



Australis Care is one of ten divisions of **Australis GROUP (UNDERWRITING) Pty Ltd**
Suite 14,333 Canterbury Road, Canterbury Vic 3126 PO Box 79 Balwyn Vic 3103
Phone (03) 8629 8800 Fax (03) 8629 8829
Australis Group (Underwriting) Pty Ltd ABN 80 082 459 AFSL 238170
www.acins.com.au or www.ausuw.com

AGED CARE PROVIDERS COMBINED LIABILITY INSURANCE APPLICATION FORM

POLICY 1 - Public & Products Liability;

POLICY 2 - Professional Indemnity and Malpractice Liability (incl.) Fidelity Guarantee Extension;

POLICY 3 - Directors and Officers Liability (incl.) Employment Practice Liability Extension.

IMPORTANT NOTICE: PLEASE READ & RETAIN IN YOUR FILE

For the purpose of this application the term **you / your / Insured** means the Insured as defined in:
Paragraphs 1.5 of Policy 1; and /or 7.6 of Policy 2; and/or 7.5 of Policy 3.

For the purpose of this application the term **we / our / us** means Australis CARE and /or Australis Group (Underwriting) Pty Ltd and/or the Insurer.

Policies 2 and 3 are issued on a Claims Made Basis:

This means that these sections of the policy respond to: -

1. Claims first made against the Insured during the Period of Insurance and notified to the Insurer during that Period of Insurance, provided that the Insured was not aware prior to the policy inception of circumstances which would have put a reasonable person on notice that a Claim may be made against the Insured, and
2. If during the currency of the policy, the Insured becomes aware of any occurrence which may give rise to a Claim under the policy and during the Period of Insurance gives written notice to the Insurer of such occurrence, any Claim which may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a Claim made during the period of this policy whenever such Claim may be made.

When the policy expires, no new claims can be made on the policy even though the event giving rise to the Claim may have occurred during the Period of Insurance.

No indemnity will be provided under this policy in respect of any Claim arising out of circumstances of which the Insured was aware at any time prior to inception and which would have put a reasonable person on notice that a Claim may be made.

Your Duty of Disclosure

Before entering into a contract of general insurance you have a duty under the *Insurance Contracts Act*, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have the same duty to disclose matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters:

- that diminish the risk to be undertaken by the Insurer;
- that is common knowledge;
- that your Insurer knows or in the ordinary course of their business ought to know; or
- as to which compliance with your duty is waived by the Insurer.

You should note your duty continues after the application form has been completed until the policy is entered into, that is until the date the insurer receives instruction to bind cover.

Non-disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from the beginning. It is therefore vital that you enquire of all entities comprising the Insured, including senior staff, before completing the application form and before you sign any declaration confirming the accuracy of in the information disclosed

Surrender or Waiver of Any Right of Contribution or Indemnity

Where another person or company would be liable to compensate the Insured or hold the Insured harmless for part or all of any Loss or damage covered by the policy, but the Insured has agreed with that person or company either before or after the inception of the policy that recovery of any Loss or damage from that person or company would not be sought, the Insured will not be covered under this policy for any such Loss or damage.

Contracts by Insured Affecting Rights to Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because the Insured is a party to an agreement which excludes or limits rights to recover damages from a third party in respect of that Loss, signature of any such agreement may place the indemnity under the proposed contract of Insurance at risk.

PRIVACY POLICY

At Australis GROUP (UNDERWRITING) Pty Ltd, we and the Insurer are committed to protecting your privacy in accordance with the Privacy Act, 1998 (Cth). This Privacy Policy describes our/the Insurers' current policies and practices in relation to the handling and use of Personal Information.

To view our privacy policy please refer to www.ausuw.com

What information do we collect and how do we use it?

When we arrange Insurance on your behalf, we ask you for the information we need to advise you about your Insurance needs. We provide any information that the insurers or intermediaries who we ask to quote for your Insurances and premium funding require to enable them to decide whether to insure you and on what terms. Insurers may in turn pass on this information to their reinsurers.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist to consider your claim, e.g. loss adjusters, medical advisers etc) to enable the Insurer to consider your claim. Again this information may be passed on to reinsurers.

We also use your information to send you requested product information and promotional material and to enable us to manage your ongoing requirements, eg renewals, and our relationship with you, eg invoicing, customer surveys etc.

We may occasionally notify you about new services and special offers, events or articles we think will be of interest to you. We may send you regular updates by email or by post on Insurance. If you would rather not receive this information, email or write to us.

We may use your information internally to help us improve our services and help resolve any problems.

What if you don't provide some information to us?

Insurance law requires you to provide your insurers with all the information they need in order to be able to decide whether to insure you and on what terms.

How do we hold and protect your information?

We strive to maintain the reliability, accuracy, completeness and currency of the personal information we/the Insurer hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

We endeavor to protect any personal information that we hold from misuse and loss, and to protect it from unauthorized access, modification and disclosure.

We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, e.g. to handle mailings on our behalf or to other companies in the event of a corporate sale, merger, reorganization, dissolution or similar event. However, we will do our best to ensure that they protect your information in the same way that we do.

We may provide your information to others if we are required to do so by law or under some unusual other circumstances which the Privacy Act permits.

How can you check, update or change the information we are holding?

Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate.

If you wish to access or correct your personal information please write to the Privacy Officer, GPO Box 247, Sydney NSW 2001. We do not charge for receiving a request for, or providing access to, personal information or for complying with a correction request.

ADDITIONAL INFORMATION**Inadequate Space to Answer**

If there is inadequate space to answer our Questions on this application form, please use the additional information section provided to answer the Questions. Please also attach any brochures, promotional pamphlets or other publications relevant to this application for Insurance.

THE INSURED

1. Please provide details of the proposed Insured including trusts and / or trading names.
Please note The Definition of **Insured** in the policy includes the Insured Named below and any subsidiary company (including subsidiaries thereof) therefore there is no need to list subsidiaries of the companies listed below.
You are however required to declare all business activities and turnover (refer Questions 7 & 8) for your entire business including all subsidiaries for which coverage is proposed:
- _____
- _____
2. Please provide details of other parties that require coverage under Policy 1 – Public and Products Liability, this may consist of financiers; property owners, principals for who you are providing service and the like.
 Coverage afforded to the entities / persons noted below will only apply to the vicarious liability arising out of the Insured's business.
- _____
- _____
3. Please select and tick the legal status of the above Insured's:
 Private Company Public Company Not for Profit Organisation
4. Are you registered for GST purpose? Yes No
 If 'yes', what is your ABN _____ If 'no', please provide Tax Credit _____%
5. If you are a not for profit organisation are your insurance premiums stamp duty exempt? N/A Yes No
 If 'yes', please provide Certificate Date ____/____/____ and Number _____
 When was your Business as noted in question 1 established? ____/____/____
6. Period of Insurance ____/____/____ to ____/____/____ 4.00 p m (Eastern Standard Time)

BUSINESS / PROFESSIONAL ACTIVITIES

7. **Please note, other than for Retirement Villages this Insurance is intended to cover Geriatric Care and Community Care, if you require cover for other services / activities you must advise us of those other services / activities in writing. Cover will only apply for services other than Geriatric Care and Community Care if accepted by the Insurer.**
- Please provide full details in respect of the Business Activities / Insured's Profession of those companies noted in Question 1 including subsidiaries. If more than one, please tick all appropriate boxes):
- Home & Community Care (If you tick this box, please complete Questions 11 to 14)
 - Hostel (Low Care)
 - Nursing Home (High Care)
 - Serviced Apartments
 - Respite Services
 - Independent Living Units
 - Retirement Village
 - Real Property Ownership (If you tick this box, please provide details in Question 15)
 - Day Care Centre for Non Residents
 - Kitchen Services for Non residents
 - Laundry Services for Non residents
 - Consultants (Please provide details in the additional information sheet)
 - Management of Aged Care Facilities (only tick this box if a you manage an Aged Care Facility not owned by you)

If you are involved in any other Business or Profession for which you require coverage under this application (proposed Insurance) please provide details for the Insurer's consideration:-

- 8 Please provide details of the Turnover (Revenue) for all Business Activities / Profession noted in Question 7 above.
- § Estimated Turnover (Revenue) current financial year \$ _____
 - § Actual Turnover (Revenue) during the last financial year \$ _____
 - § Actual Turnover (Revenue) during the previous financial year \$ _____

For the calculation of **Stamp Duty** please indicate your Turnover (Revenue) in percentage terms split by state :-

STATE	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
PERCENTAGE								

9. Estimated Annual Payroll Split as follows:

• Principals / Partners	No _____	Wages \$ _____
• Office Staff	No of Staff _____	Wages \$ _____
• Registered Nurses / Enrolled Nurses	No of Staff _____	Wages \$ _____
• Attendant Carers / Personal Care Attendants	No of Staff _____	Wages \$ _____
• Food & Domestic Services Staff and the like.	No of Staff _____	Wages \$ _____
• Physiotherapists / Podiatrists / Occupational Therapists	No of Staff _____	Wages \$ _____
• Other – List Type _____	No of Staff _____	Wages \$ _____
Total		Total \$ _____

Do you anticipate or do you regularly use contractors or labour hire? Yes No

If 'yes', please provide annual contract value: \$ _____

Do you ensure that, and record that all contracted personnel, have their own Malpractice Insurance / Professional Indemnity Insurance and General Liability Insurance or that they are covered by such insurance policies held by the Employment Agency used to source their services? Yes No

10. Please advise the number of beds or units (whichever is applicable), split as follows:

Low Care Beds	High Care Beds	Independent Living Units	Retirement Village Units	Serviced Apartments	Respite Care Beds

ONLY COMPLETE QUESTIONS 11 to 14 IF YOU HAVE TICKED HOME & COMMUNITY CARE BOX IN QUESTION 7

- 11 Please indicate if you are involved in any of the Activities listed below and indicate the number of individual clients receiving the particular service.

• Domestic Assistance	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____
• Personal Care	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____
• Home Maintenance	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____
• Home Modification	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____
• Meals & Other Food Services	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____
• Nursing Care	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____
• At Home Respite Care (not at your premises)	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____
• Services such as Physiotherapy, Podiatry and the like	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____
• Services such as Speech and Occupational Therapy	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____
• Broker / Funder for Aged Care Packages or the like	Yes <input type="radio"/>	No <input type="radio"/>	Number of Packages _____
• 'Other' than Geriatric Care (i.e. care for adults or youth)	Yes <input type="radio"/>	No <input type="radio"/>	Number of Clients _____

If 'other', please provide details for the Insurers' consideration:

12. Please indicate total number of Clients receiving these services and Turnover (Revenue) derived from all such services:

Total Number of Clients _____ Turnover \$ _____

13. Do you comply with the Department of Health & Aged Care Guidelines? Yes No
If 'no', please advise if any other standards are adhered to:

14. Do each of your clients have a documented & signed care plan detailing services agreed? Yes No
If 'yes', please provide a copy of a typical service contract by attaching it to this application.

15a. Location/s of Premises **occupied** for the purpose of conducting your Business.

Address / Location	Owned or Leased	Purpose Built
	Owned <input type="radio"/> / Leased <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	Owned <input type="radio"/> / Leased <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	Owned <input type="radio"/> / Leased <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

15b Please list Land Holdings or other Properties owned but not occupied by You. (Please indicate size of land holdings)

Address / Location	Land or Building	Occupied as
	Land <input type="radio"/> / Building <input type="radio"/>	
	Land <input type="radio"/> / Building <input type="radio"/>	
	Land <input type="radio"/> / Building <input type="radio"/>	

Are all the buildings noted in Questions 15a and 15b in good repair and comply with Local Council and Fire Brigade Regulations? Yes No

If 'no', please provide details of upgrades required:

16a. Do you operate a **Nursing Home and/or Hostel which is funded by the Government?** Yes No
If 'yes', please provide details of current accreditation as issued by the Standards Agency.

The facility / ies are accredited from ___/___/___ to ___/___/___.

The Standards & Accreditation Agency found that the facility / ies noted operated by you complied with _____ out of 44 expected outcomes.

And are there currently any outstanding requisitions in respect to your accreditation? Yes No

AND / OR

16b. Do you operate a **self funded facility?** Yes No

If 'yes', please confirm you are currently certified by the Department of Human Services.

Your Certification by the Department of Human Services expires on ___/___/___.

And are there currently any outstanding requisitions in respect to your certification? Yes No

AND / OR

16c. Do you operate a **Retirement Village or Independent Living Units?** Yes No

If 'yes', are you a member in good standing of the Retirement Village Association? Yes No

17. Please indicate if the facility has any of the following facilities:-

• Swimming Pool/ Hydrotherapy Spa Yes No

• Lawn Bowls: Tennis Courts; Golf Course Yes No

• Woodwork or Metalworking facilities for residents Yes No

• Club House Yes No

Are any of these facilities used by or hired to anyone other than residents and their guests? Yes No

If 'yes', please provide details:

18. Do you assume liability under contract or hold harmless agreement or assume a duty or obligation by way of contract, warranty, guarantee which exceeds your liability in the absence of such contract, warranty or guarantee Yes No

Please note that coverage will only attach if specifically agreed by the Insurer for contracts which exceed your liability in the absence of such contract, warranty or guarantee.

If you answered 'yes', and would like Insurers to consider offering you coverage please provide details and attach copy of contract(s):

19. Do you ensure that, and record that, any and all Nursing Staff, Physiotherapists, Podiatrists, Speech Therapists and the like employed by you or who provide services on your behalf i.e. contracted staff are fully qualified, registered and licensed to perform all relevant activities as required by applicable legislation? Yes No N/A

20. Are you or the residents (including Resident Association) involved in fundraising activities such as Community Fair, Fete or Car Boot Sales, Farmers Market, Carols by Candlelight, Dinner Dance and the like? Yes No
If 'yes', please provide details:

Please note there are special terms and conditions which operate to qualify for coverage in the policy.

21. Has the Business ever traded under a different name? Yes No
If 'yes', please provide details:

22. Has the Business ever been involved in a Merger / Takeover / Acquisition? Yes No
If 'yes', please provide details in chronological order:

23. Does the Business envisage any changes in ownership or operation that is likely to take place during the forthcoming Insurance period? Yes No
If 'yes', please provide details:

24. Please tick the appropriate box.

Are all new employees required to present references on applying to work at your facility?	Yes <input type="radio"/> No <input type="radio"/>
Are Background police checks undertaken for all new employees?	Yes <input type="radio"/> No <input type="radio"/>
Are policies and procedures in place for safe work practices?	Yes <input type="radio"/> No <input type="radio"/>

25. Do you presently carry Medical Malpractice Liability and /or Professional Indemnity Insurance? Yes No
If 'yes', please advise the following details:

Insurer: _____

Expiry Date: ____ / ____ / ____

Limit of Indemnity: \$ _____ Premium: \$ _____

For how many years have you continuously held Malpractice / Professional Indemnity Liability Insurance? ____ Years

26. Will you be undertaking any demolition / construction / renovation activity during the next twelve months? Yes No
If 'yes', please advise details, if 'no' there is no need to answer Questions 27 to 31:

Estimated total aggregate contract value of all works during policy period: \$ _____

Date of commencement: ____ / ____ / ____ Date of completion: ____ / ____ / ____

Number of additional beds / units (if any) as a result of construction work:

Nursing Home _____ Retirement Village Units _____ Hostel / SRS Units _____ Other _____

27. Will the builders / project managers be contractually required to hold contract works liability Insurance with an authorised insurer noting your interest as principal? Yes No N/A

28. Will you ensure that the contract works liability Insurance does not exclude injuries to any class of persons who may conceivably be brought on to the site (e.g. subcontracted, tradesperson and the like) Yes No N/A

29. Rather than outsourcing construction, will you be an owner builder / project manager? Yes No N/A

If 'yes', will a separate liability Insurance policy be purchased by you to cover your liability arising out of these construction activities Yes No N/A

30. Will you obtain or have you obtained written confirmation that all contractors / sub contractors hold separate public liability Insurance noting your interest as principal and does not exclude injuries to any class of persons who may conceivably be brought on to the site (e.g. other contractors, tradesperson and the like) Yes No N/A

31. Will the above Development / Construction / Renovation project(s) be for the use of others? Yes No
If 'yes', please provide details: including whether you have management rights over the completed project.

DIRECTORS & OFFICERS LIABILITY
ONLY ANSWER Qs 32 TO 38 IF YOU REQUIRE DIRECTORS & OFFICERS LIABILITY INSURANCE

32. Do you presently carry, Directors and Officers Liability Insurance? Yes No
If 'yes', please provide the following details:

Insurer: _____
 Expiry Date: ____ / ____ / ____
 Limit of Indemnity: \$ _____ Premium: \$ _____
 For how many years have you continuously held Director and Officer Liability Insurance? ____ Years

33. Are your financial accounts audited? Yes No
If 'yes', has the auditor qualified the sign off in respect of the financials being in order Yes No
If 'yes', please attach the qualification to this application.

34a. Is your Business (as proposed) solvent and can it meet its debts as and when they fall due Yes No
If 'no', please provide details:

34b. Has there been any change, adverse or otherwise, in the financial position of your business, or any event which has occurred which is not detailed in the annual report/s submitted (accounts can be up to 12 months old) or information of a material nature which could affect the financial position, capital structure or operation of the your business Yes No
If 'yes', please provide details:

35. Have you issued any prospectus in the last 3 years or publicly disclosed your intention to make a public offering of securities within the next year? Yes No
 Is Prospectus Liability required? Yes No N/A
If Prospectus Liability is required, please provide a copy of the prospectus document for underwriting consideration.

36. Have you:-
 § Publicly announced that you are considering acquisitions, tender offers or mergers? Yes No
 § Made any acquisition, disposal, merger or takeover in the last 3 years? Yes No
If 'yes' to above, did the purchase include assumption of liabilities? Yes No
 § Been the subject of any attempted takeover bid/offer in the last 3 years or is aware of any current proposals relating a takeover? Yes No
 § Have you sold any companies in the last five years? Yes No
If 'yes', to any of the above please provide details:

37. Has any director or executive officer of the proposed Insured ever been declared bankrupt or been a director or executive of an organization placed in receivership, liquidation or provisional liquidation? Yes No
If 'yes', please provide details:

38. Has there been or is there now pending any prosecution of the proposed Insured including subsidiaries under the Corporations Act, Trade Practices (Fair Trading) Act, or any other statute? Yes No
If 'yes', please provide details:

OPTION EXTENSIONS

Please indicate whether any of the following additional covers are required, additional underwriting information may be required and an additional premium may be charged.

- Outside Directorships (other than Not for Profit) Yes No
- Joint Venture Liability Yes No
- Pre-acquisition Liability Yes No

EMPLOYMENT PRACTICES LIABILITY EXTENSION UNDER POLICY No 3
ONLY ANSWER Qs 39 TO 44 IF YOU ARE APPLYING FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE

39 Do you presently carry, Employment Practices Liability Insurance? Yes No
If 'yes', please provide the following details:

Insurer: _____
 Expiry Date: ____ / ____ / ____
 Limit of Indemnity: \$ _____ Premium: \$ _____
 For how many years have you continuously held Employment Practices Liability Insurance? _____ Years

40. Outline the number of employees and workers of the Insured Entity for the past 3 years.

	Current Year	Last Year	Previous Year to Last Year
Full-Time Employees			
Part-Time Employees			
Temporary Workers / Contract Workers			

41. How many officers and other employees have resigned, been terminated (with or without cause) or have taken early retirement within the last 12 months:

- Employees _____
- Officers _____

42. Do you have a written Human Resources manual or equivalent written management guideline? Yes No

43. Have there been any facilities closures, consolidations or retrenchments within the past 24 months or do you anticipate any facilities closing, consolidating or retrenchments within the next 12 months? Yes No
If 'yes', please provide details including how many employees will be affected:

44. Has there been or is there now pending any prosecution or legal action you and/or any Director or Officer under the Trade Practices Act; Unfair Dismissal or Anti Discrimination Legislation; Work Choices Legislation, Harassment or any other statute or any action relating to a breach of contract? Yes No

If 'yes', please provide details:

FIDELITY GUARANTEE INSURANCE EXTENSION UNDER POLICY No 2
ONLY ANSWER Qs 45 TO 50 IF YOU ARE APPLYING FOR FIDELITY GUARANTEE INSURANCE

45. Is the handling of cheques or cash limited to principals and office staff? Yes No
If 'no', please provide details:

46. Are the books audited by an independent registered company auditor? Yes No
If 'yes', how often: _____
If 'no', please provide details of internal audits performed and how often:
 Responsible officer _____ how often: _____

47. Do all cheques issued by your organisation require a counter signature? Yes No
If 'no', please provide details:

48. How often and by whom are the entries in the cashbook checked with vouchers and reconciled with the bank statements and returned cheques?
 By Whom _____ how often: _____

49. Do you obtain satisfactory reference when engaging employees who are responsible for handling cash or transferable documents? Yes No
If 'no' please provide details:

50. Have you ever sustained any loss through the fraud or dishonesty of any person? Yes No
If 'no', please provide details:

CLAIMS HISTORY

51. Are any of the Principals, Partners or Directors aware (after enquiry of all staff, managers and contractors) of any facts, incidents, accidents or circumstances that may give rise to a claim of the type to be Insured under the proposed Public and Products Liability; Medical Malpractice / Professional / Indemnity Liability Policy (including Fidelity) or the Directors and Officers Policy (incl. Employment Practices Liability) Yes No
If 'yes', please provide details:

Name of Claimant	Particulars	Date of Claim	Estimated Quantum
			\$
			\$
			\$

52. Have you had any claims made against you / the business or under your Public and Products Liability Policy, Medical Malpractice Liability policy, Directors & Officers Policy or Employment Practices Liability Policy during the past 5 years? Yes No
If 'yes', please provide details:

Name of Claimant	Particulars	Date of claim	Insurer	\$ Value of claim
				\$
				\$
				\$

DECLARATIONS AND SIGNATURE

- In relation to any of the Insurances requested herein have you ever had an Insurer:-
- a) Decline a proposal? Yes No
 - b) Impose special terms/exclusions? Yes No
 - c) Decline to renew your Insurance? Yes No
 - d) Cancel your Insurance? Yes No
- If 'yes', please provide details:**

To be completed by an authorised officer
 For and on behalf of the Proposed Insured noted in Question 1.

I hereby declare that I have read the **Important Notice** and the statements made and particulars in this application are true and this application does not misstate or suppress any material facts. I agree that this application form together with any other information supplied shall form the basis of any Contract of Insurance entered into. I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

Signature of Partner, Principal or Director: _____ Date: _____

X

**PLEASE SIGN AND DATE THIS DECLARATION ON THE DAY THE DECLARATION IS MADE.
 Signature of this form does not bind the applicant or the Insurer to complete the Insurance.**

