**2021 INSURANCE PROPOSAL QUESTIONNAIRE**

|  |  |
| --- | --- |
| **STATE** |  |
| **NAME OF ANWEL CLUB** |  |
| **NAME OF PERSON COMPLETING FORM** |  |
| **CONTACT EMAIL/ MOBILE** |  |
| **IS YOUR CLUB INTERESTED IN A NATIONAL ANWEL INSURANCE PROGRAM?** | **YES NO** |

* **TURNOVER**

|  |  |
| --- | --- |
| Total turnover derived from your business activities over the last 12 months: | $ |
| State the estimated turnover to be derived from your business activities over the next 12 months: | $ |

* **HORSE RELATED ACTIVITIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity (Per year) | Number of Events | Average Number of Horse Per Event | Average Number of Participants Per Event | Average Number of Spectators Per Event | **Comments** |
| National Events |  |  |  |  |  |
| State Shows/Events |  |  |  |  |  |
| Club Shows |  |  |  |  |  |
| Training Days or Clinics |  |  |  |  |  |
| Other |  |  |  |  |  |
| Are any of these activities held on a property owned by the association? | | | | Yes No | |

|  |  |
| --- | --- |
| Do any affiliate clubs own/lease property and require 24x7 cover in respect of the property? (Please provide further details in an addendum.) | Yes No |

* **ACCOMMODATION/CATERING**

|  |  |
| --- | --- |
| Do you provide accommodation? | Yes No |
| Description: | |
| Do you provide catering? | Yes No |
| Description: | |
| Relevant Approvals/Qualifications: | |

* **CONTRACTORS/SUBCONTRACTORS/STAFF**

|  |  |
| --- | --- |
| Do you engage contractors/ stock contractors / event providers for your events? | Yes No |
| Estimated Payments contractors/ stock contractors / event providers? | $ |
| Do you engage Contractors/Subcontractors to complete your business activities? *i.e. instructors who are not employees but contractors* | Yes No |
| Estimated payments to Contractors/Subcontractors | $ |
| Describe nature of work performed | |
| Do contractors / subcontractors / stock contractors / event providers hold their own liability insurance? | Yes No |

* **VOLUNTEERS**

|  |  |
| --- | --- |
| Number of Committee Members |  |
| Number of Volunteers |  |

* **RISK MANAGEMENT**

|  |  |
| --- | --- |
| Do all riders wear helmets to Australian standards? | Yes No |
| Do all riders/handlers wear appropriate footwear and clothing? | Yes No |
| Are waivers/medical forms/indemnity forms signed by all participants? | Yes No |
| Do you have a risk management plan?  *If Yes, please attach* | No Assistance Required |
| Does your organisation have a documented OH&S Policy? *If Yes, please attach* | No Assistance Required |
| Is a qualified first aid person in attendance at each event?  *If yes, please describe the level of involvement and minimum qualification:* | No In Progress |
| Do you have site or organisational accreditations?  *If Yes, please provide details* | Yes No |
| Is your organisation a member of any associations?  *If Yes, please provide details* | Yes No |

* **FURTHER QUESTIONS** (*Answer all questions)*

|  |  |
| --- | --- |
| Are any permits/contracts/permissions required to undertake your business activities? | Yes No |
| If Yes, please provide details | |
| Do you assume liability under contract or hold others harmless? (other than lease liability) | Yes No |
| If yes, please provide full details and attach copies of agreements | |

* **CLAIMS HISTORY** (*Answer all questions)*

|  |  |  |  |
| --- | --- | --- | --- |
| Have you had any insured and/or uninsured liability claims in the past five years? | | | Yes No  *If Yes, provide details below* |
| Dates | Amount Paid & Outstanding | Applicable Excess | Description |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **CURRENT INSURER**

|  |
| --- |
| Please list your current insurer, number of years of insurance, and due date of your current policy. |