



INSURANCE APPLICATION



2025 PADI DIVE CENTRE COMBINED LIABILITY – KOREA

Period of Insurance - 30 September 2025 to 30 September 2026

YOUR DETAILS

PADI Dive Centre Number: _____

Dive Centre Name: _____

Name of Primary Location: _____

Mailing Address: _____

City: _____ State/Province: _____

Country: _____ Postal/Zipcode: _____

Phone: (____) _____ Mobile/Cell: _____

Fax: _____ Email: _____

Do you own more than one Dive Centre? ☐ Yes ☐ No

If yes, please provide Dive Centre name and PADI Number. An additional premium of AUD 600.00 per centre will apply

NOTE: Additional locations must have common ownership to the Primary Dive Centre to be linked on one policy.

COVERAGE REQUIREMENTS

I wish to purchase the following insurance (cover expires 30 September 2026);

PADI DIVE CENTRE Combined Liability Policy

Centres located in Korea

☐ **AUD 14,014**

CLAIMS DECLARATION

Have any named insured's made a liability insurance claim in relation to your scuba diving activities in the last 5 years?
details)

☐ Yes ☐ No (If yes, please provide

Are there circumstances that may give rise to a claim that has not yet been reported to an insurer?

☐ Yes ☐ No (If yes, please provide details)

INTERESTED PARTIES

If you would like any interested parties to be listed on your Certificate of Insurance, please provide the names to be noted below:

NOTE: Interested parties are councils, property owners or local authorities and not individuals.

PLEASE ADVISE YOUR TOTAL ANNUAL ESTIMATED TURNOVER RELATING TO DIVING RELATED ACTIVITIES

This information has no impact on this policy periods renewal premiums. We are exploring a turnover based premium for the future. Please note this information is not passed onto any Third party.

> \$50k ☐
\$50,001-\$100,000 ☐
\$100,001-\$200,000 ☐
\$200,001-\$350,000 ☐
\$350,001-\$500,000 ☐
\$500,001-\$1M ☐
Over \$1M ☐

Please advise amount \$ _____

IMPORTANT: You are only insured when this completed signed application with correct payment is received by V-Insurance Group. You will receive a Certificate of Insurance and Policy Wording by email.

TO EFFECT COVER OR RENEW

To effect or renew, please visit www.padiinsurance.com.au or send your completed application with payment to;

Email: padi@vinsurancgroup.com

Mail: V-Insurance Group
Level 17 Angel Place,
123 Pitt Street
SYDNEY NSW 2000

PADI TEACHING / ACTIVE STATUS

It is a PADI Asia Pacific membership requirement for members in the following countries to have Professional Indemnity and Liability Insurance; Australia, Fiji and New Caledonia. V-Insurance and PADI recommend for all PADI members to have insurance regardless of their location. If you carry insurance other than PADI Pro Combined Liability, please provide PADI Asia Pacific with a copy of your Certificate of Insurance

POLICY PERIOD

Cover commences from 30 September 2025 of if the application is completed after this date, cover will commence from the date of the application and approved by V-Insurance Group. Cover ceases on 30 September 2026.

PRODUCT DISCLOSURE STATEMENT

The Combined Liability Insurance Policy is issued by Chase Underwriting Pty Ltd (ABN 50 156 554 808, AFSL 454344) via certain underwriters at Lloyd's of London and can be viewed on our website or made available upon request.

PADI is not and does not represent itself as a licensed insurance broker by endorsing the products outlined in this application.

V-INSURANCE GROUP COMPLIANCE DISCLOSURE

V-Insurance Group Pty Ltd (ABN 67 160 126 509) operates as an authorised representative of MGA Insurance brokers ABN: 29 008 096 2771, AFSL No: 240600

under Authorised Representative No. 432898. To the extent that any material in this document may be considered advice, it does not take into account your objectives, needs or financial situation. You should consider where the advice is appropriate for you and review any relevant Product Disclosure Statement and Policy wording before taking out an insurance policy. Our FSG is available on our website, <https://vinsurancgroup.com/financial-services/>.

CANCELLATION

This is a non-cancellable/refundable policy, unless cancelled within the 14-day cooling off period. The policy is designed this way to protect you against any future liability law suits which may be brought against you that you are not aware of right now.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

In order to arrange insurance for you or handle a claim for you, V-Insurance Group needs to collect your personal information. If you would like more information on the way your personal information is handled by V-Insurance Group, please refer to V-Insurance Group's Privacy Policy which is available online at <https://vinsurancgroup.com/privacy-policy/> or upon request.

DUTY OF DISCLOSURE

This duty requires you to tell the Insurer everything that you know that is relevant to their decision to insure you and, if so, on what terms. A matter is relevant, if you or a reasonable person in the circumstances, would know it is relevant. You must tell the Insurer these things before cover is issued, and whenever you renew, extend, vary, or reinstate a policy of insurance.

You do not have to tell the Insurer things that;

- reduce the risk,
- are common knowledge,
- the insurer already knows or should know in the course of our business, or
- the insurer indicates they don't want to know

If you don't tell the insurer everything that you know is relevant, they may;

- refuse a claim
- reduce a claim payment or settlement, cancel your policy, or
- in some cases, treat your policy as if it never existed

The duty of disclosure applies to every person that is insured by this policy.

CHECKLIST

- ☐ Ensure correct name, address, phone, fax number and email address are on the application.
- ☐ Please be sure to provide us with information regarding your duty of disclosure.
- ☐ List Interested Parties as appropriate.
- ☐ list full credit card details.
- ☐ Mail or fax (do not mail a duplicate if faxed) to V-Insurance Group.
- ☐ Ensure you have read and understood the Privacy statement.



T +61 2 8599 8660
E padi@vinsurancgroup.com
W www.padiinsurance.com.au

Level 17, Angel Place
123 Pitt Street
Sydney NSW 2000
Australia

PAYMENT METHOD

Payment by Credit Card

☐ Mastercard ☐ VISA ☐ AMEX

Fee (as indicated on previous page): AUD _____

Card Number: _____ Expiration Date: _____

CVV Number: _____ last 3 numbers on signature strip of card for Visa and Mastercard. For Amex, the 4-digit CVV is printed on the front of the card above the main card number)

Cardholder Name: _____

Authorised Signature: _____ Date: _____

Payment by Telegraphic Transfer (TT)

To obtain the V-Insurance Group bank account details, please refer to our website, www.padiinsurance.com.au. Your policy will not be put in place until after your premium has been received.

Payment of local taxes/charges incurred outside Australia are the responsibility of the applicant and are to be paid in addition to the premium.

Please note, if your application is deemed incomplete, it will be returned to you for completion.

V-Insurance Group, ABN: 67 160 126 509 AR No: 432898, is an authorised representative of MGA Insurance brokers ABN: 29 008 096 2771, AFSL No: 240600



V-INSURANCE
GROUP

CONTACT US

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