

**RECOMP Coach Insurance  
Public Liability and Professional Indemnity  
Application Form**



Arthur J. Gallagher are the experts in risk and insurance within the Sports sector. Our team know the right questions to ask insurers to get **the best deal for you**. Using our network, we're pleased to offer an exclusive package for Body Recomposition Coaches.

*This application form contains a summary of cover only and is not intended as replacement of the insurer's schedule, policy wording, terms or conditions. AJG's Financial Services Guide & Sports Policy Wording can be downloaded by visiting our website ([www.ajg.com.au](http://www.ajg.com.au)), or by contacting our office (07 3367 5146).*

This insurance covers the following activities:

*For Coaches who have been certified by National Recomposition Institute Project to coach/train/educate members of the public and sports persons in the disciplines of general PT, Fitness, Cardio, Weight Training, Body Recompositioning, bodybuilding, powerlifting and Nutrition. This includes preparation of athletes for competition, using approved Recomp techniques.*

**Dependent always upon the Coach holding suitable qualifications, for their level of certification with Recomp (Base / High), and that suite the industry standard for the prescribed fitness/strength activities.**

Please select the level of cover you require by ticking the appropriate box in the options provided:

| Option 1   |  | Option 2   |  |
|--|--|--|--|
| Public Liability                                 | \$10,000,000                                     | Public Liability                                 | \$20,000,000                                     |
| Professional Indemnity                           | \$ 5,000,000                                     | Professional Indemnity                           | \$ 5,000,000                                     |
| Any one occurrence in the aggregate              |  | Any one occurrence in the aggregate              |  |
| Excess   | \$ 250   | Excess   | \$ 250   |
| Premium \$370.00                                 | <input type="checkbox"/> tick to select Option 1 | Premium \$480.00                                 | <input type="checkbox"/> tick to select Option 2 |
| Insurer: Lloyds Of London   PDS OMP v1.15 010814 |  | Insurer: Lloyds Of London   PDS OMP v1.15 010814 |  |

By completing this form and making payment, you are confirming that cover is required on the basis stated above.

Cover will begin:

- On the date funds are received by Arthur J Gallagher Insurance Brokers; AND
- Upon the acceptance of the proposal by the insurer

Please return your completed form to:

Arthur J Gallagher Insurance Brokers  
GPO Box 1113 BRISBANE QLD 4001  
F. 07 3367 5100

**Julian Jemmott**  
P. 07 3367 5146  
E. [Julian.jemmott@ajg.com.au](mailto:Julian.jemmott@ajg.com.au)

**Christine Osborne**  
P. 07 3367 5006  
E. [christine.osborne@ajg.com.au](mailto:christine.osborne@ajg.com.au)

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**Personal Details**

Surname

First Name

Company or  
Trading Name  
(include ABN)

Date of Birth

Postal Address

Suburb

Post Code

State

Interested Party

Mobile

Email

Preferred  
Contact Method  
(Please  
indicate)

Email / Print

**RECOMP Registration**

Only Members of Recomp (The National Recomposition Institute Project) qualify for our competitively priced insurance facility.

Please contact RECOMP on (03) 9621 2653 if you are unsure of your membership number.

Recomp  
Registration  
Number

Expiry Date

**If your registration with RECOMP lapses or is cancelled for any reason during the period of insurance, you must notify Arthur J Gallagher immediately as it may jeopardise your insurance cover.**

# RECOMP Coach Insurance Public Liability and Professional Indemnity Application Form



# Gallagher

Do you own, manage or operate a commercial fitness centre?

**YES**  **NO**

Do you hire a premises or studio / home studio to conduct your coaching activities?

**YES**  **NO**

If you have answered YES to any of the above questions, the Recomp Trainer only insurance policy may not suit your needs. Please contact our office on 07 3367 5000 for further information.

## Policy Exclusions

Please note that this policy does not cover:

- Activities for which you are not qualified
- Activities which do not fall under the RECOMP Certification scope of practice
- Anyone working for you (Employees and Contractors/ Subcontractors)
- Liability assumed under contract unless agreed in writing by us
- Activities unrelated to your RECOMP scope of practice
- Owners/ Operators of commercial fitness facilities, including home studios
- Exercise professionals who buy/ sell/ hire fitness equipment and/ or machinery
- Use of steroid or illicit drugs
- International operations (Australian Fitness activities only) including online training

## Policy Pre-Requisites

Please note pre-requisites for Body Recomposition Insurance:

**Pre-requisites of obtaining Base Level Certification:**

1. Cert 4 in Fitness; **OR**
2. Level 1 ASCA certification; **AND**
3. a Recomp accredited certificate in body recomposition training

**Pre requisites of obtaining High Level Certification:**

1. 2 years' experience Coaching/Personal Training (with weights) as your full time / primary occupation;
2. Pass Recomp's Strength Performance Assessment;
3. Pass Recomp's 8-week Recomposition Assessment (a measured substantial improvement in body composition in 8 weeks of self-prescribed diet and training); **AND**
4. Pass the ISSN Sports Nutritionist Exam

You must hold appropriate qualifications to practice in this specialized industry. Minimum level of qualifications may vary based on your intended prescribed strength/fitness coaching activities. Contact AJG to confirm your qualifications meet your desired coaching activities.

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**Qualifications**

Your Qualifications

The insurance policy covers you only for activities for which you are qualified.

Please list your qualifications:

If you are involved in any other activities, please contact our office.

**Claims**

Have any claims for public liability and/ or professional indemnity been made against you in the last five years

**YES**                       **NO**

If yes, please provide details below. If the space below is insufficient, please attach a separate sheet to the back of this application.

| Date | Details of Incident | Amount Paid | Other Information |
|------|---------------------|-------------|-------------------|
|      |                     |             |                   |
|      |                     |             |                   |
|      |                     |             |                   |
|      |                     |             |                   |

Have any incidents occurred in the last five years that might give rise to a claim for public liability and/ or professional indemnity.

**YES**                       **NO**

If yes, please provide details. If the space below is insufficient, please attach a separate sheet to the back of this application.

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## IMPORTANT NOTICES

*Please take note of the following statements pursuant to provisions of the Insurance Contracts Act 1984.*

### UTMOST GOOD FAITH

Every insurance contract is subject to the doctrine of utmost good faith, which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by the Insurer.

### CLAIMS MADE

The Professional Indemnity Section is a 'claims made' cover. This means that the policy covers you for claims first made against you during the period of insurance and notified to the insurer during such period of insurance.

The Policy does not provide professional indemnity cover in relation to:

- acts, errors or omissions actually or allegedly committed prior to the retroactive date of the Policy (if such a date is specified);
  - claims made after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
  - claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
  - claims made, threatened or intimated against you prior to the commencement of the period of Insurance;
  - facts or circumstances of which you first became aware prior to the period of insurance and which you knew or ought reasonably to have known had the potential to give rise to a claim under this Policy; or
  - claims arising out of circumstances noted on the application form for the current period of insurance or on any previous application form.
- Claims arising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have known) prior to the commencement of the period of insurance may give rise to a claim.

Where you give notice in writing to us of any facts that might give rise to a professional indemnity claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of insurance, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of insurance. Any such rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for claims made against you after the expiry of the period of insurance.

### AVERAGE PROVISION

One of the insuring provisions of the Professional Indemnity Insurance policy provides that where the amount required to dispose of a claim exceeds the Limit of Liability in the Policy, Insurers shall be liable only for a part of the total costs and expenses which shall be the same proportion of the total expenses as the Policy limit bears to the total amount required to dispose of the claim.

### 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 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 the insurance and, if so, on what terms. You have the same duty to disclose those matters to insurers before you renew, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of a matter:

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

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.

### DECLARATION

**For and on behalf of the Applicant, I represent that the above statements and facts are true and that no material facts have been suppressed or misstated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the Underwriter's quotation and Underwriter's acceptance of the Applicant's proposal is required before cover may be bound and the policy issued.**

**I further declare that for and on behalf of the Applicant I represent that I:**

- Have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- Have read and understood the information concerning the duty of disclosure, average provisions, utmost good faith and all other important notices.
- Agree to the Insurer obtaining from the Applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- Agree to the Insurer making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the Applicant or its representatives in making this application.
- As a member of Recomp I consent to Arthur J. Gallagher providing the Association with details of the Applicant's insurance status, coverage type and payment of premiums.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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