

# AUSTRALIAN ROWING NATIONAL MARINE INSURANCE PROGRAM APPLICATION FORM

Willis



## GENERAL INFORMATION

Club Insured Name

Application Completed By (Your Name)

Position

Phone

Mobile

Email

## CURRENT MARINE INSURANCE DETAILS

Name of Broker

Name of Insurer

Expiry Date

Total Premium Paid

\$

## LOCATION(S) TO BE INSURED

Location

Suburb

State

## DECLARATION & AUTHORISATION

- 1) I/We have received a copy of the Policy Terms and Conditions
- 2) I/We declare that all answers and statements made in the application are true, correct and complete in every respect
- 3) I/We authorise the insurer to give or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history

I declare that the information in this application is true and correct and I have not withheld any relevant information;

Full Name

Date

Signature

## CURRENT ASSET SCHEDULE

Please either complete the below asset schedule or attach your own in a similar format.

### BASIS OF SETTLEMENT / DECLARED VALUES

With regard to the values declared, please be advised that the basis of settlement for the policy is agreed value (i.e. the amount you declare is what will be paid out in the event of a total loss claim).

We recommend for the values declared to be in line with the replacement cost of your insured items.

### ROWING SCULLS / HULLS

Year Of Manufacture	Make / Quantity	Model	Club Owned	Individually Owned (Name)	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>

### OARS

Year Of Manufacture	Make / Quantity	Model	Club Owned	Individually Owned (Name)	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>

### TRAILERS

Year Of Manufacture	Make	Model	Club Owned	Individually Owned (Name)	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>

## CURRENT ASSET SCHEDULE

### MOTORISED HULLS

Year Of Manufacture	Make	Model	Club Owned	Individually Owned (Name)	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>

### MISCELLANEOUS / OTHER EQUIPMENT\*

Year Of Manufacture	Make	Model	Club Owned	Individually Owned (Name)	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text" value="\$"/>

\* Please note that the equipment listed above must be rowing / marine hull associated equipment, i.e radio apparatus, echo sounders, navigation equipment, life jackets and sound apparatus.

## PREVIOUS MARINE LOSS HISTORY

Have you made an insurance claim in the last 5 years?  Yes  No

If 'Yes', please provide details below:

Date of Claim	Brief Description of Loss	Amount Paid	Insurer
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text"/>

## NON MARINE PROPERTY & CONTENTS INSURANCE

Does your Club require cover for your non Marine associated equipment?  
This would include cover for general contents items like furniture, rowing machines, computers and other office equipment.  Yes  No

To obtain a quotation, please provide the below details;

### CURRENT BUSINESS INSURANCE (PROPERTY & CONTENTS) DETAILS

Name of Broker	Insurer	Expiry Date	Total Premium Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>

## CURRENT BUSINESS INSURANCE (PROPERTY & CONTENTS) DETAILS

### LOCATION(S) TO BE INSURED

Situation	Address	Suburb	State
①	<input type="text"/>	<input type="text"/>	<input type="text"/>
②	<input type="text"/>	<input type="text"/>	<input type="text"/>
③	<input type="text"/>	<input type="text"/>	<input type="text"/>
④	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is your current policy excess

\$

### CURRENT INSURANCE VALUES (Please specify the sums insured you require)

#### FIRE & PERILS

	Situation 1	Situation 2	Situation 3	Situation 4
Building Sum Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leasehold Improvements	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contents Sum Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stock Sum Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customers / Players / Visitors Goods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### BUSINESS INTERRUPTION

	Situation 1	Situation 2	Situation 3	Situation 4
Gross Revenue Sum Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Increased Cost of Working	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claims Preparation Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dual Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indemnity Period	<input type="text"/> mths	<input type="text"/> mths	<input type="text"/> mths	<input type="text"/> mths

#### BURGLARY INSURANCE

	Situation 1	Situation 2	Situation 3	Situation 4
Contents Sum Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stock Sum Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customers / Players / Visitors Goods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### MONEY

	Situation 1	Situation 2	Situation 3	Situation 4
During Business Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outside Business Hours not in safe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## CURRENT INSURANCE VALUES (Please specify the sums insured you require)

### MONEY (Continued)

	Situation 1	Situation 2	Situation 3	Situation 4
Outside Business Hours in safe	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
In Transit or Private Residence	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

### GLASS INSURANCE

	Situation 1	Situation 2	Situation 3	Situation 4
Internal Glass Replacement Value	<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
External Glass Replacement Value	<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

### GENERAL PROPERTY

Covers property Australia wide for fire & perils, collision damage & theft from locked vehicle or premises.

Please list all items requiring cover.

Please either complete the below asset schedule or attach your own in a similar format.

Description	Sum Insured
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

### PREVIOUS PROPERTY & CONTENTS LOSS HISTORY

Have you made an insurance claim in the last 5 years?

Yes  No

If 'Yes', please provide details below:

Date of Claim	Brief Description of Loss	Amount Paid	Insurer
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

## CONSTRUCTION & SECURITY DETAILS

Please complete the following details for the location of where the insured items are predominately stored

### CONSTRUCTION TYPE

Situation Use	Floor	Walls	Roof	Age
①				
②				
③				
④				

### FIRE

Sprinklers	Fire Hydrant Extinguisher	Smoke Detector / Alarms
①		
②		
③		
④		

### SECURITY

Location	Alarm	Door Security	Window Security	Property has	Other Security Measures
①	<input type="checkbox"/> Monitored <input type="checkbox"/> Local <input type="checkbox"/> No Alarm	<input type="checkbox"/> Deadlocks <input type="checkbox"/> Padlocks <input type="checkbox"/> Standard Locks	<input type="checkbox"/> Bars / Mesh <input type="checkbox"/> Safety Glass <input type="checkbox"/> No Windows <input type="checkbox"/> Standard Glass	<input type="checkbox"/> No Fence <input type="checkbox"/> Partial Fence <input type="checkbox"/> Full Fence	
②	<input type="checkbox"/> Monitored <input type="checkbox"/> Local <input type="checkbox"/> No Alarm	<input type="checkbox"/> Deadlocks <input type="checkbox"/> Padlocks <input type="checkbox"/> Standard Locks	<input type="checkbox"/> Bars / Mesh <input type="checkbox"/> Safety Glass <input type="checkbox"/> No Windows <input type="checkbox"/> Standard Glass	<input type="checkbox"/> No Fence <input type="checkbox"/> Partial Fence <input type="checkbox"/> Full Fence	
③	<input type="checkbox"/> Monitored <input type="checkbox"/> Local <input type="checkbox"/> No Alarm	<input type="checkbox"/> Deadlocks <input type="checkbox"/> Padlocks <input type="checkbox"/> Standard Locks	<input type="checkbox"/> Bars / Mesh <input type="checkbox"/> Safety Glass <input type="checkbox"/> No Windows <input type="checkbox"/> Standard Glass	<input type="checkbox"/> No Fence <input type="checkbox"/> Partial Fence <input type="checkbox"/> Full Fence	
④	<input type="checkbox"/> Monitored <input type="checkbox"/> Local <input type="checkbox"/> No Alarm	<input type="checkbox"/> Deadlocks <input type="checkbox"/> Padlocks <input type="checkbox"/> Standard Locks	<input type="checkbox"/> Bars / Mesh <input type="checkbox"/> Safety Glass <input type="checkbox"/> No Windows <input type="checkbox"/> Standard Glass	<input type="checkbox"/> No Fence <input type="checkbox"/> Partial Fence <input type="checkbox"/> Full Fence	

Any other protection measures

## CONTACT WILLIS



Once this application is complete, please return to the Willis office. Likewise, if you have any questions regarding this insurance application, please contact the Rowing Insurance Service Team:

Willis Australia Limited  
Level 5, 179 Elizabeth Street, SYDNEY NSW 2000  
Tel: +61 2 9285 4111 Fax: +61 2 9283 5276 Email: [sports.au@willis.com](mailto:sports.au@willis.com)

## PRIVACY STATEMENT

We are covered by the Federal Privacy Act and its National Privacy Principles (NPP's), which sets out standards for the collection, use, disclosure and handling of personal information. We do not use or disclose personal information for any purpose that is unrelated to our services. We have a duty to maintain the confidentiality of our clients affairs. Our privacy policy is available on request or by visiting our website, [www.willis.com.au](http://www.willis.com.au)

## POLICY WORDING

Please contact Willis to obtain a copy of the Australian Rowing National Marine Hull Policy Wording

## FINANCIAL SERVICES GUIDE

Our Financial Services Guide (FSG) contains important information about our relationship with you. A copy of our FSG can be obtained by contacting Willis or from our website, [www.willis.com.au](http://www.willis.com.au)

## DUTY OF DISCLOSURE

This duty requires you to tell the insurer everything that you know that is relevant to their decision to insure you and, if so, on what terms. A matter is relevant, if you or a reasonable person in the circumstances would know it is relevant. You must tell the Insurer these things before cover is issued, and whenever you renew, extend, vary or reinstate a policy of insurance.

You do not have to tell the Insurer things that;

- Reduce the risk
- Are common knowledge
- The insurer already knows or should know in the course of our business, or
- The insurer indicates they don't want to know

If you don't tell the insurer everything that you know is relevant, they may;

- Refuse a claim
- Reduce a claim payment or settlement, cancel your policy, or
- In some cases, treat your policy as if it never existed