General Public & Product Liability Insurance

INSURANCE PROPOSAL
Important notices

Duty of disclosure

Before you enter into a contract of insurance with Ansvar Insurance Limited, you have a legal duty under the Insurance Contracts Act 1984 to disclose to us every matter you know is relevant to our decision whether to accept this application for insurance and if so, on what terms. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate your insurance contract.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- where compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters, we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

Basis of Cover – Occurrence

Please ensure you have read the Public Liability insurance product disclosure statement/policy document and the important notices in this application to assist your understanding. If you require any assistance, please contact your insurance intermediary or your local Ansvar Insurance office.

Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984. It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act.
General Public & Products Liability Insurance
Insurance Proposal

Applicant(s) Information

1. Policyholder details
Name of organisation to be insured (include any subsidiaries)

Trading Name(s)

ABN/ACN Date organisation first commenced operations

Authorised contact person Telephone Fax

Mobile Email Website

Postal Address

Former names of organisation (if any)

2. Period of insurance
From / / to / /

3. Organisational structure
- Partnership
- Company limited by guarantee
- Public company
- Incorporated association
- Private company
- Unincorporated association
- Other, please specify

Are you precluded by your constitution from distributing funds / profits to members (not-for-profit)? Yes No
Are you tax exempt? Yes No
If yes, exemption certificate date / /
Exemption certificate number

Are you registered for GST? Yes No
If yes, what is your ITC percentage? %

Are you required to be licensed, registered or accredited? Yes No
4. General details of business  (This section must be completed)

Your liability insurance premium is calculated using a number of factors including the type of business activities you carry out. Please provide an up-to-date description of your business activities (including those activities of any subsidiary companies) and including any proposed new activities over the course of the next 12 months.

If you are a religious organisation, how many congregation members do you have?

Do you conduct Prayer Lines services at your church?

If yes,

1) how many services per year?

2) how many participants?

3) what precautions are taken to prevent injury (ie. "catchers" on hand to assist)?

If your organisation provides Aged Care, how many beds do you have?

- High Care beds
- Low Care beds

If your organisation is a Retirement Home, how many independent living units do you have?

If your organisation provides Child Care, how many children is your centre licensed to care for?

If your organisation provides Education, how many students are expected to enrol this year?

Does your organisation provide any of the following services?

- Babysitting Services
- Foster Care
- Family Day Care
5. Group Recreational Activities

The following activities are considered medium to high personal injury exposure. If you organise, participate or provide these activities, you must declare them here in order to be covered under the standard terms and conditions of your policy. This forms part of your Duty of Disclosure.

Do you organise/participate/provide any of the following activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abseiling</td>
<td></td>
<td></td>
<td>Rock Climbing with Ropes</td>
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<td></td>
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<tr>
<td>Climbing Walls</td>
<td></td>
<td></td>
<td>Ropes Courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leap of Faith/Pamper Pole</td>
<td></td>
<td></td>
<td>Snow Skiing/Boarding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Archery</td>
<td></td>
<td></td>
<td>Surfing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sea Kayaking</td>
<td></td>
<td></td>
<td>Canoeing/Kayaking (up to class 2 rapids)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Water Rafting (up to class 2 rapids)</td>
<td></td>
<td></td>
<td>Horse Riding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Giant Swings/Flying Foxes</td>
<td></td>
<td></td>
<td>Skate Boarding using Ramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jet Skiing</td>
<td></td>
<td></td>
<td>Water Sports with Power Boats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paintball/Skirmish</td>
<td></td>
<td></td>
<td>Trail/Motor Bikes</td>
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</tr>
</tbody>
</table>

If you have answered yes to any of the above activities, are these activities run by appropriately qualified, accredited and insured third party entities?

| Yes | No |

If yes, what is the estimated annual value of payments to third party entities for the running of these high risk activities?

| $    |

If no,

1) do you have appropriately qualified and accredited employees who are running these activities?

| Yes | No |

2) do you have risk management procedures in place for the prevention of accident/injury including incident reporting procedures?

| Yes | No |

Do your premises have a Skate Board Ramp on site?

| Yes | No |

If yes, was it erected by you or any members of your organisation

| Yes | No |

Does it meet engineering requirements and Australian Standards?

| Yes | No |

Is the ramp available to members of the public for unsupervised use?

| Yes | No |

Do your premises have a Swimming Pool?

| Yes | No |

Do your premises have indoor/outdoor sporting courts?

| Yes | No |

Are there any other activities of a hazardous nature not mentioned above that you organise which you wish to disclose? If yes, please list

| Yes | No |

Excluded activities include: Motor Races, Motor Rallies, Motor Speed Tests, Canyoning, Caving, Rifle/Firearms Shooting, Flying of Aircraft, Hang Gliding, Parachuting, Para Gliding, White Water Canoeing/Kayaking/Rafting (above class 2 rapids), Scuba Diving, Dune Buggies, Vertical & Horizontal Bungie Jumping, Hot Air Ballooning, Gladiator Games, Unsupported Rock Climbing, Go Karts, Motorcross, Martial Arts, Boxing.

Do you provide any of these activities?

| Yes | No |

Note: Underwriting consideration may be given in special circumstances. Cover is not in place until agreed in writing.
Over the next 12 months, do you intend to organise any exhibitions or festivals held at premises NOT permanently occupied by you where the expected number of attendees would exceed 500? Eg: Carols by Candlelight in public venues, Religious Festivals, Music Festivals, Street Parties? If yes, please provide details

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

What is the expected number of participants/attendees?

Over the next 12 months, do you intend to organise any public demonstrations, rallies or protests?

If yes, please provide details

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

Over the next 12 months, will you be organising any events that involve the use of fireworks or pyrotechnics?

If yes, is the provision of fireworks or pyrotechnics done by a third party and do you ensure they have their own Public Liability insurance in place?

Note: liability from the use of fireworks or pyrotechnics by You is a Policy Exclusion.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Over the next 12 months, will you be organising any events that involve the use of mechanical amusement rides or rides involving animals (eg. ponies/camels)?

If yes, do you own or hire the rides/animals?

If you hire the rides/animals, do you ensure the owner has a current Public Liability insurance policy?

<table>
<thead>
<tr>
<th>Own</th>
<th>Hire</th>
</tr>
</thead>
</table>

6. Your Locations

Please provide the following details for all properties owned and/or occupied by you:

<table>
<thead>
<tr>
<th>Property Address</th>
<th>Owned by you</th>
<th>Occupied by you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Do you perform any activities outside Australia? If yes, please advise type of activities and countries where they are conducted.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Do you manufacture, import or export any Products? If yes, please provide full details of all Products manufactured, imported or exported over the past 10 years.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Have any Products been exported or will any Products be exported to the USA/Canada?

Please provide details of any companies or businesses acquired or disposed of by the business entity during the last 12 months or any proposed acquisitions/mergers over the next 12 months.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Gross turnover/income including fees for services, government grants, subsidies, donations and rental income:

i. last financial year $ 
ii. year before last completed financial year $ 
iii. estimated this next financial year $ 

Turnover % split per state:

<table>
<thead>
<tr>
<th>ACT %</th>
<th>NSW %</th>
<th>VIC %</th>
<th>QLD %</th>
<th>SA %</th>
<th>WA %</th>
<th>TAS %</th>
<th>NT %</th>
<th>O/S %</th>
</tr>
</thead>
</table>

Policy Coverage

1. Cover Required

What limit of cover do you require? 

- $5 million
- $10 million
- $20 million
- $30 million
- $40 million
- $50 million

Standard Excess you will carry: 

- $1,000
- $2,500
- $5,000
- $10,000
- Other

Note: An additional excess applies to claims for personal injury to subcontractors/contractors and/or volunteers. This will be detailed within our terms.

2. Goods in care, custody and control (complete if this cover is required)

Do you require insurance in respect of damage to goods not belonging to you (other than rented premises)?

- Yes
- No

Policy limit is $250,000. Do you require this limit increased (for an extra premium)?

- Yes
- No

If yes, please specify amount $ 

Optional Extensions

1. Sexual Abuse Cover

Does your organisation require cover for sexual abuse claims?

- Yes
- No

A quotation may be provided, however cover will not be confirmed until satisfactory “Prevention of Abuse” questionnaire is received. Please contact our office for this form if required.

If yes, what Limit of Liability do you require? 

- $5 million
- $10 million
- $20 million

2. Replacement Wages of Stood Down Cover

Does your organisation require cover for the costs of replacement of staff who are under investigation for allegations of sexual abuse?

- Yes
- No

Please refer to the policy wording for full details of cover.

3. Medical Malpractice Cover

Does your organisation require the Medical Malpractice Extension?

- Yes
- No

If yes, what Limit of Liability do you require? 

- $1 million
- $2 million
- $5 million
Please advise how many of the following care providers you employ:

Enrolled Nurses
Registered Nurses
Nursing Practitioners

Other health care providers who are not required to have Professional Indemnity Insurance under the National Law

Note: Any health professionals who require their own Professional Indemnity Insurance under the National Law will not be covered under this extension with the exception of nursing staff.

4. Retroactive Liability – Prior Claims Made Extension

Prior to insuring with Ansvar, was your previous liability cover on a “Claims Made Basis”?  

If you have answered yes, we will need to amend this policy with our Prior Claims Made Extension to ensure you are adequately protected. Please provide a copy of your most recent “Policy Schedule” so that we can tailor your policy appropriately.

If yes, what Limit of Liability do you require?  

5. Contractual Liability Extension

Have you entered into any contracts, warranties or agreements with a Statutory Authority, Government Agency or Department in which you have agreed to indemnify and/or not seek compensation from the Statutory Authority, Government Agency or Department irrespective of their own negligent acts, negligent omissions or negligent defaults?

If yes, do you wish to extend your policy to include this additional liability exposure?

If yes what is the estimated number of such contracts you will enter into over the next 12 months?

Please provide a brief description of the nature of the contract(s).

What is the estimated turnover derived by your organisation as a result of entering into such contract(s)?

Have you entered into any contracts, warranties or agreements in which you have agreed to indemnify or not seek compensation from any other third party apart from Statutory Authorities, Government Agencies or Departments?

If yes, please provide a copy of the contract in full for underwriting consideration. Cover will only be provided if agreed to in writing by us.

6. Member to Member Extension

This will provide cover to your members, guests or visitors for their own personal liability if they cause bodily injury or property damage to other members of the general public whilst participating in an activity organised by You, subject to the policy terms and conditions.

Do you wish to extend cover to include your members, guests, or visitors as Insured’s under this policy?

If yes, how many members, visitors, guests do you expect to have over the next 12 months?

7. Trauma Counselling Costs

Does your organisation require cover for trauma counselling services?

Please refer to the policy wording for full details of cover.
1. Has the organisation or any of its officers:

i. ever been convicted of a criminal offence within the last 10 years?  

[ ] Yes  [ ] No

ii. ever been declared bankrupt?  

[ ] Yes  [ ] No

iii. ever become insolvent or placed in liquidation or receivership?  

[ ] Yes  [ ] No

*If you have answered yes to any of the above questions, please provide details.*

2. Previous insurance:

i. Have you previously been insured for public liability insurance?  

[ ] Yes  [ ] No

ii. Is it the intention that the proposed insurance replaces an existing policy?  

[ ] Yes  [ ] No

*If yes to (i) or (ii), please provide the following details.*

<table>
<thead>
<tr>
<th>Insurer</th>
<th>Policy number</th>
<th>Last expiry date</th>
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<tr>
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</table>

iii. Have you ever had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer?  

[ ] Yes  [ ] No

*If yes, please provide details.*

3. During the last 5 years, have you claimed under any liability policy?  

[ ] Yes  [ ] No

4. Is there now any claim pending or are you aware of any circumstance that may give rise to a claim against you or any other director or officer of the entity applying for this insurance?  

[ ] Yes  [ ] No

*Note the following scenarios are considered reportable:*

**Obvious events to be disclosed:**

- Serious injury or substantial property damage
- Letter of demand from client/ solicitor foreshadowing potential litigation
- ASIC/ACCC commences official investigations into the insured’s conduct of the company’s affairs
- ACCC obtains a search warrant against the company’s records
- OH&S Authority commences investigations into a workplace incident
- Shareholder makes allegations, either verbally or in writing, about the management of the company
- Verbal or written allegations of misleading/deceptive conduct by the insured

**Less obvious events to be disclosed:**

- Suspicion of incidents of abuse
- Media reports a claim against an insured’s client for sizeable loss from work/service completed by the insured - potential for a sizeable products liability claim.
- Insured receives complaint about a director of officer’s performance, creating suspicions about their management competency
- Company starts receiving complaints from its customers that their advertisements are misleading

*If yes to either questions 3 or 4 above, please provide the following details.*

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Details of loss or damage claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td>/</td>
<td>$</td>
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<tr>
<td>/</td>
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</table>
Additional information (if any)

Is there any other information which you think may affect your insurance or which we should be advised of? (See your ‘Duty of Disclosure’). If yes, please provide details on a separate page and attach to this declaration.

Yes  No

Declaration This section must be completed

I/we declare that the answers given and statements made are to the best of my/our knowledge, true and correct and that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.

I/we also consent to the use of information supplied in this application to Ansvar Insurance Limited for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy, or other products and services distributed or offered by Ansvar Insurance Limited.

Please tick the box if you do not wish to receive any marketing material from us

Signed: ......................................................................................................................... Date: ....................................................

Name: ............................................................................................................................

Position: ........................................................................................................................

Payment options – You may pay your premium by one of the following options:

- Cash $
- Cheque $
- Credit Card $ Card Type
  - Visa
  - MasterCard
- Expiry Date / / 
- Name of Cardholder

Monthly instalments by direct debit

Please complete a direct debit request agreement. Your intermediary or local Ansvar Insurance office will provide details. An additional drawing fee applies.