

Unit 7, 11-21 Underwood Road Homebush NSW 2140 PO Box 673 Sydney Markets NSW 2129 P +61 2 8762 7777

F +61 2 9763 2466

I www.equestrian.org.au

ABN 19 077 455 755

20 June 2018

Dear Club Secretary,

At this time of the year it is usual for Equestrian Australia (EA) to update you on the Club Affiliate National Insurance Program for the coming financial year. Unfortunately, we have been delayed in providing this information to you and we thank you for your patience.

As background to this delay, Gow Gates, our insurance broker, presented to the EA Board in May 2018. At this time, we were advised that there has been a significant increase in the number of insurance claims submitted over the last year and some of these claims have been of a substantive level. This has consequently had an impact on the premiums and it became evident that EA would incur a substantial premium increase for the 2018/2019 financial year.

Gow Gates have worked diligently over the last month to identify appropriate options for us and then negotiate and deliver an insurance offering that continues to support the unique needs of our sport while keeping the cost to a minimum level. We are now in the position to update you.

Attached is the Club Affiliate National Insurance Program Application Form for the 2018/2019 financial year. You will note there is a 15% increase to the premium payable.

To continue your Club Insurance cover for 2018/2019, your renewal is due as of 30 June 2018. However, given the delay in providing this information to you, we will extend the due date through until Friday 13 July 2018.

To download your updated Certificate of Currency please visit: http://www.gowgatessport.com.au/equestrian/

Please note that this Certificate of Currency is only valid once your premium payment has been received and your EA Club Affiliation is current.

If you have any questions please contact EA at accounts@equestrian.org.au or on 02 8762 7705.

Your sincerely,

Paula Ward Chief Executive Officer Equestrian Australia

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EQUESTRIAN AUSTRALIA GROUP INSURANCE

APPLICATION & PAYMENT RETURN FORM

| Organisation | | |
|--------------------|------------|--------|
| Name: | | |
| EA Affiliation No: | | |
| Postal Address: | | |
| Contact Name: | Contact Nu | ımber: |
| Email: | | |
| Website: | | |

Please note that to obtain the EA Group Insurance your club or organisation MUST be a current member of your State branch. If your affiliation is not up to date then your insurance will be invalid and will not cover you if a claim was to arise.

| Club Information | 2018/2019 |
|---|-----------|
| Number of participants at events | |
| Number of Financial Members | |
| Number of Horses | |
| Number of Volunteers | |
| % of Club Members who are EA Members | |
| Number of Horse Activity Days | |
| Number of Office Bearers | |
| Number of people including spectators at your biggest | |
| Club activity | |
| Total Assets | |
| Total Liabilities (debts) | |
| Total Income (grants, membership, sponsorships, etc.) | |
| Member Waivers Signed (yes/no) | |











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To calculate your fee please use the matrix below.

Please note that the **Number of Participants** declared needs to include the total number of riders at your events including club members, EA members and any other event participants. For example: if 1 rider competes at 3 different club events throughout the year, this rider counts as 1 participant and not 3. **The Number of Horse Activity Days** includes days in which there are horses undertaking activities onsite. This includes competition days (including the days in which horse arrive and depart before/after the actual event), training days or any other club activity days.

| Number of Participants | Number of Horse Activity Days | | | | |
|---------------------------|-------------------------------|---------|---------|---------|------------|
| | 1-4 | 5-9 | 10-15 | 16-24 | 25 or more |
| 0-24 | \$523 | \$656 | \$771 | \$828 | \$886 |
| 25-49 | \$667 | \$805 | \$972 | \$1,093 | \$1,127 |
| 50-99 | \$851 | \$1,035 | \$1,242 | \$1,426 | \$1,599 |
| 100-299 | \$1070 | \$1,363 | \$1,541 | \$1,777 | \$2,013 |
| 300-699 | \$1,386 | \$1,898 | \$2,191 | \$2,961 | \$3,542 |
| 700 or More | \$2,593 | \$2,841 | \$3,082 | \$3,789 | \$4,439 |

| Insurance Premium for 2018/19 | |
|-------------------------------|--|
| \$ | |

EA PREMIUM CLUB

If you qualify as an EA Premium Club you will receive a 15% discount on this EA fee listed in the table above. Random audit checks on Premium Clubs will be undertaken throughout the year to ensure compliance. To qualify, your Club must meet all of the following requirements:

| All participants competing at our Club Events are EA members | |
|--|--|
| Our Club only uses EA accredited coaches for training days | |
| Our Club has an up-to-date Risk Management Policy and Plan based on EA | |
| requirements and ensures it is implemented | |

DECLARATION:

Claims Made Notification Requirements

The Professional Indemnity & Management Liability policies are 'Claims Made' policies which means all cover will cease on the expiry date. No claims can be made against the policies, other than in respect to claims or circumstances reported to the insurer prior to the expiry date(s). We strongly recommend that you conduct an inquiry with all relevant employees and directors within your organisation to ensure that all known claims and circumstances which











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could give rise to a claim are identified and advised to Gow-Gates Insurance Brokers or the insurer prior to the expiry date.

Duty of Disclosure

Before you enter into a contract of general insurance with any Insurer, you have a duty, under the Insurance Contracts Act 1984 to disclose to the Insurer every matter that you know or, could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require any disclosure of any matter that diminishes the risk to be undertaken by the Insurer; that is of common knowledge; that your Insurer knows or, in the ordinary course of their business, ought to know. As to which compliance with your duty is waived by the Insurer. Examples of information which are relevant to insurers are (i) past claims experience, (ii) a cancellation of a previous insurance policy or refusal by an insurer to renew a policy previously held by you, (iii) any unusual features of the subject matter of the insurance which might increase the likelihood of a claim under the policy. If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact our office. Non-disclosure - If you fail to comply with your duty of disclosure, the Insurer 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 Insurer may also have the option of avoiding the contract from its beginning.

| l,, | the undersigned, declare the information contained |
|---|---|
| in this document is true and correct to the | e best of my knowledge in my capacity as the Club |
| (insert position title) | and there are no |
| other incidents, claims, notifications or rel | evant information that should be notified to either |
| Equestrian Australia, Gow-Gates Insurance | Brokers or the appointed insurance companies who |
| underwrite the EA National Insurance Progi | am. |
| | |
| Signed | // |
| | |
| Please sign and return with payment to co | mplete your renewal application. |
| Upon payment this form will become a TAX | INVOICE for GST purposes. |
| | |
| Please email this form including your credit | card details to: accounts@equestrian.org.au |
| | |
| See Payment Options on the next page. | |











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Payment Options:

BSB Code:

Account Number: 108042

| 1. Payment by Cr | redit Card: | | |
|---------------------------------|--|-----------|--|
| O Visa O Ma | astercard | | |
| Credit Card Numb Expiry Date | er | | |
| Card Holder's Nam | ne | Signature | |
| 2. Payment by Ch | heque | | |
| Send a cheque pa | ayable to 'Equestrian Australia' to: | | |
| Equestrian Austra PO Box 673 | | | |
| SYDNEY MARKET | S, NSW, 2129 | | |
| 3. Payment by Di | irect Deposit | | |
| Account Name: Bank: | Equestrian Australia Limited Westpac Bank | | |









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