ansvar insurance

Protecting and supporting your community

Retirement Village Insurance

Proposal Form

Office Use Only

Intermediary name		Account number		Policy number

Important notices

Your duty of disclosure

Before you enter into a contract of general insurance with Ansvar Insurance Limited ('Ansvar' or 'us' or 'we'), you have a duty under the Insurance Contracts Act 1984 to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

a. that diminishes the risk to be undertaken by us; or

b. that is of common knowledge; or

c. that we know or, in the ordinary course of our business, ought to know; or

d. as to which compliance with your duty is waived by us.

Your duty of disclosure continues after this proposal form has been completed up until the contract of insurance is entered into.

Non Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Change to circumstances

You should advise Ansvar as soon as practicable of any material change to the organisation insured and any of its subsidiaries and controlled entities as disclosed in this proposal form.

Waiver of rights

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability which would have been covered by this policy, we will not cover you under this policy for that loss, damage or liability other than to the extent provided under any Section of this policy or agreed by us in writing.

Privacy Statement

Ansvar places the highest priority on providing prompt, efficient and friendly service including the protection of your privacy.

We collect your personal information to provide you with general insurance products. The information we collect is used to assist us to provide you with our general insurance products, to manage our relationship with you and to assess and process claims. We will not be able to supply you our policy if you do not provide us with your personal information. The information is generally collected from you when you are applying for or enquiring about our insurance products or when making a claim.

At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities. They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act. We are unlikely to provide your personal information to overseas recipients.

Our Privacy Policy includes further information about how we handle your personal information including how you can access and correct your information or make a privacy related complaint. For more information please visit our website: www.ansvar.com.au/privacy/ or you can contact one of our offices.

Code of Practice

As a signatory to the General Insurance Code of Practice (the "Code"), we are committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you. You can obtain more information on the Code and how it assists you by contacting us.

Contact us

The registered office of Ansvar is Level 5, 1Southbank Boulevard, Southbank, Victoria.

Our contact details are:
Ansvar Insurance Limited
Phone: 1300 650 540
Post: GPO Box 1655, Melbourne, Victoria 3001
Email: insure@ansvar.com.au
Website: www.ansvar.com.au.
ABN 21 007 216 506 AFSL 237826

Complaints and disputes

If you are not satisfied with the service provided by Ansvar please contact the employee with whom you have had contact to see if he or she can resolve the problem.

If your complaint cannot be resolved you can request that the matter be referred to the Secretary of the Ansvar Internal Dispute Resolution (IDR) process at insure@ansvar.com.au. Alternatively, you can write to The Secretary, Internal Dispute Resolution Committee, Ansvar Insurance, GPO Box 1655, Melbourne, Victoria 3001.

We will attempt to resolve the matter in accordance with our IDR procedures.

If our IDR process is unable to resolve your dispute and you wish to take the matter further you can lodge a claim with the Financial Ombudsman Service (FOS). A dispute can be referred to FOS subject to its Terms of Reference. It provides a free independent dispute resolution service for consumers who have general insurance disputes falling within its terms and its contact details are:

The Financial Ombudsman Service
Phone: 1300 780 808
Post: GPO Box 3, Melbourne, Victoria 3001
Website: www.fos.org.au.

How to fill out this proposal form

All questions must be answered in relation to the organisation to be insured and all its subsidiaries and controlled entities (if any). Please tick the box next to the correct answer and/or write the information requested in the space provided.

If you require more space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document(s) to this proposal.

It is critical that you refer to the Product Disclosure Statement for full terms and conditions of the policy.

Please ensure this form is signed and dated by an authorised person.

Proposal Form

Please select the Sections of cover you require:

Part A: Property and Income Protection		
Property Protection Section	☐ Yes	☐ No
Breakdown of Mechanical and Electronic Equipment Section		
Cover A – Breakdown of Mechanical Equipment	☐ Yes	☐ No
Cover B – Breakdown of Electronic Equipment	☐ Yes	☐ No
Money Section	☐ Yes	☐ No
Theft Section	☐ Yes	☐ No
General Property Section	☐ Yes	☐ No
Income Protection Section	☐ Yes	☐ No
Part B: General Liability		
General Public and Products Liability Section	☐ Yes	☐ No
Part C: Organisation Liability		
Professional Indemnity Section	☐ Yes	☐ No
Management Liability Section	☐ Yes	☐ No
Part D: Personal Accident		
Personal Accident Section	☐ Yes	☐ No

Policyholder details

This section must be completed.

Name of organisation to be insured (include any subsidiaries)

Trading Name (s) past and present (if applicable)

ABN / ACN / ARBN

Date organisation first commenced operations

Authorised contact person

Position

Telephone

Mobile

Email

Website

Postal Address

State

Postcode

Do you have a current stamp duty exemption for general insurance? ☐ Yes ☐ No

If yes, which State(s) or Territory does it apply for?

Exemption certificate date?

A copy of your exemption certificate must be provided with this proposal form, otherwise Stamp Duty will be applied to your premium.

Are you registered for GST? ☐ Yes ☐ No

If yes, what is your ITC percentage?

Period of insurance

This section must be completed.

Required period of insurance	Commencement date:	Date:
	Expiry date:	Date:

Information about your organisation

Organisational structure

How is your organisation structured?

☐ Company limited by guarantee	☐ Cooperative / Mutual	☐ Incorporated association	☐ Partnership
☐ Private company	☐ Privately held company	☐ Public company (ASX listed)	☐ Public company (not listed)
☐ Unincorporated association	☐ Other (please specify)		

The following questions must be completed if any Section(s) from Part B: General Liability and / or Part C: Organisation Liability are required.

Is your organisation a subsidiary of another entity? ☐ Yes ☐ No

If yes, please provide the name of the ultimate holding organisation, its country of incorporation and its website:

Name of subsidiaries and controlled entities required to be insured (if any):

Please provide details of any companies or businesses acquired or disposed of by the business entity or any mergers, consolidation or staff reduction during the last twelve months or any such proposed changes over the next twelve months:

Activities

This section must be completed.

Please provide a full description of the business activities of all entities to be insured by this policy, including details of any advice given and / or services provided:

Has there been any change in the nature of your business activities and those of your subsidiaries in the last 3 years? ☐ Yes ☐ No

If yes, please provide details:

Do you anticipate any major change in the nature of your business activities and those of your subsidiaries in the next 12 months? ☐ Yes ☐ No

If yes, please provide details:

Locations

This section must be completed.

Please advise the locations from which you operate:

Address	Postcode	State	Owned by you?	Occupied by you?
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

Risk management

This section only needs to be completed if any Section(s) from Part B: General Liability and / or Part C: Organisation Liability are required.

Are you required to be licensed, registered or accredited?	☐ Yes ☐ No
If yes, do you have such licence, registration or accreditation?	☐ Yes ☐ No
Expiry date	
Is there any matter currently pending which may impact on your licence, registration or accreditation, or cause them to be suspended or withdrawn? If yes, please provide details	☐ Yes ☐ No
Do you follow a documented risk management system which includes regular analysis, evaluation and prevention of risks associated with your business including the use of incident report procedures? *Ansvar may request evidence of your risk management policy.*	☐ Yes ☐ No
Is management actively involved in the risk management of your organisation?	☐ Yes ☐ No
Do you have an audit or compliance committee in place?	☐ Yes ☐ No
Do you have an OH&S or WorkSafe committee in place?	☐ Yes ☐ No
Do you ensure all Government regulations are closely abided with and have a dedicated person to implement and monitor?	☐ Yes ☐ No
Are all your premises, plant and machinery in good repair and are all statutory requirements complied with?	☐ Yes ☐ No
Are there proper policies in place for the screening of all new employees and / or volunteers?	☐ Yes ☐ No
If no to any of the above, please provide full details:	
If you engage any subcontractors / contractors / labour hire personnel to perform business-related activities on your behalf:	☐ Yes ☐ No
What is the estimated annual payment to subcontractors / contractors / labour hire personnel?	
Do you ensure all subcontractors / contractors / labour hire personnel have their own Public Liability insurance?	☐ Yes ☐ No

This section only needs to be completed if Management Liability Insuring Clause 4 – Employment Practices Liability Cover is required.

Does the organisation:

a.	carry out all reasonable reference checks for all its directors, employees, contractors, volunteers and representatives?	☐ Yes ☐ No
b.	distribute an employee handbook to all its employees?	☐ Yes ☐ No
c.	keep a register of those employees who have received the handbook and agree to abide by its guidelines and procedures?	☐ Yes ☐ No
d.	have up to date written policies on equal opportunity, sexual harassment, all types of discrimination and abuse?	☐ Yes ☐ No
e.	have documented performance, incident / allegation / grievance and complaint procedures?	☐ Yes ☐ No
f.	have a formal termination of employment policy?	☐ Yes ☐ No
g.	comply with all statutory requirements concerning its employees?	☐ Yes ☐ No
h.	post all notices required by law in places conspicuous to all employees?	☐ Yes ☐ No

People

This section only needs to be completed if any Section(s) from Part B: General Liability and / or Part C: Organisation Liability are required.

Number of employees / other persons engaged in the organisation in Australia	This year	Last year
Directors / Partners / Supervisory / Management:		
Full-time employees (administration only):		
Full-time employees (some manual work):		
Part-time / Casual employees:		
Contract workers / temporary employees:		
Volunteers (max. any one time)		
Estimated total number of residents in care:		

Financials

This section only needs to be completed if any Section(s) from Part B: General Liability and / or Part C: Organisation Liability are required.

Please provide a copy of your latest 2 annual reports, financial accounts, rules and procedures, codes of conduct or other documentation which may assist us to gain a complete appreciation of the nature of your organisation.

If your organisation is commencing operations now, please provide a copy of your budgeted financials.

Particulars	Last Financial Year	Previous Financial Year
Current assets		
Current liabilities		
Total assets		
Total liabilities		
Intangibles:		
Total income/turnover (including grants, subsidies, fees):		
Net profit (loss) after tax:		

Estimated total income/turnover (including grants, subsidies, fees, donations) for the next 12 months

Turnover % split per state

ACT %	NSW %	VIC %	QLD %	SA %	WA %	TAS%	NT %	Overseas %

For any overseas turnover please advise countries:

History

Previous Insurance

This section must be completed.

The questions relate to all Sections of cover being requested under this proposal for insurance.

Are you currently insured? If yes, name of previous insurer(s): ☐ Yes ☐ No

Expiry date:

Have you ever had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? If yes, please provide details: ☐ Yes ☐ No

During the last five years, have you claimed under a policy of insurance that this insurance is proposed to replace? If yes, please provide details: ☐ Yes ☐ No

Is there now any claim pending or are you aware of any circumstances that may give rise to a claim against you or any other director or officer of the entity applying for this insurance? If yes, please provide details: ☐ Yes ☐ No

Insurer	Date of incident	Description of loss/circumstances	Amount paid/outstanding

Organisation History

This section must be completed.

The following questions relate to all Sections of cover being requested under this proposal for insurance.

Has your organisation or any of its directors / officers / executive managers / trustees:

a. ever been convicted of a criminal offence? ☐ Yes ☐ No

b. ever been declared bankrupt? ☐ Yes ☐ No

c. ever become insolvent or placed into liquidation or receivership? ☐ Yes ☐ No

The following questions must be completed if any Section(s) of Part C: Organisation Liability are required.

These questions apply to you or any of your directors, officers and other persons applying to be insured.

Has your organisation, you or any director / officer / executive manager / trustee in your business:

a. ever had a disciplinary proceeding against you? ☐ Yes ☐ No

b. ever been the subject of a sanction in your profession, trade or business (not being a conviction or fine for a traffic offence)? ☐ Yes ☐ No

c. had any complaint or disciplinary proceeding or other inquiry made in relation to your professional conduct? ☐ Yes ☐ No

Are you aware of any fact, event or circumstance which:

a. might reasonably be expected to lead to civil or criminal proceedings being instituted against your organisation, any director, officer, manager, trustee or employee? ☐ Yes ☐ No

b. might require you or any of these persons to attend an official investigation, inquiry or other proceedings? ☐ Yes ☐ No

c. could possibly or validly result in a claim under this proposed insurance? ☐ Yes ☐ No

d. would have resulted in a claim under this proposed insurance which was not insured? ☐ Yes ☐ No

Have you or any of the persons applying to be insured been the subject of any complaint or received notice of an enquiry by any State, Territory or Federal regulatory body or other body to which you are accredited in the last three years? ☐ Yes ☐ No

If yes to any of the above, please provide summary details below and attach full details including the name of the claimant, the outcome of any claim, the total amount paid in judgement or settlement, and claims defence and other settlement costs.

Date	Amount	Details of loss or damage

Part A: Property and Income Protection

Only complete this section if Property and Income Protection is required.

Location information

Please advise the locations for which you require buildings and/or contents cover:

	Address	State	Postcode
Location one			
Location two			

If you have more than two locations, please provide details on a separate page.

	Location one	Location two
Is the building:		
Owned by you	☐	☐
Occupied by you	☐	☐
Describe the activities at the location:		
What year was the building constructed?		
When was the building last rewired?		
Construction of exterior walls:		
Timber	☐	☐
Brick Veneer	☐	☐
Reinforced Concrete	☐	☐
Reinforced Masonry	☐	☐
Unreinforced Masonry	☐	☐
Steel / Iron	☐	☐
Unknown		
Are you aware of any asbestos at the location?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, describe the type of material, quantity and your remedial plans:		
What is the condition of the buildings?		
Good	☐	☐
Fair	☐	☐
Poor	☐	☐
Number of storeys (including ground)		
Does the building have a basement?	☐ Yes ☐ No	☐ Yes ☐ No
Fire Protection:		
Fire Extinguishers	☐	☐
Hose Reels	☐	☐
Sprinkler System – single water supply	☐	☐
Sprinkler System – dual water supply	☐	☐
Security:		
Back to base monitored alarm	☐	☐
Local alarm	☐	☐
Deadlocks and key locks to all external exits	☐	☐
Deadlocks only	☐	☐

Policy Coverage

Property Protection Section

Only complete this section if Property Protection Section is required.

	Location one	Location two
	Replacement Value	Replacement Value
Declared values for insured property		
Buildings including fixtures and fittings:		
General contents and property you are responsible for:		
Other specified contents (please attach a separate list of specified items):		
Extra Costs of Reinstatement (costs to comply with Acts of Parliament or other regulatory bodies)		
Limited to 20% of the building replacement value or amount nominated		
Removal of Debris		
Limited to the lesser of $500,000 and 20% of the total declared values or amount nominated		

The following extensions have standard limits that apply, unless a higher amount is nominated by you and agreed by us. If higher limits are required, please nominate required limits below.

Extension	Standard Limit	Location one	Location two
		Required limit	Required limit
Collections, trophies, curios, works of art, pictures, antiques (at your location)	$5,000 per item, set or collection		
Playing surfaces	$50,000 per event		
Damage to external fixtures and fittings including landscaping	$25,000 per event		
Exhibitions, festivals and events	$10,000 per event		
Frozen or refrigerated goods	$10,000 per event		
Glass breakage:			
Frames and signs	$10,000 per event		
Temporary Shuttering and Signwriting	$10,000 per event		
Contents	$10,000 per event		
Property in the open air	$25,000 per event		
Raffle prizes and donated goods	$5,000 per event		
Rewriting or reconstruction of records	$25,000 per event		
Works of art, pictures, curios and antiques (away from your location)	$5,000 per item, set or collection $25,000 per event		

Breakdown of Mechanical and Electronic Equipment Section

Cover A – Breakdown of Mechanical Equipment

Only complete this section if Breakdown of Mechanical Equipment Section is required.

If different limits are required at each location, please specify below. Otherwise the limits entered for Location one will apply to each location.

Extension	Standard Limit	Location one	Location two
		Required limit per item	Required limit per item
Mechanical equipment	$5,000 per item		

If you have any mechanical equipment with a replacement value exceeding $5,000, please list below:

Item	Replacement Value	Location one	Location two
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No

Optional Extension	Location one	Location two
Do you require cover for deterioration of refrigerated goods?	☐ Yes ☐ No	☐ Yes ☐ No
Standard limit	Required limit	Required limit
$10,000 per event		

Cover B – Breakdown of Electronic Equipment

Only complete this section if Breakdown of Electronic Equipment Section is required.

If different limits are required at each location, please specify below. Otherwise the limits entered for Location one will apply to each location.

Cover	Standard Limit	Location one	Location two
		Required limit per item	Required limit per item
Electronic equipment	$5,000 per item		

If you have any electronic equipment with a replacement value exceeding $5,000, please list below:

Item	Replacement Value	Location one	Location two
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No

Optional Extension	Location one	Location two
Do you require cover for data media material and records?	☐ Yes ☐ No	☐ Yes ☐ No
Standard limit	Required limit	Required limit
$5,000 per event		
Do you require cover for increase in cost of working?	☐ Yes ☐ No	☐ Yes ☐ No
Standard limit	Required limit	Required limit
$5,000 per event		

Indemnity period: ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months

Money Section

Only complete this section if Money Section is required.

If different limits are required at each location please specify below, otherwise the limits entered for Location one will apply to each location.

	Location one	Location two
Limit required for Money:		

The following standard limits apply, unless a higher amount is nominated by you and agreed by us. If higher limits are required, please nominate required limits below.

	Standard Limit	Location one	Location two
		Required limit per item	Required limit per item
Money in your buildings but not contained within a locked safe outside business hours:	$2,000		
Increased limit for fundraising:	100% in addition to the sum insured		

Theft Section

Only complete this section if Theft Section is required.

If different limits are required at each location please specify below, otherwise the limits entered for Location one will apply to each location.

	Location one	Location two
Limit required for Theft		

The following standard limits apply, unless a higher amount is nominated by you and agreed by us. If higher limits are required, please nominate required limits below.

Further Extension	Standard Limit	Location one	Location two
		Required limit per item	Required limit per item
Musical instruments, other portable audio, video or sound equipment, and sporting equipment	$1,000 per item		
	$5,000 per event		

General Property Section

Only complete this section if General Property Section is required.

Cover is available for unspecified items up to a value of $2,000 per item, and $20,000 per event. If a higher limit is required per event, please note below.

	Standard limit	Required limit
Limit per event:	$20,000	

If you have any items with a replacement value exceeding $2,000 please list below:

Item	Number of items	Replacement Value

Income Protection Section

Only complete this section if Income Protection Section is required.

If different limits are required at each location please specify below, otherwise the limits entered for Location one will apply to each location.

	Location one	Location two
Gross income including all money paid or payable to you:		

Indemnity period: ☐ 12 months ☐ 18 months ☐ 24 months ☐ Other

Optional Extensions		Location one	Location two
	Required?	Sum Insured	Sum Insured
Additional increase in cost of working:	☐ Yes ☐ No		
Additional severance pay:	☐ Yes ☐ No		
Additional accounting and other professional costs (Claims preparation costs):	☐ Yes ☐ No		
Fines and penalties:	☐ Yes ☐ No		
Book debts:	☐ Yes ☐ No		
Specified suppliers:	☐ Yes ☐ No		
Interest on bonds:	☐ Yes ☐ No		

If Optional Extension Specified Suppliers is required, please specify the suppliers below:

Part B: General Liability

Only complete this section if Part B: General Liability is required.

Activities

If you organise any high risk activities, such as abseiling, archery, horse riding, surfing, trail / motor bikes, water sports with power boats:

Are they run by appropriately qualified, accredited and insured third parties? ☐ Yes ☐ No

If no, do you have appropriately qualified and accredited employees who are running these activities? ☐ Yes ☐ No

Excluded High Risk Activities include:

motor races, motor rallies, motor speed tests, canyoning, caving, rifle/firearms, shooting, aircraft, hang gliding, parachuting, paragliding, white water canoeing/kayaking/rafting (above class 2 rapids), scuba diving, dune buggies, vertical and horizontal bungee jumping, hot air ballooning, gladiator games, unsupported rock climbing, go karts, motocross, martial arts or boxing activities.

Do you provide any of these activities? ☐ Yes ☐ No

Underwriting consideration may be given in special circumstances. Cover is not in place until agreed by us in writing.

Over the next twelve months, do you intend to organise any events, exhibitions or festivals held at premises NOT permanently occupied by you where the expected number of attendees would exceed 500? ☐ Yes ☐ No

If yes, please provide details:

What is the expected number of attendees?

Do you perform any activities outside Australia? ☐ Yes ☐ No

If yes, please advise type of activities and the countries where they are conducted.

Do you manufacture, import or export any Products? ☐ Yes ☐ No

If yes, please provide full details of all Products manufactured, imported or exported, including the countries, over the last ten years:

Policy Coverage

General Public and Products Liability Section

Only complete this section if General Public and Products Liability Section is required.

Limit required: ☐ $5,000,000 ☐ $10,000,000 ☐ $20,000,000 ☐ $30,000,000 ☐ $40,000,000 ☐ $50,000,000

Standard Excess: ☐ Nil ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Other

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

Optional Extensions	Required?
1. Sexual Abuse: *Note: a quotation may be provided, however cover will not be confirmed until a satisfactory "Prevention of Abuse" questionnaire is received. Please contact Ansvar for this form if required.* Limit Required: ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ $10,000,000 ☐ Other	☐ Yes ☐ No
2. Replacement Wages of Stood Down Staff: *Note: this extension is only available if we agree to provide cover for Sexual Abuse under Optional Extension 1.*	☐ Yes ☐ No
3. Medical Malpractice: Limit Required: ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ Other Please advise the number of: ☐ Enrolled nurses ☐ Registered nurses ☐ Nursing practitioners ☐ Other health care practitioners who are not required to be registered under National Law	☐ Yes ☐ No
4. Retroactive Liability (Prior Claims Made): Prior to insuring with Ansvar, was your previous liability cover on a "Claims Made" basis? If yes, please provide a copy of your most recent policy schedule so we can tailor this extension appropriately. Limit required:	☐ Yes ☐ No
5. Member to Member Liability: Note: this extension 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. Limit required:	☐ Yes ☐ No
6. Trauma Counselling Costs:	☐ Yes ☐ No

Claims made insurance – applicable to Optional Extension 4 Retroactive Liability (Prior Claims Made)

Optional Extension Retroactive Liability operates on a 'claims made and notified' basis which means that where this Optional Extension is selected and is shown on your certificate of insurance, you are covered for:

a. claims first made against you during the period of insurance and notified to us during such period providing you were not aware at any time prior to the commencement of such period of any circumstances which could lead to a claim being made against you; and

b. facts you first became aware of during the period of insurance which may lead to a future claim providing you notify us during such period of such facts pursuant to s.40(3) of the Insurance Contracts Act 1984 (Cth) which provides:

"Where the insured gave notice in writing to the Insurer of facts that might give rise to a claim against the insured as soon as reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the Insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by the contract".

Part C: Organisation Liability

Only complete this section if Part C: Organisation Liability is required.

Claims made insurance

Part C: Organisation Liability operates on a 'claims made and notified' basis which means that where any Section under this Part is selected and is shown on your certificate of insurance, you are covered for:

a. claims first made against you during the period of insurance and notified to us during such period providing you were not aware at any time prior to the commencement of such period of any circumstances which could lead to a claim being made against you; and

b. facts you first became aware of during the period of insurance which may lead to a future claim providing you notify us during such period of such facts pursuant to s.40(3) of the Insurance Contracts Act 1984 (Cth) which provides:

"Where the insured gave notice in writing to the Insurer of facts that might give rise to a claim against the insured as soon as reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the Insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by the contract".

Activities

Please provide details of any medical examinations, treatments, medications that you or your professionally qualified staff might provide:

Are all persons who provide treatment registered, qualified and employed by you? ☐ Yes ☐ No

If no, please provide details:

Do you own in whole or part any clinic, hospital, sanatorium etc.? ☐ Yes ☐ No

If yes, please provide details:

Have you any ongoing or temporary arrangements to employ contractors on your premises (or intend entering into a contract) as part of your business? ☐ Yes ☐ No

If yes, please detail the nature and terms of the contract:

Please provide a copy of the contract as it relates to any insurance arrangements.

Prior Insurance

Prior Professional Indemnity insurance		
If you are selecting Professional Indemnity cover to replace an existing policy, please advise:	Current insurer:	
	Current policy number:	
	Current expiry date:	
	Current retroactive date:	
	Continuous cover in place since:	

Prior Management Liability or Directors' and Officers' insurance		
If you are selecting Management Liability cover to replace an existing policy, please advise:	Current insurer:	
	Current policy number:	
	Current expiry date:	
	Current retroactive date:	
	Continuous cover in place since:	

Prior Management Liability or Directors' and Officers' insurance	
Employment Practices Liability	
Current insurer:	
Current policy number:	
Current expiry date:	
Current retroactive date:	
Continuous cover in place since:	

For each selected Section and / or Insuring Clause the retroactive date will be the inception date of this Section of cover, unless you provide evidence of existing insurance, including the current retroactive date, and you confirm that your coverage for each selected Section and / or Insuring Clause has been continuously in force since that retroactive date. The applicable retroactive date may be different for each Section and/or Insuring Clause.

Policy Coverage

Professional Indemnity Section

Only complete this section if Professional Indemnity Section is required.

Limit required for any one claim:	☐	$1,000,000	☐	$2,000,000	☐	$5,000,000	☐	$10,000,000	☐ Other
Standard Excess:	☐	$500	☐	$1,000	☐	$2,500	☐	$5,000	☐ Other

Management Liability Section

Only complete this section if Management Liability Section is required.

Insuring Clause	Required?
1. Organisation Liability	☐ Yes ☐ No
2. Directors and Officers Liability	☐ Yes ☐ No
Limit required: ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ $10,000,000 ☐ Other	
Does any director / executive / senior manager hold more than a 10% shareholding in the organisation(s) to be insured or any of its subsidiaries?	☐ Yes ☐ No
3. Organisation Reimbursement	☐ Yes ☐ No
4. Employment Practices Liability	☐ Yes ☐ No
Limit required: ☐ $250,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000	
Number of employees dismissed by you or made redundant this year:	
Number of employees dismissed by you or made redundant last year:	
Number of employees who resigned voluntarily this year:	
Number of employees who resigned voluntarily last year:	
Do you anticipate any retrenchments or lay-offs in the next twelve months?	☐ Yes ☐ No
Number of employees earning more than $50,000 per year:	
5. Trustees Liability	☐ Yes ☐ No
Limit required: ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ $10,000,000 ☐ Other	
Number of trustees to be insured:	
Do you manage real and other funds / deposits / assets entrusted to you by others?	☐ Yes ☐ No
If yes, please advise:-	
The nature of assets under management:	
Total value of assets under management:	
Is there any obligation to invest or grow or return such funds to owners?	☐ Yes ☐ No

Insuring Clause	Required?

If yes, please provide full details:

Is any director, officer or employee of the organisation or subsidiaries currently a trustee of a corporate superannuation fund established for the benefit of your employees? If yes, please advise:- ☐ Yes ☐ No

Name of fund: | Appointed trustees:

Name of actuary: | Last valuation:

Annual contribution:

6. Statutory Liability ☐ Yes ☐ No

Limit required: ☐ $250,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ Other

Are your publications and contents of your websites vetted by management for potential breaches of legislation prior to release to the public? ☐ Yes ☐ No

7. Internet Liability ☐ Yes ☐ No

Limit required: ☐ $250,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000

Internet site for which coverage is sought (show full path – http://www.serverroute.com/path/to/file.html)

Projected annual gross revenues from these websites:

Please detail any advice, materials or services provided from these websites:

Do you collect personal or sensitive information of a private nature from visitors to these sites? ☐ Yes ☐ No

If yes, please provide purpose of collection of this personal or sensitive information:

Do you have a privacy policy posted on all of your sites? ☐ Yes ☐ No

Is fundraising or electronic commerce conducted from any of these sites? ☐ Yes ☐ No

If yes, are transactions encrypted? ☐ Yes ☐ No

Are transactions processed by an independent contractor? ☐ Yes ☐ No

If no, please describe the system in place to prevent access to customers' private and financial card details:

8. Organisation Crisis Cover ☐ Yes ☐ No

Limit required: ☐ $100,000 ☐ $200,000 ☐ $500,000

Extensions	Required?

Employee and Third Party Fidelity ☐ Yes ☐ No

Limit Required: ☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000

Other than directors, is any employee authorised to:

a. issue a cheque or any other bank instrument as a sole signatory, or to authorise any payment in excess of $5,000 without authorisation by a supervisor or manager? ☐ Yes ☐ No

b. process a refund to customers or accept any return of goods in excess of $5,000 without authorisation by a supervisor or manager? ☐ Yes ☐ No

c. reconcile any bank account which they are also authorised to deposit funds into or withdraw funds from? ☐ Yes ☐ No

If yes to any of the above, please provide full details:

Extensions	Required?
Tax Audit	☐ Yes ☐ No
Limit required ☐ $20,000 ☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000	
Do you comply with requirements under Commonwealth, State or Territory legislation in relation to tax audits?	☐ Yes ☐ No
If no, please provide details:	
Have you been subject to any investigation or tax audit by any Commonwealth, State or Territory department in the last twelve months?	☐ Yes ☐ No
If yes, please provide details:	
Standard Excess: ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Other	
Note: Nil excess applies to Insuring Clause 2 – Directors and Officers Liability	

Part D: Personal Accident

Only complete this section if Part D: Personal Accident is required.

Activities

Please provide a description of the activities that the insured persons will be performing or participating in:

Policy Coverage

Note: the policy limits the Capital Benefits for all Insured Persons under the age of 18 years or over the age of 75 years to $50,000 maximum.

						Required?
Category A:						☐ Yes ☐ No
Your Volunteers for injury whilst performing volunteer duties						
Capital Benefits	☐ $50,000	☐ $100,000	☐ $200,000	☐ $250,000		
Weekly Benefits:	☐ Nil	☐ $500	☐ $750	☐ $1,000	☐ $1,500	
	☐ $2,500	☐ $3,000				
Benefit Period:	☐ 26 weeks	☐ 52 weeks	☐ 104 weeks			
Deferral Period (waiting period before weekly benefits will be paid):	☐ 1 week	☐ 2 weeks	☐ 4 weeks			

						Required?
Category B:						☐ Yes ☐ No
Your Students and / or Members for injury whilst participating in your activities						
Capital Benefits:	☐ $10,000	☐ $20,000	☐ $50,000	☐ $100,000		
Weekly Benefits (only relevant for income earners):	☐ Nil	☐ $500	☐ $750	☐ $1,000	☐ $1,500	
Benefit Period:	☐ 26 weeks	☐ 52 weeks				
Deferral Period (waiting period before weekly benefits will be paid):	☐ 1 week	☐ 2 weeks	☐ 4 weeks			

Declaration

I/We:

a. declare the answers given and statements made are to the best of my/our knowledge true, correct and complete 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;

b. declare that I/we have read and understood the Important Notices set out in the proposal and I/we are authorised to make this proposal;

c. acknowledge that the information contained in this proposal and any attachments will be the basis of the Retirement Village Insurance contract between the named organisation and Ansvar and is subject to the terms, conditions and provisions contained in the Retirement Village Insurance Policy underwritten by Ansvar;

d. acknowledge and consent to the information supplied in this proposal to Ansvar being used 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 and services distributed or offered by Ansvar;

e. declare that I/we have made all due enquiries necessary in order to comply with the Duty of Disclosure;

f. acknowledge that no contract of insurance is in force until Ansvar has confirmed acceptance of the proposed insurance;

g. declare that I/we have read Ansvar's Privacy Policy and consent to the collection, use and disclosure of obtaining personal information about the Insured for the purposes shown in the Privacy Statement.

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

Signed		Date	
Name		Position	

Signed		Date	
Name		Position	

Attachments

Please attach to this proposal:

i. any documentation we have requested for the Sections of cover you require (including copies of your latest 2 annual reports, financial accounts, rules and procedures, codes of conduct);

ii. details of any other information which you think may affect your insurance or which we should be advised of (see "*Your duty of disclosure*"); and

iii. any additional information which may assist us to gain a complete appreciation of the nature of your business.

1300 650 540 **www.ansvar.com.au**

Level 5, 1 Southbank Boulevard, Southbank VIC 3006
Ansvar Insurance Ltd. ABN 21 007 216 506 AFSL 237826
Member of the Ecclesiastical Insurance Group

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