

FREEMAN McMURRICK
GOLFERS PERSONAL INSURANCE PLAN (P.I.P)
APPLICATION FORM

Should you wish to effect the **Freeman McMurrick P.I.P** for your members please complete and return this form. Please note that cover is contingent upon Freeman McMurrick confirming that cover is in place.

NAME OF CLUB: _____

ADDRESS OF CLUB: _____

SECRETARY/MANAGER: _____

**DATE INSURANCE TO
BE EFFECTIVE FROM:** _____

TELEPHONE: (____) _____

FACSIMILE: (____) _____

HAS THE CLUB HELD THIS TYPE OF INSURANCE BEFORE YES NO

IF YES, PLEASE COMPLETE THE ATTACHED CLAIMS RECORD

COST

Total Number of Members: _____

At \$ _____ per Member = \$ _____

If motorised buggies are to be covered, please contact our office.

CLAIMS RECORD

Date of Loss	Class Of Insurance	Brief Description	Name of Insurer	Amount of Loss	
				Paid	O/S

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

You have the same duty to disclose those matters to the insurance company before you renew, extend, vary or reinstate a contract of Insurance. Your duty however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurance company;
- that is of common knowledge;
- that the insurance company knows or, in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the insurance company.

If you fail to comply with your duty of disclosure, the insurance company may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurance company may also have the option of avoiding the contract from its beginning.

DECLARATION

(To be signed if Insurance to be effected).

I / We hereby declare and warrant that the above statements contained herein are true and correct. I/We agree that this Proposal shall be the basis of the contract between me/us and the Insurers and I/we agree to accept the Golf Australia Personal Insurance Plan subject to its terms, exceptions and conditions.

Signature of Proposer: _____ **Date:** ____ / ____ / ____

Club Title: _____