

Savannah Schemes – General Liability - Herbalife Distributor – Proposal Form

Guidelines to help you complete this Proposal Form

- Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance.
If you are in any doubt as to whether any information is material, it should be disclosed.
- Where the space provided is insufficient for your replies, please provide these separately and attach to this Proposal Form
- Apart from in Part C, references to “us”, “we” and “our” in this Proposal Form are to the insurer.
- References to the “Proposer” and “you” in this Proposal Form means:
 - The entity and all subsidiary entities for whom cover is required;
 - The past and / or present employees or principals or partners of the entity; and
 - The directors of the entity and all subsidiary entities for whom cover is required.

Important Facts relating to this Proposal Form

You should read the following notices, before proceeding to complete this Proposal Form.

1. Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance. Your duty, however, does not require disclosure of any matter:

- That is of common knowledge;
- That diminishes the risk to be undertaken by us;
- As to which compliance with your duty is waived by us; or
- That we know or, in the ordinary course of our business, ought to know.

Non-Disclosure

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

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

2. Privacy Statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

Purpose of Collection

We collect personal information (*this is information or an opinion about an individual whose identity is apparent, or can reasonably be ascertained, and which relates to a natural living person*) for the purposes of providing insurance services to you, including to:

- evaluate your application;
- evaluate any request for a change to any insurance provided;
- provide, administer and manage the insurance services following acceptance of an application; and
- Investigate and, if covered, manage claims made in relation to any insurance you have with us or other companies within the same group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to one or more of the purposes listed above.

Disclosure

We may, when necessary and in connection with the purposes listed above, disclose your personal information to, and receive some personal information from, other companies within the same group, your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if Information is not Provided

If you do not provide us with the information we need we may not be able to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting us at Savannah Insurance Agency Pty Ltd. In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Privacy Statement Issued: Savannah Insurance Agency Pty Ltd at Level 5, 56 Clarence Street, Sydney, NSW 2000 (Postal: GPO Box 4920, Sydney, NSW 2001)

We are committed to protecting the privacy of Your personal information in accordance with the terms of the *Privacy Act* 1988 (Cth). We collect and Use the personal information You provide Us to quote on Your application for a Policy, to provide the insurance, administer the Policy and assess and manage any claims. In some circumstances, We may collect Your personal information from someone other than You, such as when we require third party information to assess a claim; however We will only do so when We are unable to collect it directly from You.

Savannah's Privacy Policy can be accessed at: www.savannahinsurance.com.au/emailprivacy.php or by writing to Savannah at the address shown in this proposal form which is also available on the website.

PLEASE NOTE:

This Policy has been designed to provide Public Liability insurance cover for your activities as a Herbalife Distributor. It includes an Errors and Omissions Extension and a Physical Activity Liability Extension to the Policy, which includes cover for certain classes or training – dependent on your Certification Level.

If you require this extension you will need to complete Appendix 'A'. If you do not require the Physical Activity Liability Extension there is no need for you to complete Appendix 'A'

Please discuss with your insurance adviser, and refer to the FAQ information sheet provided by your insurance adviser, when answering the questions below and when considering whether this Policy is suitable for the activities you conduct and that it will meet your insurance requirements.

There are different requirements and/or Certification levels relevant to indoor/outdoor activities as well as for Individual or Group sessions. Please consult your recognised Training Body for full details or log on to:

Fitness Australia website: <https://fitness.org.au/>

Fitness Australia Code of Ethics: <https://fitness.org.au/codeofethics.html>

If your revenue from these additional activities exceeds \$50,000 annually and/or you do not hold a relevant Certification for your activities- you should speak to your insurance adviser about arranging a specific insurance for your exposures.

Physical Activity Liability Extension

This Policy will extend to cover you whilst you are conducting Training, Fitness and/or Exercise classes that your Certificate III or IV confirms you are qualified to perform other than the Excluded Activities of:

- Bikram
- Hot Yoga

Activities where Certification is NOT required-these activities are included within the Policy coverage.

- Running Classes*
- Walking Classes*

***and similar activities where a qualification is not deemed necessary by the Fitness Industry to conduct such classes.**

It is a condition precedent to recovery under this extension that the insured holds a certification qualification at a level commensurate with the physical activity being conducted that gives rise to any claim or claims being made under this extension.

Insurers **WILL** need to sight this Certificate / Qualification in the event of a claim.

Part A – Client Information

Please use an appendix if there is insufficient space on the proposal form to answer any question(s)

1. **Period of Insurance required: From:** ____ / ____ / ____ **To:** ____ / ____ / ____

2. **Name of Insured / Distributor:**

Trading Name (if applicable):

Australian Business Number (ABN): _____

3. **Insured Address:**

4. **Have you either alone, or in partnership, or jointly with any other party, or if you are a corporation, has the corporation, or any of its directors:**

- i. Made any claim under an Insurance Policy covering risks of the kind to which this Proposal Form relates in the last 5 years; **Yes / No**
- ii. Been involved in any incident in the last 12 months that may give rise to a claim and/or action against you in respect of risks of the kind to which this Proposal Form relates? **Yes / No**
- iii. Had an insurer decline, refuse to renew, cancel or impose special terms or conditions in respect of risks of the kind to which this Proposal Form relates. **Yes / No**
This question does not apply in circumstances where such declinature, cancellation or refusal was due to factors that did not relate to the assessment of THIS particular Public Liability Policy.
- iv. Been charged with a criminal offence or been declared bankrupt? **Yes / No**

If you answered **Yes** to all or any of question 4 above, please provide details below:

Date of Loss	Cause of Claim/Incident	Amount of Claim	Insurer

5. **Do you require the Physical Activity Liability Extension? YES / NO; If YES, please complete Appendix 'A'**

6. **Do your revenues from these Physical Activity classes exceed \$50,000 annually? YES / NO;**

If you have answered YES to Q6, please refer to your insurance adviser, as a separate policy will be required.

Coverage Details:

- Public Liability:** \$20,000,000 any one Occurrence
- Products Liability:** \$20,000,000 any one Occurrence and in the Aggregate During the Policy Period
- Care/Custody & Control:** \$250,000 any one Occurrence and in the Aggregate During the Policy Period
- Errors & Omissions:** \$250,000 any one Occurrence and in the Aggregate During the Policy Period
- Physical Activity Extension** \$250,000 any one Occurrence and in the Aggregate During the Policy Period

Part B - Your Declaration

I/We the undersigned declare that:

- (i) I am/We are authorised by each of the Proposers to sign this Proposal Form; and
- (ii) The above statements are correct, true and complete; and
- (iii) No information material to this Proposal Form has been withheld; and
- (iv) I/We have read and understand the notices contained in this Proposal Form under the heading **Important Facts**

Savannah Schemes Public Liability Insurance Herbalife Distributor – Proposal Form

- (v) I/We have diligently made all necessary and detailed enquiries in order to comply with the **Duty of Disclosure**; and
- (vi) I/We understand that no insurance is in force until such times as the insurer has confirmed acceptance of the proposed insurance; and
- (vii) I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- (viii) If, I/We have completed Appendix A which is attached to this proposal form, I/We declare that the signed Declaration below applies equally to this Appendix A as it does to the main proposal form; and
- (ix) I/We acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance; and except where indicated to the contrary, we understand that any statement made in this application will be treated by Savannah Insurance Agency Pty Ltd as a statement made by all persons to be insured; and
- (x) I / We have read Savannah Insurance Agency's Privacy Statement on this Proposal Form and consent to the use, disclosure and obtaining of personal information about the Proposers for the purposes shown in the Privacy Statement.

Name of Principal, Partner(s) or Director(s)

Signed: Given Name: Surname:

By typing your name in this box you are confirming the validity of the answers completed on this proposal form and on Appendix A if completed by you, and the Insurer will be able to rely on this declaration as evidence of your 'electronic' signature/acceptance

Date: ____ / ____ / _____

APPENDIX A

If you conduct any forms of Fitness Class and/or any Personal Training, or similar types of classes, please Note that these can only be included under this Policy where you hold a Certificate III or IV (or above) or equivalent Certification - see (a) and (b) below - from a recognised body in the Sports & Fitness Industry that certifies you to be qualified to conduct such training, and your revenues do not exceed \$50,000 annually.

There are different requirements and/or Certification levels relevant to indoor/outdoor activities as well as for Individual or Group sessions. Please consult your recognised Training Body for full details or log on to:

Fitness Australia website: <https://fitness.org.au/>

Fitness Australia Code of Ethics: <https://fitness.org.au/codeofethics.html>

APPENDIX A – Physical Activity Liability Extension

- a) Do you hold a Certificate III or IV (or above) or equivalent Certification from a recognised body in the Sports & Fitness Industry that certifies you as being competent to supply such training– other than Walking and Running classes where no certification is required? YES / NO**
- b) If applicable to your proposal does the Certificate you hold qualify you to teach indoor and outdoor activities and for Group sessions as well as for individual training– other than Walking and Running classes where no certification is required? YES / NO**
- c) It is a condition precedent to recovery under this extension that the insured holds a certification qualification at a level commensurate with the physical activity being conducted that gives rise to any claim or claims being made under this extension.**

Insurers **WILL** need to sight this Certificate / Qualification in the event of a claim.

Note:

If the answer to (a) and (b) is No, the Policy will EXCLUDE cover under the Physical Activity Liability Extension

If your revenue from these additional activities exceeds \$50,000 annually and/or you do not hold a relevant Certification for your activities- you should speak to your insurance adviser about arranging a specific insurance for your exposures.

Please discuss with your broker, and refer to the FAQ information sheet provided by your broker, when answering the above questions and when considering whether this Policy is suitable for the activities you conduct and that it will meet your insurance requirements.