

EQUESTRIAN AUSTRALIA GROUP INSURANCE

APPLICATION & PAYMENT RETURN FORM

Organisation Name:			
EA Affiliation No:			
Postal Address:			
Contact Name:		Contact Number:	
Email:			
Website			

Please note that to obtain the EA Group Insurance your club or organisation MUST be a current member of your state branch. If your affiliation is not up to date then your insurance will be invalid and will not cover you if a claim arose.

Club Information	2017-18
No. of participants at events	
No. of Financial Members	
No. of Horses	
No. of Volunteers	
% of Members EA Members	
No. of Horse Activity Days	
No. of Office Bearers	
No. of people including spectators at biggest activity	
Total Assets	
Total Liabilities (debts)	
Total Income (grants, membership, sponsorships, etc.)	
Member Waivers Signed (yes/no)	

To calculate your fee please use the matrix below, please note that the number of **PARTICIPANTS** declared needs to include the total number of riders at your events including club members, EA members and any other event participants. For example: if 1 rider competes at 3 different club events throughout the year, this rider counts as 1 participant and not 3.

No of Participants	Number of horse activity days				
	1-4	5-9	10-15	16-24	25 or more
0-24	\$455	\$570	\$670	\$720	\$770
25-49	\$580	\$700	\$845	\$950	\$980
50-99	\$740	\$900	\$1,080	\$1,240	\$1,390
100-299	\$930	\$1,185	\$1,340	\$1,545	\$1,750
300-699	\$1,205	\$1,650	\$1,905	\$2,575	\$3,080
700 or More	\$2,255	\$2,470	\$2,680	\$3,295	\$3,860

Insurance Premium for 2017/18
\$

EA PREMIUM CLUB

By qualifying to be an EA Premium Club you will receive a 15% discount on this EA fee. Random checks on premium clubs will be completed throughout the year to ensure you are complying. You must meet the following requirements to qualify:

All participants competing at our event or club are EA members	
Our club only uses EA NCAS-accredited coaches for training days	
Our Club has an up-to-date Risk Management Policy and Plan based on EA requirements and ensures it is implemented	

DECLARATION:

Claims Made Notification Requirements

The Professional Indemnity & Management Liability policies are 'Claims Made' policies which means all cover will cease on the expiry date. No claims can be made against the policies, other than in respect to claims or circumstances reported to the insurer prior to the expiry date(s). We strongly recommend that you conduct an inquiry with all relevant employees and directors within your organisation to ensure that all known claims and circumstances which could give rise to a claim are identified and advised to Gow-Gates Insurance Brokers or the insurer prior to the expiry date.

Duty of Disclosure

Before you enter into a contract of general insurance with any Insurer, you have a duty, under the Insurance Contracts Act 1984 to disclose to the Insurer every matter that you know or, could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require any disclosure of any matter that diminishes the risk to be undertaken by the Insurer; that is of common knowledge; that your Insurer knows or, in the ordinary course of their business, ought to know. As to which compliance with your duty is waived by the Insurer. Examples of information which are relevant to insurers are (i) past claims experience, (ii) a cancellation of a previous insurance policy or refusal by an insurer to renew a policy previously held by you, (iii) any unusual features of the subject matter of the insurance which might increase the likelihood of a claim under the policy. If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact our office. Non-disclosure – If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

I, _____, the undersigned, declare the information contained in this document is true and correct to the best of my knowledge in my capacity as the Club (position)_____ and there are no other incidents, claims, notifications or relevant information that should be notified to either Equestrian Australia, Gow-Gates Insurance Brokers or the appointed insurance companies who underwrite the EA National Insurance Program.

Signed _____

Date ____ / ____ / ____

Please sign and return with payment to complete your renewal application.

Upon payment this form will become a **TAX INVOICE** for GST purposes.

Please email this form including your credit card details to: accounts@equestrian.org.au

Or send a cheque/money order payable to: **Equestrian Australia**: PO Box 673 Sydney Markets, NSW 2129

CREDIT CARD PAYMENT DETAILS

Visa Mastercard

Credit Card Number _____ Expiry Date ____ / ____
CVV _____

Card Holder's Name _____ Signature _____