

**Personal Details (Please print clearly)**

Full name: \_\_\_\_\_

Business name (Include trading name): \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Name of facility	Location	Do you own, lease or hire facilities?	Number of courts at facility

Employee status	Number employees
Part time employee	
Casual employee	
Volunteer	
Total employees	

**Please circle 'Yes' or 'No' to the following questions**

Have you entered into any Contract or Agreement whereby you "Hold Harmless" or waived the Insurers right of recovery from any Person or Company following claim being made? Yes / No

Have you been charged with or convicted of any criminal offence in the past 5 years? Yes / No

Have you or any partner(s), director(s) or shareholder(s) ever been declared bankrupt? Yes / No

Have you had insurance cancelled, declined, renewal refused insurance? Yes / No

Do you have an emergency exit plan? Yes / No

If you have answered YES to questions 2, 3, or 4, please provide full details with this application  
 Have you made any claims against an Insurance Company for the insurance now proposed in the past five (5) years or are you aware of any incident(s) that could give rise to a claim whether insured or not? If "Yes", please provide details, ie insurer, incident date, description of incident and amount.

If the application is accepted the insurance will be arranged under a binding authority granted by the Insurers (Certain Underwriters at Lloyd's) in accordance with the Insurance (Agents & Brokers) Act 1984 (Cth). In regard to this insurance contract and management of any claims reported there under we are acting as agent of the Insurers and not as agent of the Insured. The Policy is subject to a minimum and deposit premium, as charged which is not refundable in the event of policy cancellation.

### **Declaration**

I/we declare that to the best of my/our knowledge and belief the answers given on this form, documents or papers submitted, represent the true position and that I/we have not withheld any information material to this application. I/we agree that this application and accompanying documents or papers shall form or partly form the basis of the contract proposed. I/we have read and understood the duty of disclosure notices (overleaf).

I/we will notify Tennis Australia immediately upon becoming aware that any of the answers given on this form, documentation or papers submitted have changed for whatever reason.

I/we will work towards encouraging unqualified coaches to undertake the Tennis Australia coaching courses.

I/we acknowledge that no insurance coverage is in force until the application has been accepted by the Insurer with the agreed payment.

I/we agree that Tennis Australia may pass the information collected as part of this application or any information subsequently received to the Insurer.

Signature of applicant: \_\_\_\_\_ Date:     /     /

**Send to: Tennis Australia Coach Membership – Private Bag 6060 Richmond Vic 3121 or fax: 03 9650 1040**

### **Payment:**

You will receive a quotation along with the BEI acceptance form. Return the acceptance form with payment to proceed with policy for 12 months from 1 July, 2012 to 30 June 2013.

### **Persons who are covered under this policy:**

Coaching business, employee, self employed tennis coaches, tennis court operators and public tennis court operators.

Assistant and volunteer coaches -who perform their duties under the guidance of a head coach, working minimal hours on a casual or part-time basis. The unqualified coach or assistant is only covered whilst working under this Business Entity name.

All BEI assistant coaches will be provided with educational resources and information to assist them on their journey of training to become a tennis coach. A condition of this policy is the policy holder must provide contact details of the persons listed on this policy. Unqualified employees are to be encouraged to enroll in the Community Coach or Junior Development Coaching Course. Contact the Coach and Talent Development team in your State / Territory to see when the next course is scheduled or go to the website [tennis.com.au/coaches/education](http://tennis.com.au/coaches/education).

Coaches with an overseas coaching qualification can be covered under this policy and are to be encouraged to apply to Tennis Australia to have their coaching qualifications recognised by Tennis Australia and the Australian Sports Commission.

### **Coverage:**

Public and Products Liability including Professional Liability and Personal Accident cover as outlined on [tennis.com.au/coaches/membership/benefits/insurance](http://tennis.com.au/coaches/membership/benefits/insurance)

### **Risk management:**

Tennis coaches have an obligation to ensure:

- Tennis court and surrounding areas is a safe environment at all times for attendees and users of the court facility.
- That an adult supervises students at all times.
- That first aid facilities are available and that emergency procedures are in place and known by coaches.
- Please refer to the policy for full details, available at the website [tennis.com.au/membership](http://tennis.com.au/membership)

### **Policy period:**

The policy duration is from 1 July 2012 – 30 June 2013.

Policy coverage commences upon acceptance of individual applications and payment of the premium.

