



**QBE – Holdfast Inflatable Castles & Slides Scheme
Public & Products Liability**

Period of Insurance

to at 4:00pm
Day Month Year Day Month Year

Client Code: _____

Name of Insured: _____

Name of Business: _____

Postal Address: _____

Phone: _____

Business: _____

Facsimile: _____

Mobile: _____

Other Parties to be noted on Schedule: _____

Cover Required (please circle) Public & Products Liability: \$5M \$10M \$20M

Number of Inflatable Castles or Slides to be Insured:

Serial Numbers:

Under 5metres x 5metres: _____

Under 10 meters x 10 meters: _____

Over 10 meters x 10 meters: _____

Declaration by Proprietor

You must indicate by circling either “Yes” or “No” which of the following systems, procedures or documents you have for the Amusement Structures:

- | | | | |
|---|---------------|---|---------------|
| 1. Member of the AAA | Yes No | 6. Approved Annual inspection of castles | Yes No |
| 2. Structures comply with AS3533 | Yes No | 7. Business comply with relevant Occupational Health & Safety regulations | Yes No |
| 3. Operator’s Manual / Instructions Or Designer’s Manual / Instructions | Yes No | 8. Castles & Slides hired out with no operator present are placed and installed by the Insured or an employee | Yes No |
| 4. All employees have police clearances | Yes No | 9. Maintenance & Inspection Program | Yes No |
| 5. Dry Hire without operators must have disclaimers signed | Yes No | 10. Log Book maintained | Yes No |

I _____ being the proprietor (owner) making this application, declare the information is true to the best of my knowledge and belief.
(Print name above)

Providing false or misleading information may alter the insurer’s acceptance of the risk.

Signature:- _____

Date:- _____



Holdfast Insurance Brokers Pty. Ltd.

A.C.N 007 927 009
A.B.N 35 194 842 340

Definitions:

Professional Engineer: means a person who is registered on the National Professional Engineers Register administered by the Institution of Engineers, Australia and has Experienced in dealing with amusement structures; or has skills, qualifications And experience determined by the Director to be appropriate for the purposes of the regulations.

Competent Person: means a person who is suitably qualified (whether by experience, training or both) to carry out the work or function described in the relevant regulation.

Proprietor: means the owner of the amusement structure, and includes a person in Possession of the amusement structure for the purpose of a business (including a business involving the hiring or leasing of the amusement structure to other persons)

Log Book: a permanent record of an amusement structure containing sufficient details to Form a comprehensive history of the amusement structure including the Requirements under Regulations 3A.3.5, 3A.3.6, 3A.3.7 and 3A.3.8

Code of PRACTICE:

AS 3533-1997 Parts 1 and 2 of the Australian Standard were gazetted on the 29th March 2001 as a Code of Practice under the OHS&W Act 1986. A code of practice provides guidance on how a particular standard of health and safety can be achieved. It describes the preferred methods or courses of action for achieving this standard of health and safety.

General Information:

Have **you** (in the past 5 years)

1. Made any claim(s) on an insurer for less or damage? **Yes No**
2. Had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? **Yes No**
3. Suffered any loss or damage which would have been covered by the proposed insurance? **Yes No**
4. Have **you** or any **partner(s)** or **director(s)** of the business
5. Ever been declared bankrupt? **Yes No**
6. Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? **Yes No**
7. Been convicted of any criminal offence within the past 5 years other than traffic convictions? **Yes No**
8. Been liable for any civil offence or pecuniary penalty (exceeding \$5,000 **Yes No**

(If "Yes" please provide full details including name of insurer, dates, amounts and reasons why)

Signature: _____

Date: _____