

Protecting and supporting your community



Ansvar Allied Health Insurance
Proposal Form

Important notices

Your duty of disclosure

Before you enter into a contract of general insurance with Ansvr Insurance Limited ('Ansvr' 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;
- b) that is of common knowledge;
- c) that we know or, in the ordinary course of our business, ought to know;
- 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 Ansvr 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

Ansvr 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 Ansvr Insurance is Level 5, 1 Southbank Boulevard, Southbank 3006, Victoria.

Our contact details are:

Ansvr Insurance

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 Ansvr 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 Ansvr Internal Dispute Resolution (IDR) process at insure@ansvar.com.au. Alternatively, you can write to The Secretary, Internal Dispute Resolution Committee, Ansvr 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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Breakdown of Mechanical and Electronic Equipment Section	<input type="checkbox"/>			
Cover A – Breakdown of Mechanical Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cover B – Breakdown of Electronic Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Money Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Theft Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
General Property Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Income Protection Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Part B: General Liability

General Public and Products Liability Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Part C: Organisation Liability

Professional Indemnity Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Management Liability Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Policyholder details

This section must be completed.

Name of organisation to be insured (including any subsidiaries)

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

ABN / ACN / ARBN

Date your 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

/ /

Expiry date

/ /

Information about your organisation

Organisational structure

This section must be completed.

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

If 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 allied health services of all entities to be insured by this policy, including details of any services that may not be regarded as normal for the type of practice:

If you do not list the complete range of services provided, they may not be covered.

Do you provide any of the following services:

Obstetric service other than shared care (shared care is defined as the joint management of a pregnancy with a specialist obstetrician, GP obstetrician or maternity hospital where evidence exists of referral to a specialist obstetrician, GP obstetrician or Public Hospital antenatal clinic and there is no involvement, or intention to be involved, with the induction or delivery):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fertility treatment:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Clinical trials or research projects:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cosmetic services (those where the primary purpose is the alteration of the external appearance of a patient for non-pathological reasons)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Complementary medicine or alternative therapies:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Day surgery:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Veterinary services:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you provide veterinary services, please detail the approximate percentage of your fee income generated from the following categories of animal:

Domestic pets	<input type="text"/>	%
Farm animals	<input type="text"/>	%
Bloodstock	<input type="text"/>	%
Stud stock	<input type="text"/>	%
Exotic animals	<input type="text"/>	%
Racehorses	<input type="text"/>	%
Greyhounds	<input type="text"/>	%
Artificial breeding	<input type="text"/>	%
Equine (valued under \$20,000)	<input type="text"/>	%
Equine (valued over \$20,000)	<input type="text"/>	%
Animals valued over \$10,000	<input type="text"/>	%
Other:	<input type="text"/>	%

If other please specify:

Do you participate in or do you intend to participate in the Personally Controlled Electronic Health Recored Scheme?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has there been any change in the nature of your allied health services or other business activities and those of your subsidiaries in the last 3 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, please provide details:

Do you anticipate any major change in the nature of your allied health services or other business activities and those of your subsidiaries in the next 12 months (for example, additional locations or additional services)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please provide details:

Do you or have you ever provided any allied health services outside Australia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please provide full details of services provided and the countries where they are conducted.

Please advise the number of patients attending your service	Last Financial Year	Previous Financial Year
	<input type="text"/>	<input type="text"/>

Locations

This section must be completed.

Please advise the locations from which you operate

Address

State

Postcode

Owned by you?

Occupied by you?

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

Accreditation body (for example, AGPAL, GPA Accreditation Plus, ISO):

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?

Yes No

If yes, please provide details

Do you have documented policies and procedures for the following?

Complaints management

Yes No

Information security and privacy

Yes No

Clinical risk management

Yes No

Ansvar may request evidence of your risk management policy.

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:

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.

Clinical staff / allied health practitioners

List allied health services provided and number of employees and contractors engaged in the provision of each service

	Total number of employees	Total number of contractors		Total number of employees	Total number of contractors
Audiologist			Nurse – Midwife		
Beauty Therapist			Nurse – Practitioner		
Cardiac Technician			Nurse – Registered/ Enrolled		
Chiropractor			Optometrist		
Counsellor			Orthoptist		
Dental Hygienist/Therapist			Osteopath		
Dental Technician/ Prosthetist			Physiologist		
Diabetes Educator			Physiotherapist		
Dietician			Podiatrist		
Exercise Physiologist			Psychologist		
Laboratory Technician			Radiographer		
Medical Radiation Practitioner			Scientist		
Naturopath			Ultrasonographer		
Nurse – Cosmetic			Other		
If other, please specify:					

Medical practitioners and registered health professionals*

List all medical practitioners and registered health professionals providing services on your behalf

Name	Specialty	Full time		Part time	
		Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* **medical practitioner** or **registered health professional** means a person who:

- is defined as a Medical Practitioner under the Health Practitioner Regulation National Law (Victoria) Act 2009 and equivalent legislation enacted in any other State or Territory of Australia; and
- is registered under the Health Practitioner Regulation National Law (Victoria) Act 2009 and equivalent legislation enacted in any other State or Territory of Australia to practice that profession.

Do all medical practitioners and registered health professionals (as defined above) hold their own individual professional indemnity insurance? Yes No

Note: it is a condition of the policy that you must ensure all medical practitioners and registered health professionals maintain their own professional indemnity insurance.

Number of non-clinical staff and allied health practitioners engaged in the organisation in Australia

Directors / Partners / Supervisory / Management:

Full-time employees:

Part-time / casual employees:

This year	Last year

Have you any ongoing or temporary arrangements to engage locum tenens in the provision of allied health services? Yes No
 If yes, please provide details:

Do you engage student practitioners in the provision of allied health services? Yes No
 If yes, are student practitioners suitably qualified to provide the allied health services or under the direct supervision of a suitably qualified allied health practitioner at all times when providing the allied health services? Yes No

Please provide details of services student practitioners will provide:

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		
Gross annual turnover (total gross income , including billings generated by all healthcare professionals and clinical staff employed or contracted by you prior to any apportionment or deduction of expenses and/or tax)		
Net profit (loss) after tax		
Estimated gross annual turnover (total gross income , including billings generated by all healthcare professionals and clinical staff employed or contracted by you prior to any apportionment or deduction of expenses and/or tax)for the next 12 months		
Turnover % split per state		
	ACT	<input type="text"/> %
	NSW	<input type="text"/> %
	VIC	<input type="text"/> %
	QLD	<input type="text"/> %
	SA	<input type="text"/> %
	WA	<input type="text"/> %
	TAS	<input type="text"/> %
	NT	<input type="text"/> %
	Overseas	<input type="text"/> %

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? Yes No

If yes, name of previous insurer(s):

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? Yes No

If yes, please provide details:

During the last five years, have you claimed under a policy of insurance that this insurance is proposed to replace? Yes No

If yes, please provide details:

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? Yes No

If yes, please provide details:

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 / employee 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, including any conditions (including a requirement to be supervised or mentored), undertakings, reprimands or notations being placed on their registration (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
- d) been the subject of a mandatory notification to the Australian Health Practitioner Regulation Authority? 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?
- c) could possibly or validly result in a claim under this proposed insurance?
- d) would have resulted in a claim under this proposed insurance which was not insured?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

Location 1	Address	<input type="text"/>
	State	<input type="text"/>
	Postcode	<input type="text"/>
Location 2	Address	<input type="text"/>
	State	<input type="text"/>
	Postcode	<input type="text"/>

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

		Location one	Location two
Is the building:	Owned by you	<input type="checkbox"/>	<input type="checkbox"/>
	Occupied by you	<input type="checkbox"/>	<input type="checkbox"/>
Describe the activities at the location:		<input type="text"/>	<input type="text"/>
What year was the building constructed?		<input type="text"/>	<input type="text"/>
When was the building last rewired?		<input type="text"/>	<input type="text"/>
Construction of exterior walls:	Timber	<input type="checkbox"/>	<input type="checkbox"/>
	Brick Veneer	<input type="checkbox"/>	<input type="checkbox"/>
	Reinforced Concrete	<input type="checkbox"/>	<input type="checkbox"/>
	Reinforced Masonry	<input type="checkbox"/>	<input type="checkbox"/>
	Unreinforced Masonry	<input type="checkbox"/>	<input type="checkbox"/>
	Steel / Iron	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="text"/>	<input type="text"/>
Are you aware of any asbestos at the location?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the type of material, quantity and your remedial plans:		<input type="text"/>	<input type="text"/>
What is the condition of the buildings?	Good	<input type="checkbox"/>	<input type="checkbox"/>
	Fair	<input type="checkbox"/>	<input type="checkbox"/>
	Poor	<input type="checkbox"/>	<input type="checkbox"/>
Number of storeys (including ground)		<input type="text"/>	<input type="text"/>
Does the building have a basement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection:	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>
	Hose Reels	<input type="checkbox"/>	<input type="checkbox"/>
	Sprinkler System – single water supply	<input type="checkbox"/>	<input type="checkbox"/>
	Sprinkler System – dual water supply	<input type="checkbox"/>	<input type="checkbox"/>

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):		
	Stock:		
Extra Costs of Reinstatement (costs to comply with Acts of Parliament or other regulatory bodies)	Limited to 20% of the building replacement value		
Removal of Debris	Limited to the lesser of \$500,000 and 20% of the total declared values		

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 Required limit	Location two 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 (excludes stock)	\$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) (excludes stock)	\$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.

Cover	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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional Extension

Do you require cover for deterioration of refrigerated goods?

Standard limit

\$10,000 per event

Location one

Yes No

Required limit

Location two

Yes No

Required limit

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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional Extensions

Do you require cover for data media material and records?

Standard limit

\$5,000 per event

Location one

Yes No

Required limit

Location two

Yes No

Required limit

Do you require cover for increase in cost of working?

Standard limit

\$5,000 per event

Yes No

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 Required limit	Location two Required limit
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 Required limit	Location two Required limit
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

	Required?		Location one	Location two
			Sum Insured	Sum Insured
Additional increase in cost of working:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional severance pay:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional accounting and other professional costs (Claims preparation costs):	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fines and penalties:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Book debts:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Location one	Location two
			Sum Insured	Sum Insured
Specified suppliers:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Interest on bonds:	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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 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 (please note exclusions may apply):

Have any Products been exported or will any Products be exported to the USA/Canada? Yes No

Policy Coverage

General Public and Products Liability Section

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

Limit required:	<input type="checkbox"/> \$5,000,000
	<input type="checkbox"/> \$10,000,000
	<input type="checkbox"/> \$20,000,000
	<input type="checkbox"/> \$30,000,000
	<input type="checkbox"/> \$40,000,000
	<input type="checkbox"/> \$50,000,000
Standard Excess:	<input type="checkbox"/> Nil
Note: an additional excess applies to claims for personal injury to subcontractors / contractors and / or volunteers. This will be detailed within our terms.	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$2,500
	<input type="checkbox"/> \$5,000
	<input type="checkbox"/> Other
	<input type="text"/>

Optional Extensions

	Required?	Limit required
1. Sexual Abuse:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.		<input type="checkbox"/> \$1,000,000
		<input type="checkbox"/> \$2,000,000
		<input type="checkbox"/> \$5,000,000
		<input type="checkbox"/> \$10,000,000
		<input type="checkbox"/> Other
		<input type="text"/>

2. Replacement Wages of Stood Down Staff:

Yes No

Note: this extension is only available if we agree to provide cover for Sexual Abuse under Optional Extension 1.

3. Medical Malpractice:

Yes No

\$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:

4. Retroactive Liability (Prior Claims Made):

Yes No

Limit required

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.

5. Trauma Counselling Costs

Yes No

Limit required

Part C: Organisation Liability

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".

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".

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

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:	<input style="width: 100%; height: 20px;" type="text"/>
Current policy number:	<input style="width: 100%; height: 20px;" type="text"/>
Current expiry date:	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
Current retroactive date:	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
Continuous cover in place since:	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>

Prior Management Liability or Directors' and Officers' insurance

	Current insurer:	<input type="text"/>
	Current policy number:	<input type="text"/>
If you are selecting Management Liability cover to replace an existing policy, please advise:	Current expiry date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Current retroactive date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Continuous cover in place since:	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Current insurer:	<input type="text"/>
	Current policy number:	<input type="text"/>
Employment Practices Liability	Current expiry date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Current retroactive date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Continuous cover in place since:	<input type="text"/> / <input type="text"/> / <input type="text"/>

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:	<input type="checkbox"/>	\$1,000,000
	<input type="checkbox"/>	\$2,000,000
	<input type="checkbox"/>	\$5,000,000
	<input type="checkbox"/>	\$10,000,000
	<input type="checkbox"/>	Other <input type="text"/>
Standard Excess:	<input type="checkbox"/>	\$500
	<input type="checkbox"/>	\$1,000
	<input type="checkbox"/>	\$2,500
	<input type="checkbox"/>	\$5,000
	<input type="checkbox"/>	Other <input type="text"/>

Management Liability Section

Only complete this section if Management Liability Section is required.

Insuring Clause	Required?	Limit required
1. Organisation Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other <input style="width: 100%;" type="text"/>
2. Directors and Officers Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other <input style="width: 100%;" type="text"/>
	Does any director / executive / senior manager hold more than a 10% shareholding in the organisation(s) to be insured or any of its subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Organisation Reimbursement		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Employment Practices Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000
	Number of employees dismissed by you or made redundant this year:	<input style="width: 100%;" type="text"/>
	Number of employees dismissed by you or made redundant last year:	<input style="width: 100%;" type="text"/>
	Number of employees who resigned voluntarily this year:	<input style="width: 100%;" type="text"/>
	Number of employees who resigned voluntarily last year:	<input style="width: 100%;" type="text"/>
	Do you anticipate any retrenchments or lay-offs in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of employees earning more than \$50,000 per year:	<input style="width: 100%;" type="text"/>

5. Trustees Liability

Yes No

\$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

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?

Yes No

If yes, please advise:-

Name of fund:

Appointed trustees:

Name of actuary:

Last valuation:

Annual contribution:

6. Statutory Liability

Yes No

\$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

\$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

\$100,000

\$200,000

\$500,000

Extensions

Employee and Third Party Fidelity

Required? Yes No**Limit required**

\$50,000

\$100,000

\$250,000

\$500,000

Other than directors, is any employee authorised to:

 Yes No

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:

Tax Audit

 Yes No

\$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

Note: Nil excess applies to Insuring Clause 2 – Directors and Officers Liability

\$1,000

\$2,500

\$5,000

Other

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 Allied Health Insurance contract between the named organisation and Ansvar and is subject to the terms, conditions and provisions contained in the Allied Health 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 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	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text"/>
Position	<input type="text"/>

Signed	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text"/>
Position	<input type="text"/>

Attachments

Please attach to this proposal:

- a) 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);
- b) 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
- c) any additional information which may assist us to gain a complete appreciation of the nature of your business.



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