



Protecting and supporting your community



Aged Care 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:

- that diminishes the risk to be undertaken by us; or
- that is of common knowledge; or
- that we know or, in the ordinary course of our business, ought to know; or
- 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, 1 Southbank Boulevard, Southbank, Melbourne, 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 Australian Financial Complaints Authority (AFCA). AFCA is an independent service to deal with complaints from consumers and small business about financial services and products. If we are unable to resolve your complaint, you may seek advice from AFCA.

Contact the Australian Financial Complaints Authority

Website: www.afca.org.au

Phone: 1800 931 678

Email: info@afca.org.au

Post: GPO Box 3, Melbourne, Victoria 3001

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				
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

Part D: Personal Accident

Personal Accident Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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:

Expiry date:

Information about your organisation

Organisational structure

How is your organisation structured?

<input type="checkbox"/> Company limited by guarantee	<input type="checkbox"/> Cooperative / Mutual	<input type="checkbox"/> Incorporated association	<input type="checkbox"/> Partnership
<input type="checkbox"/> Private company	<input type="checkbox"/> Privately held company	<input type="checkbox"/> Public company (ASX listed)	<input type="checkbox"/> Public company (not listed)
<input type="checkbox"/> Unincorporated association	<input type="checkbox"/> Other (please specify)	<input type="text"/>	

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?	
			<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

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you have such licence, registration or accreditation?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <i>Ansvar may request evidence of your risk management policy.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is management actively involved in the risk management of your organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have an audit or compliance committee in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have an OH&S or WorkSafe committee in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you ensure all Government regulations are closely abided with and have a dedicated person to implement and monitor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are all your premises, plant and machinery in good repair and are all statutory requirements complied with?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are there proper policies in place for the screening of all new employees and / or volunteers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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What is the estimated annual payment to subcontractors / contractors / labour hire personnel?		
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Do you ensure all subcontractors / contractors / labour hire personnel have their own Public Liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. distribute an employee handbook to all its employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. keep a register of those employees who have received the handbook and agree to abide by its guidelines and procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. have up to date written policies on equal opportunity, sexual harassment, all types of discrimination and abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. have documented performance, incident / allegation / grievance and complaint procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. have a formal termination of employment policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. comply with all statutory requirements concerning its employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. post all notices required by law in places conspicuous to all employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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, ☐ Yes ☐ No
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? 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:

Location one	Address	State	Postcode
Location two	Address	State	Postcode

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

Optional Extension	Location one		Location two	
Do you require cover for deterioration of refrigerated goods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
		<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
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Optional Extension	Location one		Location two	
Do you require cover for data media material and records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standard limit	Required limit		Required limit	
\$5,000 per event				
Do you require cover for increase in cost of working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<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		
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

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: <i>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.</i> Limit 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="checkbox"/> Yes <input type="checkbox"/> No
2. Replacement Wages of Stood Down Staff: <i>Note: this extension is only available if we agree to provide cover for Sexual Abuse under Optional Extension 1.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Medical Malpractice: Limit Required: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other Please advise the number of: <input type="checkbox"/> Enrolled nurses <input type="checkbox"/> Registered nurses <input type="checkbox"/> Nursing practitioners <input type="checkbox"/> Other health care practitioners who are not required to be registered under National Law	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Trauma Counselling Costs:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

- 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
- 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:

- 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
- 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:	<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?
1. Organisation Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Directors and Officers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit 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"/>
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
Limit required: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	<input type="text"/>
Number of employees dismissed by you or made redundant this year:	<input type="text"/>
Number of employees dismissed by you or made redundant last year:	<input type="text"/>
Number of employees who resigned voluntarily this year:	<input type="text"/>
Number of employees who resigned voluntarily last year:	<input 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 type="text"/>
5. Trustees Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit 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"/>
Number of trustees to be insured:	<input type="text"/>
Do you manage real and other funds / deposits / assets entrusted to you by others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise:-	<input type="text"/>
The nature of assets under management:	<input type="text"/>
Total value of assets under management:	<input type="text"/>
Is there any obligation to invest or grow or return such funds to owners?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:-	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of fund:	Appointed trustees:
Name of actuary:	Last valuation:
Annual contribution:	
6. Statutory Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit required: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	<input type="checkbox"/> Other <input type="checkbox"/>
Are your publications and contents of your websites vetted by management for potential breaches of legislation prior to release to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Internet Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit required: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is fundraising or electronic commerce conducted from any of these sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are transactions encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are transactions processed by an independent contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe the system in place to prevent access to customers' private and financial card details:	
8. Organisation Crisis Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$500,000	

Extensions	Required?
Employee and Third Party Fidelity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit Required: <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. reconcile any bank account which they are also authorised to deposit funds into or withdraw funds from?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please provide full details:	

Extensions						Required?				
Tax Audit						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Limit required	<input type="checkbox"/>	\$20,000	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	\$250,000	<input type="checkbox"/>	\$500,000
Do you comply with requirements under Commonwealth, State or Territory legislation in relation to tax audits?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, please provide details:										
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
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?		
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Category A:								
Your Volunteers for injury whilst performing volunteer duties								
Capital Benefits	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	\$200,000	<input type="checkbox"/>	\$250,000
Weekly Benefits:	<input type="checkbox"/>	Nil	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$750	<input type="checkbox"/>	\$1,000
	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$3,000			<input type="checkbox"/>	\$1,500
Benefit Period:	<input type="checkbox"/>	26 weeks	<input type="checkbox"/>	52 weeks	<input type="checkbox"/>	104 weeks		
Deferral Period (waiting period before weekly benefits will be paid):	<input type="checkbox"/>	1 week	<input type="checkbox"/>	2 weeks	<input type="checkbox"/>	4 weeks		

						Required?		
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Category B:								
Your Students and / or Members for injury whilst participating in your activities								
Capital Benefits:	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$20,000	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	\$100,000
Weekly Benefits (only relevant for income earners):	<input type="checkbox"/>	Nil	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$750	<input type="checkbox"/>	\$1,000
	<input type="checkbox"/>	\$1,500					<input type="checkbox"/>	\$1,500
Benefit Period:	<input type="checkbox"/>	26 weeks	<input type="checkbox"/>	52 weeks				
Deferral Period (waiting period before weekly benefits will be paid):	<input type="checkbox"/>	1 week	<input type="checkbox"/>	2 weeks	<input type="checkbox"/>	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 Aged Care Insurance contract between the named organisation and Ansvar and is subject to the terms, conditions and provisions contained in the Aged Care 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

Name

Date

Position

Signed

Name

Date

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.



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