



Liability Package for Associations and Non-profit Organisations

- Answer all questions. Blanks or dashes, or answers 'known to underwriters or brokers' or 'N/A' are unacceptable & will delay consideration of this proposal.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form are part of this proposal.
- Where appropriate, please tick the 'Yes' or 'No' box which best indicates your reply.

Your details

1. Full legal name of the Association

2. Are you registered for GST purposes? No Yes What is your ABN? : : : : : : : : : : :

3. Principal address
 Postcode

4. Date(s) of commencement of business

5. Specify the nature of the Association (including subsidiaries).

<input type="checkbox"/> Community	<input type="checkbox"/> Environmental	<input type="checkbox"/> Disability	<input type="checkbox"/> Sporting
<input type="checkbox"/> Trade	<input type="checkbox"/> Welfare	<input type="checkbox"/> Professional	
<input type="checkbox"/> Other – If 'Other' please specify			

6. Does the Association or any of its subsidiaries act as a manager of any fund or property for or on behalf of any third party?
 No Yes Please provide details.

7. Total number of: Full time equivalent staff Volunteers Members

8. Are you stamp duty exempt?
 Yes Please provide evidence of the exemption.
 No Please provide a percentage breakdown of your revenue in the last 12 months.

NSW <input type="text"/> %	VIC <input type="text"/> %	QLD <input type="text"/> %	SA <input type="text"/> %	NT <input type="text"/> %
WA <input type="text"/> %	ACT <input type="text"/> %	TAS <input type="text"/> %	Overseas <input type="text"/>	Total <input type="text"/> %

Claims and circumstances

9. (a) At any time in the past, has any claim been made against the Association or any Office Bearers, Executive Staff, Sub-committee members, employees of the Association?
 No Yes Please provide details.

(b) Are there any circumstances not already notified to insurers which may give rise to a claim against the Corporation, or any Office Bearer, Executive Staff, Sub-committee members, employees of the Association?
 No Yes Please provide details.

- (c) If insurance similar to that now proposed had been, or were now in effect, would any claim which had been made, or which is now pending against the Association or any person proposed for insurance, have fallen within the scope of such insurance?

No Yes *Please provide details.*

- (d) Is any person proposed for insurance aware, after enquiry, of any circumstances or incident which he/she believes might give rise to any future claim that would fall within the scope of such insurance?

No Yes *Please provide details.*

- (e) Has there been, or is there now pending, any prosecution of the Association or its subsidiaries under the Corporations Law, Trade Practices Act, or any other statute?

No Yes *Please provide details.*

Insurance details

10. Has the Association or any person proposed for insurance ever had similar insurance cancelled or declined to renew, or had special terms imposed in relation to this type of insurance?

No Yes *Please provide details.*

11. (a) Amount of Total Sum Insured \$

(b) Amount of preferred excess (N.B. Your policy will be subject to a minimum excess) \$

(c) Do you require an Extended Reporting Period? No Yes
(an additional premium may apply)

12. (a) If currently insured, list details of existing insurer

(b) Current Policy Limit \$

(c) Period of insurance From / / To / /

Directors and officers details

13. (a) Has any director or executive officer of the Association been declared bankrupt or entered into a deed of assignment, composition or a scheme of arrangement with creditors?

No Yes *Please provide details.*

- (b) Has any director or executive officer of the Association been a director of an organisation placed in administration, a scheme of arrangement, receivership, liquidation or provisional liquidation?

No Yes *Please provide details.*

Insolvency cover

14. Is cover required for claims arising from the actual or alleged insolvency of the Association?

- Yes Please provide most recent financial statements and/or annual reports for the past two financial years.
 No Please provide the information set out below based on the Association most recent consolidated financial statements.

	Last 12 months as at date:	Previous 12 months as at date:
Total Revenue		
Net Profit After Tax		
Total Assets		
Total Liabilities		

15. Is there any subsequent information of a material nature not disclosed or reflected in the attached financial statements or financial information provided in answer to Question 14 above that could affect the financial position, capital structure of operation in the Association?

- No Yes Please provide details.

Professional indemnity cover

16. Nature of Business

State fully the nature of any professional services offered by or on behalf of the Association (Please provide copies of any brochures or other documentation which may assist CGU Professional Risks Insurance in gaining a better appreciation of the risk being proposed).

Please tick (✓) Yes or No and give details as requested.

17. Does the Association:

- (a) Does the Association have a gaming licence? Yes No
- (b) Provide legal, financial, investment or environmental advice? Yes No
- (c) Engage in any form of medical treatment, medical advice or scientific or medical research? Yes No
- (d) Provide any web hosting or act as an internet service provider? Yes No
- (e) Provide computer or information services or web sites with chat lines or bulletin boards or discussion areas where input can be posted by the public at large? Yes No
- (f) Promote or provide any form of insurance to your members or act as an insurance agent? Yes No
- (g) Engage in actual construction, fabrication, erection or any form of contracting? Yes No
- (h) Engage in real estate development? Yes No
- (i) Engage in the manufacture, sale or distribution of any product or process or patented production process? Yes No

If 'Yes' to any of the above, please provide details on a separate sheet.

18. What is the actual total gross revenue for: This year \$
 Next year \$

Employment practices cover

19. Please provide the following staffing details:

	This year	Last year
(a) Total number of full-time equivalent staff		
(b) Total number of staff resignations		
(c) Total number or employer initiate terminations		

20. Please state the number of employees with salaries over \$100,000.

21. Has the Employer had any office closures, consolidations, mergers or acquisitions in the past 2 years which resulted in terminations?

No Yes *Please provide details below.*

22. Does the Employer anticipate any office closures, consolidations, mergers or acquisitions in next 18 months which could result in terminations?

No Yes *Please provide details below.*

Please tick (✓) Yes or No and give details as requested.

23. Does the Association:

- (a) Use employment application forms during the hiring process?
- (b) Complete reference checks of incoming employees and contractors?
- (c) Have an employment handbook to distribute to all employees?
- (d) Have written policies in place regarding Equal Opportunity?
- (e) Have written policies in place regarding Anti-Sexual Harassment?
- (f) Have written policies in place regarding Discrimination?
- (g) Have written policies in place regarding Equal Opportunity?
- (h) Have written policies in place regarding legal procedures to be followed before termination of employment?

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"/>

24. Limit of liability required under this section:

\$500,000 \$1,000,000 Other (please specify) \$

Declaration

I/We hereby declare that:

- My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.
- The above statements are true, and I/we have not suppressed nor mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediate notice thereof.
- I/We authorize CGU Professional Risks Insurance, a division of CGU Insurance Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact and the section of the Policy on "The way we handle your personal information".
- I/We also confirm that the undersigned are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form. I/We complete this Proposal form on their behalf, after enquiry has been made of all directors and senior staff.

To be signed by the Chairman/President/Managing Partner/Principal of the Association

Signature

Date

 / /

Signature

Date

 / /

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an insured's right of recovery under the policy or lead to it being voided.

Insurance broker's details

Insurance broker's name	<input type="text"/>		
Account number	<input type="text"/>		
Address	<input type="text"/>		<input type="text"/>
			Postcode
Phone	<input type="text"/>	Fax	<input type="text"/>
Contact name	<input type="text"/>		

Adelaide

80 Flinders Street Adelaide SA 5000
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Brisbane

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46 Colin Street West Perth WA 6005
Tel (08) 9254 3750 Fax (08) 9254 3751

Sydney

388 George Street Sydney NSW 2000
Tel (02) 8224 4655 Fax (02) 8224 4030

Website:

www.cgu.com.au/professionalarisks



An Important Notice to the Applicant 'Claims Made' Contracts of Insurance

Please read and retain in your file

The proposed insurance is issued on a 'claims made' basis.

This means that the policy responds to:-

1. claims first made against the insured during the policy period and notified to CGU Professional Risks Insurance during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act* which states:

'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 was 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 insurance cover provided by the contract'.

After policy expiry, no new claims can be made on the expired policy *even though the event giving rise to the claim may have occurred during the policy period.*

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act*, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you 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 matter -

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

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 policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks Insurance shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

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