

**HOW TO FILL OUT THIS FORM**

Please ensure you answer all questions. Any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured Sports Club/Association/Entity

Address of Insured

Sport (if multi-sport, please provide details below)

Period of Cover	From			To	
Category	Insured Persons			Number of Teams	
A	Senior Players	Yes	No		
B	Junior Players	Yes	No		
C	Coaches/Referees/Umpires	Yes	No		
D	Other Non-Playing Officials	Yes	No		

If your Sport is team based, please also state number of teams:

Category	Insured Persons	Number of Teams
A	Seniors	
B	Juniors	

If you control multiple sports please list below

Type of Sport	Insured Persons	Number of Teams
	Senior Players	
	Junior Players	
	Senior Players	
	Junior Players	
	Senior Players	
	Junior Players	
	Senior Players	
	Junior Players	
	Senior Players	
	Junior Players	

**Benefits Required**

Death and Capital Benefits:	\$	Excess Period:	Benefit Period:
Loss of Income – Weekly Injury	\$ pw	7 days 14 days 21 days	26 weeks 52 weeks 104 weeks
Temporary Total Disablement – home help	\$ pw	7 days 14 days	13 weeks 26 weeks
Temporary Total Disablement – student help	\$ pw	7 days 14 days	13 weeks 26 weeks

Benefits Required (continue)

		Excess (minimum \$50):	
Non-Medicare Medical Expenses	\$ pw	\$50	
		\$100	
		\$200	

Aggregate Limit of Liability

Any One Occurrence	Non-Scheduled Flying
\$5,000,000	\$500,000

Have you previously been insured for this type of insurance? Yes    No  
 If Yes, with whom?

Have you ever had any losses for this type of insurance, regardless of whether you were insured or not? Yes    No  
 If Yes, please provide details:

Date of loss	Details of the loss	Amount (\$)

If you have additional losses, please attach a full listing from your previous insurer(s).

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**DECLARATION**

I, \_\_\_\_\_, the undersigned, declare and acknowledge as agent of the Insured:

1. I am authorised as agent of the Insured to complete this proposal;
2. that after enquiry of the Insured, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, are true and correct and that until a contract of insurance is entered into, the Insured is aware that it is obliged to inform \_\_\_\_\_ of any changes to any information supplied or of any new information that is relevant;
3. that after enquiry of the Insured, the Insured understands Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
4. that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
5. that after enquiry of the Insured, the Insured have read and understood the Important Notices which form part of this proposal; and
6. that we understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty, if any.

Signature

Date

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Name (please print)

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