

Adjunct to Management Liability Insurance Proposal Form

This document is to be completed by an **Athletics Australia** affiliated Association and / or Club as a part of the Management Liability (Directors and Officers) Insurance program. To ensure the information provided is true and correct, the declared information should be completed by the appropriate Director and Office Bearer and enquiry should be made of all relevant staff and volunteers before answering these questions.

Name of Association / Club: _____

1. In the Last 5 Years, have there been any claims made against the Organisation or its Office Bearers which may have been covered under this policy if it were in force? Yes / No
(Please circle your answer)

If "Yes", please provide full details including the name of the claimant, the nature of the allegation and amounts paid for any judgments, settlements, claimants' costs and defence costs using a separate attachment.

2. Have any Office Bearers of the Organisation ever had proceedings (civil or criminal) instigated against them alleging misconduct or breaches of the law in their capacity as an Office Bearer of this Club / Association? Yes / No

If "Yes", please provide full details including the nature of the allegations and the amount of any fines or penalties imposed using a separate attachment.

3. In the Last 5 Years, has the Organisation suffered any Direct Financial Loss exceeding \$5,000 as a result of fraud or dishonesty committed by a staff member or volunteer? Yes / No

If "Yes", please provide full details including the name of the staff member(s), how the loss occurred, the amount of the loss and what measures were taken to prevent any similar loss occurring in the future using a separate attachment.

4. Are any of the Office Bearers of the Organisation aware of;
a) any facts which might give rise to a Claim being made against the Organisation or its Office Bearers or Employees or volunteers which may be covered under this policy? Yes / No

If "Yes", please provide full details using a separate attachment.

b) any facts which would cause a reasonable person to think that the organisation might suffer Direct Financial Loss as a result of Fraud or Dishonesty committed by a staff member or volunteer? Yes / No

If "Yes", please provide full details using a separate attachment.

DECLARATION

I declare that I have made all necessary inquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I will give immediate notice thereof to the insurer.

I confirm that I am authorised by the Organisation and its Office Bearers to complete, sign and submit this proposal on behalf of the Organisation and its Office Bearers.

Insured: _____
(i.e Name of Association / Club)

Name: _____
(i.e Name of person completing the proposal form)

Position: _____

Signed: _____

Dated: _____

Should you require assistance completing this document, please contact the **Athletics Australia** insurance broker, V-Insurance Group;

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