

AASA MOTOR SPORT AFFILIATE CLUBS APPLICATION FORM

GENERAL INFORMATION

1. Name of Organisation Affiliated with AASA: _____

2. Address: _____

3. Is the organisation Incorporated? Yes / No

If Yes:

a) Are you a GST registered business? Yes / No

b) Please advise your ABN number: _____

c) If you claim less than 100% of the GST in your premium as an Input Tax Credit (ITC) please advise? %

d) Do you have a GST or Stamp Duty Exemption? If Yes, please provide documentation to support

4. Contact Name: _____ Role / Position: _____

Mobile Phone: _____

Email: _____

Website: _____

5. Activities Undertaken: _____

6. Organisation Numbers

| MEMBERSHIP NUMBERS | ANNUAL REVENUE | EVENT FEES | FUNDRAISING / DONATIONS | VOLUNTEER NUMBERS |
|-----------------------|----------------|------------|----------------------------|----------------------|
| | | | | |

7. Please complete the table below with respect to club events and/or events promoted, managed and/or organised. e.g. car shows, social events, children's parties etc.:

| Event Type | Event Description | Estimated no. of events for the year | Average no. of people attending event | Maximum no. of people attending event |
|---------------------------------------|-------------------|---|---|---|
| Social Events (BBQ) or Fundraisers | | | | |
| Committee & Member Meetings | | | | |
| Online Forum Discussions | | | | |
| Static Car Shows | | | | |
| Working Bees | | | | |

| | | | | |
|---|--|--|--|--|
| The Sale of Food, Drink, Merchandise, Memorabilia | | | | |
| Other | | | | |

If Other; Please confirm what these activities are:

8. Are all participants required to sign a “disclaimer” to “release and indemnify” the organisation in regard to acknowledgment of risks, injury and obligations? Yes / No

9. If the answer to any of the below questions is yes, please provide further details

- | | |
|--|----------|
| a. Do you assume Liability under contract? | Yes / No |
| b. Have you signed any contracts that waive your right for subrogation or recovery? | Yes / No |
| c. Do you hold any property on behalf of a third party in your care, custody and/or control? | Yes / No |
| d. Do you employ any persons? | Yes / No |

10. Does the organisation *(if yes, please provide further details):*

- | | |
|--|----------|
| • Own a track(s)? <i>(If yes, separate Insurance needs to be obtained)</i> | Yes / No |
| • Are you seeking Track Insurance outside of a AASA Permit? | Yes / No |
| • Please provide a map of your track | |
| • Please provide site safety procedures | |
| • Photos of Track, Toilets and pit areas | |
| • Is the site open and accessible by Third Parties outside of Permitted Events | Yes / No |
| • Own any unregistered vehicles? | Yes / No |
| • Operate a Licensed premise? | Yes / No |
| • Hold a license to sell alcohol | Yes / No |
| • Host International Events | Yes / No |
| • Hold or cater for Children’ s Parties | Yes / No |

MANAGEMENT LIABILITY SECTION

11. Sum Insured Required:

| Coverage | Limit of Liability Required | | |
|----------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| Directors and Officers Liability | <input type="checkbox"/> \$1 Million | <input type="checkbox"/> \$2 Million | <input type="checkbox"/> \$5 Million |
| Employment Practices Liability | <input type="checkbox"/> Not Required | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 |
| Trustees Liability | Included up to Sum Insured | | |
| Crime / Fidelity | <input type="checkbox"/> Not Required | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$50,000 |
| Statutory Liability | Included up to \$250,000 | | |

DIRECTORS AND OFFICERS LIABILITY

12. Please List all Directors / Committee Members

| DIRECTOR NAME | POSITION |
|---------------|----------|
| | |
| | |
| | |
| | |
| | |

12. Work Health and Safety

Does the Organisation have:

- Safety Management System in place? Yes / No
- Systems that recognise contractors, volunteers, work experience students and labour hire employees as workers? Yes / No
- An audit program of its safety management system to ensure it remains effective And up to date in managing health and safety risks in the workplace? Yes / No
- Effective hazard and incident reporting procedures? Yes / No
- Procedures in place to identify and notify officers of their duty under WHS laws? Yes / No

13. Financials

Please attach the Organisations audited or externally prepared Financial Statements for the most recent financial year.

14. Does the Organisation operate in the USA or any other country?

Yes / No

INCORPORATED ORGANISATIONS

15. Does your Organisation:

- Have a constitution / by laws? Yes / No
- Is this lodged with the Australia Securities and Investments Commission (ASIC)? Yes / No
- Are all directors and committee members provided with a copy? Yes / No

- How often is the constitution reviewed?

please supply details: _____

- Are any changes to the constitution made in line with the rules as set in the Constitution or by ASIC? Yes / No
- Are new members admitted to the organisation as per the rules set in the constitution? Yes / No
- Are members dismissed / expelled or disciplined as per the rules set in the constitution? Yes / No

EMPLOYMENT PRACTICES LIABILITY

16. Please provide details of the organisations current work force:

| TYPE OF EMPLOYEE | NUMBER OF PERSONS |
|--------------------------------|-------------------|
| Director / Committee Member | |
| Full Time Employees | |
| Part Time Employees | |
| Casual Employees | |
| Independent Contractors | |
| Voluntary Workers | |
| TOTAL NUMBER OF PERSONS | |

17. How many directors and/or employees left the Organisation in the last 6 Months? Yes / No

18. Does the Organisation anticipate any retrenchments or layoffs within the next 12 Months? Yes / No

If Yes, how many? *please supply details:* _____

19. Does the Organisation have formal employment contracts with all employees? Yes / No

20. Does the Organisation use outside employment counsel for employment advice? Yes / No

21. Does the Organisation have a full time Human Resources Manager? Yes / No

If No, how is this function handled? *please supply details:* _____

22. Does the Organisation have a policy that advice must be sort from the Human Resources Manager prior to terminating an employee? Yes / No

23. Does the Organisation have a written employment procedures that are made available to all employees that covers disciplinary procedures, OHS, discrimination, harassment and bullying? Yes / No

CRIME AND FIDELITY

24. Are countersignatures required on all cheques? Yes / No

25. Are dual authorities required for all fund transfers and refunds? Yes / No

26. Is a monthly reconciliation conducted of all bank accounts by someone who does not handle deposits, sign cheques, have access to electronic or mechanical signatures or conduct funds transfer? Yes / No

27. Is an external financial audit conducted on all accounts including payroll? Yes / No

28. What stock does the Organisation hold?
please supply details: _____

29. Does the Organisation perform a physical inventory check of stock and equipment? Yes / No

30. Is the inventory check reconciled against inventory records by a person who does not participate in the inventory check? Yes / No

31. Are reference checks undertaken of potential employees of the past 5 years of their employment? Yes / No

HISTORY AND CLAIMS

32. Has the Organisation or any Committee Members, Employees or Directors of the organisation:

- a) Had any insurance declined, or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?
- b) Has the Organisation or any employee ever been the subject of an investigation by a Regulatory body?
- c) Has the Organisation or any employee ever been subject to disciplinary action or be fined or penalised or?
- d) Has any employee of the Organisation ever been banned or prohibited from holding a position in any previous Organisation or as a Company Director?
- e) Are you aware, AFTER ENQUIRY, of any circumstances or incident which the Organisation or its employees, principals, directors or committee members has reason to suppose might afford grounds for any future claim such as would fall within the scope of the proposed insurance?
- f) Ever been declared bankrupt?
- g) Ever been involved in a company or business which became insolvent or was subject to any form of insolvency administration?
- h) Been convicted of any criminal offence (other than minor traffic offences) within the last 5 years?

Yes / No

If yes, please supply details: _____

33. Have any claims for Liability or Indemnity been made by the organisation or anyone associated within the organisation in the last five years? Yes / No

If yes, please supply details: _____

34. Have there been any incidents in the last five years that may result in claims against the applicants (whether the applicants were insured or not)? Yes / No

If yes, please supply details: _____

DECLARATION

For and on behalf of the Organisation I represent that the above statements and facts are true and that no material facts have been suppressed or misstated. I understand that completion of this form does not bind coverage. The Organisation's acceptance of the insurance quotation and the insurer's acceptance of the Organisation's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Organisation I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorised officer of the Organisation applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the duty of disclosure, average provisions, utmost good faith and all other important notices.
- agree to the insurer making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application
- agree to the insurer disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

Full Name: _____

Position Held: _____

Signature: _____

Date: _____

The completion of this proposal form does not automatically construe insurance coverage for the organisation. Confirmation of coverage will be confirmed once granted by the insurer. The insurance is brokered by HDL Insurance Brokers, ABN 12 155 940 604, Financial Services Licence no. 422018.