



## Sports Injury Form

THIS REPORT SHOULD BE COMPLETED AND FORWARDED TO GOW-GATES WITHIN 48 HOURS OF INJURY.

Please use this form to report any injuries that occur whilst playing football or taking part in organised football squad training sessions that fit any of the following definitions:

An individual who sustains an injury which results in their being admitted to a hospital.

This does not include those taken to an Accident or Emergency Department and allowed home from there; and / or Fatalities occurring during or within 6 hours of the game finishing.

Failure to complete these forms may, in some circumstances, lead to loss of insurance support, as these forms flag potential claims.

Once completed, please send this form to Gow-Gates Insurance Brokers via email to [football@gowgates.com.au](mailto:football@gowgates.com.au) or fax to 02 8267 9998.

### General Information

Date of report		Time of report	
Date of injury		Time of injury	
Player's name		DOB or age	
Club/School		Team	

### Injured Player Contact Details

Address			
Phone number		Mobile	
Next of kin		Relationship	
Phone number		Mobile	
Nature of injury			

### Match Details

Opposition club			
Team			
Venue			
Name of match official			

THIS FORM IS DESIGNED TO RECORD AND FLAG SERIOUS INJURIES SO FFA AND GOW-GATES CAN BE PRO-ACTIVE IN HANDLING SERIOUS INJURY CLAIMS. THIS IS NOT A CLAIM FORM.

## IMPORTANT NOTICES

### Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to an insurer every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose these matters to an insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be insured;
- that is of common knowledge;
- that the insurer knows or in the ordinary course of their business they ought to know;
- that the insurer indicates to you that they do not want to know.

Your duty of disclosure continues after this proposal form has been completed up until the contract of insurance is entered into

### Non-Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

### Change of circumstances

You should advise your Insurer as soon as practicable of any material change to the organisation insured and any of its subsidiaries and controlled entities as disclosed in this form.

### Privacy

The privacy of your personal information is important to us at Gow-Gates.

We do not use or disclose personal information for any purpose that is unrelated to our services and that you would not reasonably expect (except with your consent). We have a duty to maintain the confidentiality of the personal information provided on this form by you.

Our duty of confidentiality applies except where disclosure of your personal information is with your consent or compelled by law.

Our full Privacy Policy can be accessed from our website at [www.gowgates.com.au](http://www.gowgates.com.au)

### How we can be contacted

Gow-Gates Insurance Brokers Pty Limited (ABN 12 000 837)

Registers Office: Level 8, 491 Kent Street, Sydney, NSW 2000

Telephone: 02 8267 9999

Fax: 02 8267 9998

Email: [info@gowgates.com.au](mailto:info@gowgates.com.au)

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**Instructions**

- Read the Important Notices on the front page of this form.
  - If you require more space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or
  - attach the relevant document(s) to this proposal.
  - Read and sign the Declaration.
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**1. INSURED DETAILS**

a. Insured name:

b. Trading name:

c. ABN:

d. Contact name:

e. Position:

f. Phone number:

g. Mobile number:

h. Website:

i. Email:

j. Situation address:

k. Postal address (if different to above)

**2. GENERAL INFORMATION**

a. Please list sporting activities conducted below:

b. Please list the District/State/National Association(s) that the club is affiliated with below:

c. Please list non-sporting activities conducted below:

d. Are you a:

Property Owner

Owner Occupier

Tenant

e. Are you the only occupant of the facilities?	Yes	No
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f. If no to the above, please list other occupants below:

### 3. INSURED FACILITIES

a. Clubhouse / Change rooms:	Yes	No	b. Canteen / Cafeteria:	Yes	No
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c. Swimming Pool and / or Spa / Sauna	Yes	No	d. Grandstand(s)	Yes	No
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e. Other:

f. Does the club:

i. Own the premises?	Yes	No	ii. Own the equipment used?	Yes	No
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iii. Hire the premises out?	Yes	No	iv. Hire the equipment out?	Yes	No
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If yes to the above, please provide additional information on the hire activities and hire equipment below:

v. Have Poker?	Yes	No
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If yes to the above, please provide details on the number of machines and the lockup procedure below:

vi. Have a Liquor License?	Yes	No
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If yes to the above, is this a full or conditional/function license?

#### 4. PROPERTY DETAILS

a. Approximate age of the premises to be insured:

b. Construction details:                      Walls:                                              Roof:                                              Floors:

c. Number of stories:

d. Surrounding properties:                      Residential                      Commercial                      Rural

#### Security Details

i. Deadlocks on doors:                      Yes                      No                      ii. Deadlocks on windows:                      Yes                      No

iii. Bars on doors:                      Yes                      No                      iv. Bars on windows:                      Yes                      No

v. Local siren / alarm:                      Yes                      No                      vi. Back to base alarm:                      Yes                      No

vii. Mobile back up alarm:                      Yes                      No                      viii. Security lighting:                      Yes                      No

ix. Security patrols:                      Yes                      No                      x. Security cameras:                      Yes                      No

xi. Other security measures  
(please provide details):                      Yes                      No

#### Fire Protection

i. Fire sprinkler system:                      Yes                      No                      ii. Hose reels:                      Yes                      No

iii. Extinguishers:                      Yes                      No                      iv. Smoke detectors:                      Yes                      No

v. Fire hydrant on site:                      Yes                      No                      vi. Fire alarm:                      Yes                      No

If Yes to fire alarm, is it monitored?                                              Yes                      No

#### 5. PROPERTY INSURANCE

##### a. Material Damage – Fire and Perils

i. Building:                                              ii. Contents  
(including sporting equipment):

iii. Stock:                                              iv. Removal of debris:

v. Loss of rent:                                              vi. Alcohol:

##### b. Business Interruption – Loss of Profits

i. Gross Income                                              ii. Payroll - Sum Insured:

iii. Claims preparation costs:                      (\$20,000 Automatic Extension)

iv. Additional increased costs of working:                      (\$50,000 Automatic Extension)

v. Indemnity period:                      6 months                      12 months                      18 months                      Other:

<b>c. Theft / Burglary</b>		
i. Do you require theft / burglary cover?	Yes	No
ii. Contents:	iii. Stock:	
iv. Alcohol / Tobacco:	v. Other:	
vi. Theft without forcible entry:		
<b>d. Money</b>		
i. Do you require money cover?	Yes	No
ii. Total limit of money cover required at any one time:		
<b>e. Money and Protection</b>		
i. Does the club store money	Yes	No
<b>If yes to the above, please detail the procedure below:</b>		
<b>f. Glass</b>		
i. Do you require replacement glass cover?	Yes	No
<b>g. General Property and / or Portable Equipment Cover - Movable Equipment</b>		
i. Do you require general property or portable equipment cover?	Yes	No
ii. List of items to be insured:		
iii. Total replacement value of the items to be insured:		
<b>h. Engineering / Machinery Breakdown Cover</b>		
i. Do you require cover for breakdown of machinery, plant, boilers and pressure vessels (Note: Limit of indemnity \$10,000)?	Yes	No
i. If Yes to the above, please list all items to be insured below:		
ii. Do you require cover for deterioration of refrigeration?	Yes	No
If yes to the above, please nominate limit of indemnity:		
<b>i. Electronic Equipment</b>		
<b>List items (including make, model and serial numbers)</b>	<b>Sum Insured</b>	<b>Rate %</b>
	(New replacement cost \$)	
Restoration of data		

Increase cost of working
<b>Total Sum Insured:</b>

## 6. INSURANCE REQUIREMENTS/LIMITS OF LIABILITY

### a. Public and Products Liability and Professional Indemnity

i. Does your club have Public and Products Liability and Professional Indemnity cover through a District / State / National	Yes	No
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If Yes to the above, please provide details of the activities covered below:

ii. Please list other activities /sports to be covered (i.e. Non-affiliated sporting functions/sports):

iii. Limit of Liability required:

Public & Products Liability:	\$10,000,000	\$20,000,000	Not required
Professional Indemnity:	\$1,000,000	\$2,000,000	Not required

## 7. OFFICIALS/MEMBERSHIP/EMPLOYEES/VOLUNTEERS

a. Number of junior members:	b. Number of senior members:
c. Number of officials / directors:	d. Number of volunteers:
e. Number of employees:	f. Number of qualified coaches /

g. Please list qualifications of employees / coaches / personnel:

### Clubs policies and procedures

i. Does the club have documented Risk Management policies and procedures in place for the following:		
<ul style="list-style-type: none"> <li>▪ First Aid / Medical Attention / Blood Spillages:</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>▪ Discrimination / Harassment / Child Protection:</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>▪ Facilities / Equipment / Ground Control Inspections / Checklists:</li> </ul>	Yes	No

ii. Additional Information:



**Club Revenue / Turnover details (Income /Membership Subscriptions / Takings / Sponsorship etc)**

- i. What is the annual turnover for the club?
- ii. What is the annual wages paid by the club?
- iii. Annual payments to contractors (Grounds / Cleaners etc):

**8. CLAIMS HISTORY**

a. Please advise details of claims you have had for any insurances over the last five years including the date, amount and circumstance of loss.

Date	Amount	Details of loss

**9. DECLARATION**

I declare that:

- i. I have read the advisory and important notices on the front page of this proposal and I understand the content of the notices.
- ii. The statements on this proposal are true and complete and that I have not suppressed or misrepresented any material facts. I undertake to inform the Underwriter of any material alteration to these facts whether occurring before or after the completion of the contract of insurance.

Dated:

For and On

Behalf of:

Name:

Signature:

**Submit Form**

By clicking on Submit, a new email will open automatically with your completed form attached. Please attach any supporting documentation to the email and send to [sport@gowgates.com.au](mailto:sport@gowgates.com.au)