

PO Box 7366 Baulkham Hills BC NSW 2153

P: (02) 8852 8888 F: (02) 8852 8899 E: info@annisgroup.com.au www.annisgroup.com.au

> AFS Lic No: 243559 ABN: 23 000 858 079

Application for liability insurance 2022.

......("Club")

(Print name of Club)		
included in the liability insurance	Wireless Institute of Australia (WIA) hereby applies to be the policy with Genesis Underwriting Agency arranged by the ers of The Wireless Institute of Australia) and provides the	
Full name of Club		
Is the Club incorporated?	Yes No	
If yes, under what legislation?		
State ACN or Registration Number of Club		
What is the principal; address of Club?		
Please provide details of the person who should be contacted in relation to this insurance: (Please include email address)	Name: Position in Club: Address: Phone (Home) (Bus.) Email:	
Does the Club have a repeater or beacon? If yes, provide details:	Yes No	
Is the placement of any antenna or other equipment at any site subject to any condition in respect of liability insurance? If yes, provide details:	Yes No	
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Please confirm: (Total amount payable will be confirmed once approved by the Broker and Insurer)

A; Total number of members		
B: Total number of members		
who are members, of the		
WIA:		

Premium as at 1 April 2022 (WIA Affiliated clubs - \$10 million cover)

State or Territory	Club Premium	Per member (not a WIA member)
New South Wales VK2	\$192.20	\$1.92
Victoria VK3	\$193.79	\$1.94
Queensland VK4	\$192.20	\$1.92
South Australia VK5	\$195.39	\$1.95
Western Australia VK6	\$193.79	\$1.94
Tasmania VK7	\$193.79	\$1.94
ACT VK1	\$177.46	\$1.79
Northern Territory VK8	\$193.79	\$1.94



308/10 Century Circuit PO Box 7366 Baulkham Hills BC NSW 2153

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Premium – As at 1 April 2022 (WIA Affiliated clubs - \$20 million cover)

State or Territory	Club Premium	Per member (not a WIA member)
New South Wales VK2	\$251.85	\$2.45
Victoria VK3	\$253.94	\$2.47
Queensland VK4	\$251.85	\$2.45
South Australia VK5	\$256.03	\$2.49
Western Australia VK6	\$253.94	\$2.47
Tasmania VK7	\$253.94	\$2.47
ACT VK1	\$233.17	\$2.27
Northern Territory VK8	\$253.94	\$2.47

Does Club require cover in	Please circle \$10 million or \$20 million
excess of \$10 million?	
Does Club require someone	Complete name of Interested Party:
else (a landlord, other lessor	
or site owner) to be endorsed	
as an insured, an "Interested	
Party"? If "Yes", provide	
name.	
If yes, please confirm their	
type of interests (eg. Repeater	
site, property owner etc)	

Is there any claim pending or	Yes
threatened against the Club,	No
or are any circumstances	
known to the Club which	
could give rise to a claim	
against the Club?	
If yes, give details:	

Has the Club ever been refused insurance?	Yes No
If yes, give details:	
Please indicate date from which cover is to apply if not from 1 April 2022 :	/

The answers to the following questions (**Yes or No**) are to be provided by each participant prior to acceptance. Miramar reserves the right to decline acceptance of any participant based on the answers to these questions;

- Have you had any claims made against you (whether insured or not) or have you recalled any of your products during the last 7 years?
- Have you had any incident or accident occur which would have been covered by the proposed insurance policy?
- Have you ever had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected or special conditions or special excess imposed by an insurer?
- o Have you ever been declared bankrupt or placed into liquidation?
- o Have you ever had a criminal conviction recorded against you?

I certify that this application is made after reading and understanding the details of the policy, and also understanding that at the end of the insurance period (1 April in each year) the Club will make a declaration as to number of members and number of members who are not members of the WIA and that premium for the period ending that 1 April may be adjusted on the basis of that declaration.

I also acknowledge that in the event of a unique circumstance of any occurrence that may give rise to a claim, should our Club be liable, payment of the policy excess will be made by the Club who is applying for this insurance.

Signed on behalf of the Club		
(Signature)		
(Print name)	(Date)	
(Print position in Club)	Email Address	