

OFFICIALS TOP UP INSURANCE 2020-21

APPLICATION & PAYMENT RETURN FORM

Please sign and return with payment to complete your insurance application. Upon payment this form will become a TAX INVOICE for GST purposes. Please email this form to amy.mcgregor@equestrian.org.au

| PERSONAL DETAILS: | | |
|-------------------|--------|-----------|
| Name: | | |
| Street Address: | | |
| Suburb: | State: | Postcode: |
| Email: | | |
| Contact Number: | | |
| EA Member No: | | |

This year we are offering a 25% discount from last year's rates on Officials Top Up Insurance.

Information on the coverage can be found at [www. http://www.gowgatesport.com.au/equestrian/](http://www.gowgatesport.com.au/equestrian/)

| INSURANCE PREMIUM: | COST | PLEASE SELECT |
|--|-----------------------------|--------------------------|
| Insurance Premium (1 July 2020 – 30 June 2021) | (\$170) \$127.50 | <input type="checkbox"/> |
| | Total | \$ |

| PAYMENT DETAILS (PLEASE TICK YOUR PAYMENT METHOD): | |
|---|------------------|
| <input type="checkbox"/> Cheque: payable to 'Equestrian Australia', posted to PO Box 673, Sydney Markets, NSW 2129 | |
| <input type="checkbox"/> Direct Deposit: Bank: Westpac BSB: 032-326 Account No: 108042 Account Name: Equestrian Australia | |
| <i>Please print the direct deposit transaction receipt and attach to this completed form and post, fax or email to the EA National Office with this form.</i> | |
| <input type="checkbox"/> Credit/Debit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard | |
| Card No: _____ | Signature: |
| Name on Card: CVV: Expiry Date: / | |

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.

Declaration:

I, _____, the undersigned, declare that there are no 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 (dd/mm/yyyy): _____