$2,500 each & every Claim

Do you currently hold Directors & Officers or Management Liability insurance? Yes No

If yes, please state:	The date from which you have had this insurance?
	Your current insurer?

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

- written or verbal demand for compensation or damages or other relief; or
- a civil proceeding seeking compensation or damages or other relief; or
- any criminal charge brought against You alleging a Wrongful Act; or
- 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.

Cover Option 3 – Member Insurance Plan

Part A - Voluntary Workers Personal Accident

Cover Required Yes No

Capital Benefits

Benefit Scale 1-32
(death under 18 – 20%)

\$100,000 per volunteer

Weekly Benefit

Benefit Period 52 Weeks

\$1,000 Per Week/14 Day Excess

Additional Benefits:

Home Help

Benefit Period 52 Weeks

\$200 Per Week/14 Day Excess

Non Medicare Medical Costs

Excess \$50

85% to maximum \$5,000

Emergency Transport Costs

Excess \$50

85% to maximum \$2,500

Part B - Members Personal Liability

Cover Required Yes No

Limit of Indemnity:

Standard Excess \$500

\$10,000,000 \$20,000,000

Part C - Members Personal Accident

Cover Required Yes No

Capital Benefits

Benefit Scale 1-32
Death under 18 - 20%

\$100,000 Per member

Weekly Benefit

Benefit Period 52 Weeks

\$500 Per Week/7 Day Excess

Additional Benefits:

Modification Expenses

Up to \$10,000

Funeral Expenses

Up to \$5,000

Student Help

Benefit Period 52 Weeks

\$200 Per Week/7 Day Excess

Parents Inconvenience Allowance

Maximum Benefit \$1,500

\$25 Per Day

Non Medicare Medical Costs

Excess \$100

75% to maximum \$1,000

Emergency Transport Costs

Excess \$100

75% to maximum \$1,000

Part D - Members Personal Property

Cover Required Yes No

Sporting Equipment Sum Insured

Excesses - \$500 Burglary/Theft Claims
\$100 All Other Claims

\$2,000 \$3500 \$5000

NB: Member Insurance Plan Aggregate Limit of Liability for Parts A, D & C - \$500,000

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

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

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 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.

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

Declaration (continued)

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.

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 or by contacting us at 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.