

# Proposal Form

## Combined Liability

### Not For Profit and Community Sector



#### IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM.

This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

#### Your Duty of Disclosure

Before You enter into an insurance policy, it is Your duty to disclose every matter that You know, or could reasonably be expected to know, to be relevant to the Insurer's decision whether to give You insurance cover and, if so, on what terms.

#### Consequences of Non-Disclosure or Misrepresentation

If You breach Your duty of disclosure; the Insurer(s) may be able to refuse to pay a claim or to cancel Your policy. The same applies where You have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance, or for obtaining it on favourable terms) the Insurer(s) may be able to 'avoid' Your policy. This means that the Insurer(s) can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect Your ability to obtain other insurance in the future.

If You are unsure whether some information may be disclosable or not we suggest You call Your insurance broker and seek guidance.

#### Privacy

We are committed to protecting Your privacy. We only use the personal information You provide to us to quote on and insure this risk. We only provide Your personal information to our Insurer(s) and Reinsurers (and their representatives) and those we appoint to assist us with claims under Your policy (ies). We do not trade, rent or sell Your information. Some or all of the Insurer(s) and Reinsurers may be overseas.

If You don't provide us with complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the information we hold about You at any time. For more information about our Privacy Policy, ask us for a copy. Copies of the Proposal Form should be retained for Your own records.

#### Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

#### Your Legal Liability

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

#### Waiver of Rights

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

#### Risk Survey

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

Broker

Contact Name

Phone

Fax

Email

## SECTION 1 Details of Insured Association

Name of Incorporated Association (main body)

Name of all other groups which are to be covered by this policy  
eg. neighbourhood centre, meals on wheels, community transport, senior citizens club, respite care, learning difficulties etc.

Contact Details

Name	<input type="text"/>	Phone	<input type="text"/>
Mobile	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Address of Incorporated Association

Period of Proposed Insurance From  /  /  at 4pm local time To  /  /  at 4pm local time

Primary function of your group(s) and any other activities your organisation carries out  
eg. delivery of meals, driving handicapped people, community transport, respite care, neighbourhood centre etc

Amount of funding provided	Any Other Income	Source of Other Income
\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Does the Association have nett assets in excess of \$1mil? yes  no

Does your organisation care for children? yes  no

If yes, what are the ages of the children and the type of care provided and the percentage these activities represent of your overall business?  
eg. long day care, child minding, respite care, overnight minding, etc.

Number of Employees  Number of Volunteers  Approx Volunteer Hours

Minimum qualifications of your people in control of respite care, brain injury or similar operations,  
eg. qualified nurse, trained respite care, etc

Do your people administer drugs or medicines or perform medical treatment? yes  no

If Yes, please provide full details of medical procedures followed:  
(please attach relevant supporting documentation eg. Waivers, Medical Certificates etc.)

## SECTION 1 Details of Insured Association

Has your Association been Incorporated or Limited by Guarantee for 2 or more years?      yes       no

Have your financial records been audited in the previous 12 months ?      yes       no

Estimate number and types of outings organised by your group including frequency, number of guests and number of carers/volunteers. i.e. Trips away (holiday), sightseeing trips, swimming, camps, walking, ball games etc.

Type of Outing	Average Number of People	For How Long
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do any of your activities involve serving or the provision of alcohol? If yes please provide details.

If your group undertakes any of the following, please provide details including frequency, formal procedures in place, minimum number of carers.

- overnight accommodation
- regular social activities
- any service for a fee
- personal hygiene or care
- medical advice or treatments

## SECTION 2 Claims History of Directors, Officers & Board or Committee Members

Has there been or is there now pending any Claim against any proposed Insured Person, in their capacity as director, officer, secretary, board or committee member or employee of either the Association or any other company, organisation, association or trust?      yes       no

Do any circumstances exist that might give rise to a Claim against any proposed Insured Person?      yes       no

If you have answered Yes to either (a) or part (b) above, please supply details.

**SECTION 3 Claims History of Association**  
**in respect of Association Liability (Professional Indemnity), Public & Products Liability**

Has there been, or is there now pending, any action, litigation or any other proceeding against the Association, including any action, litigation or other proceeding brought under or pursuant to any Commonwealth, State or Territory legislation?      yes       no

Has there been, or is there now pending, any investigation, examination, inquiry or other proceedings in relation to the affairs of the Association?      yes       no

Do any circumstances exist that might give rise to any event described in the above two questions?      yes       no

If you have answered Yes to any of the above three questions, please supply details.

**SECTION 4 Insurance Cover**

Does the Association presently carry Association Liability or Directors and Officers, Professional Indemnity or Public & Products Liability insurance?      yes       no

If Yes, please supply details

	Association Liability	Public & Products Liability	Directors & Officers	Professional Indemnity
Insurer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Limit of Indemnity (Sum Insured)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has the Association or any proposed Insured Person ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed.      yes       no

If Yes, please supply details

**SECTION 5 Employment Practices Liability Entity Cover Optional Extension - ONLY complete if you have Employees**

Does the Proposer require a quotation for Employment Practices Liability Cover?      yes       no

If yes, can you please confirm that your organization has the following:

You have written procedures, contracts of employment, personnel files and employee handbook?      yes       no

All grievance and disciplinary hearings are minuted?      yes       no

You do not expect there will be any redundancies or other reductions amongst your employees in the next 24 months?      yes       no

If the answer to any part or all of the above questions is NO, please provide details below?

## Declaration

I/We the undersigned authorised Insured Persons, after enquiry declare as follows:

- 1) I am/We are authorised by each of the other applicants to make this proposal.
- 2) I/We have read and understood the Notice of the Proposed Insured on the front of this proposal.
- 3) I/We have read this proposal and the accompanying documents and acknowledge the contents of the same to be true and complete.
- 4) I/We understand that, up until a contract of insurance is entered into, I am/We are under a continuing obligation to immediately inform Insurers of any change in the particulars or statements contained in this proposal or in the accompanying documents.

Although the signing of this proposal does not bind the applicants to effect insurance, the applicants acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract should a policy be issued, and further, the applicants acknowledge that the proposal and the accompanying documents will be incorporated in the policy.

SIGNATURE

Dated

NAME OF SIGNATORY

Title

eg. Chariman/President/Committee Person

What Class of Insurance do you require a quotation on? (Please tick)

1. Association Liability (Professional Indemnity/Directors & Officers)
2. General Liability (Public & Products Liability)
3. Both Policies

Are you Stamp Duty Exempt?  
(Please provide proof of Exemption with this form)

yes  no