



Australis Care is a division of **Australis GROUP (UNDERWRITING) Pty Ltd**  
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## COMMUNITY CARE PROVIDERS COMBINED LIABILITY INSURANCE RENEWAL APPLICATION FORM

- POLICY 1** - General & Products Liability
- POLICY 2** - Professional Indemnity and Malpractice Liability
- POLICY 3** - Directors and Officers Liability
- POLICY 4** - Employment Practice Liability

### IMPORTANT NOTICE: PLEASE READ & RETAIN IN YOUR FILE

**This is a generic form, not all of the above policies may be included in your current coverage and please note only the policy / (ies) currently insured form part of this renewal.**

**If you require information about any policy not currently insured under your current Community Care Providers Combined Liability Program please seek advise from your Broker. A different application may be required**

**Renewal of your Home and Community Care Providers Combined Liability Policy will be based on information provided in your previous applications and any change to that information notified in this renewal application so if you are unsure about any aspect of the information previously provide please refer back to the application previously provided.**

For the purpose of this application the term **you / your / Insured** means the Insured as defined in the policy:

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.

### **The Professional Indemnity and/or Directors and Officers Liability Policy is issued on a Claim 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.

**Continuity of Coverage**

With respect to any Claims Made Policy (ies) for which you are seeking renewal the policy offers continuity of coverage that means the Insurer shall, notwithstanding the exclusion in respect of prior or pending claims or actions made against you or circumstances or facts known by you which have the potential to give rise to a claim the policy/ (ies) may still respond.

Special terms and conditions apply and these can be found in the respective policy wording.

**Retroactive Coverage**

With respect to any Claims Made Policy (ies) for which you are seeking renewal the policy has a retroactive date.

Where a date is noted in the schedule then the policy does not cover any claim arising from an actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

**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](http://www.ausuw.com)

**INSURED AND POLICY LIMITS**

**Insured Name** \_\_\_\_\_

**Your Current Policy Number is** \_\_\_\_\_

Please indicate that you are either satisfied with the Limit (s) of Liability that you currently enjoy under current program or indicate the limit (s) that you would like us to provide renewal terms on:

**I am satisfied with the current limits of liability under this policy**  Yes  No

If you have indicated NO please tick the Limits that you would like Australis Care to quote on for your consideration:-

- Policy 1 - Public & Products Liability:**     \$5 million     \$10 million     \$20 million     Other, Specify \$ \_\_\_\_\_
- Policy 2 - Medical Malpractice Liability:**     \$2 million     \$5 million     \$10 million     Other, Specify \$ \_\_\_\_\_
- Policy 3 - Directors & Officers Liability:**     \$2 million     \$5 million     \$10 million     Other, Specify \$ \_\_\_\_\_
- Policy 4 - Employment Practices Liability:**     \$500,000     \$1 million     \$2 million     Other, Specify \$ \_\_\_\_\_

**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.

1 Please review your current Schedule of Insurance to establish if the entities currently covered require updating.  
**Please tick the appropriate box (s) as follows:**

My Schedule of Insurance does not require updating

**Please update my Schedule of Insurance to delete the following entities:**


**Please update my Schedule of Insurance to add the following entities:**


2 Please indicate if you are involved in any of the Activities listed below by ticking the box and indicate the number of clients receiving the particular service.

- |   |                       |                          |
|---|-----------------------|--------------------------|
| <input type="checkbox"/> Domestic Assistance  | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Personal Care  | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Transport  | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Home Modification and Maintenance                              | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Meals & other Food Services                                    | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> In home nursing care   | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> At home Respite Care (not at your premises)                    | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Assessment of clients for eligibility to access HACC services  | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Physiotherapy, Podiatry, Speech Therapy , Occupational Therapy | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Centre based day care (at the Insured's Premises)              | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Sheltered workshops  | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Vocational training / support                                  | <input type="radio"/> | Number of Clients _____  |
| <input type="checkbox"/> Broker /Funder of Aged Care Packages or the like               | <input type="radio"/> | Number of packages _____ |

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


3 Please indicate by way of percentage to which community sector your services are provided:-

- |   |         |
|---|---------|
| <input type="checkbox"/> Geriatric  | _____ % |
| <input type="checkbox"/> Youth with Physically and/or Intellectual Disabilities                     | _____ % |
| <input type="checkbox"/> Adults with Physically and/or Intellectual Disabilities                    | _____ % |
| <input type="checkbox"/> If other, please note percentage and provide details of the activity below | _____ % |


Please provide details of the Turnover (Revenue) for all Business Activities / Profession noted in question 2 & 3 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 as follows:-

STATE	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
PERCENTAGE								

4 Do you anticipate the use contractors (incl labour hire personal) in the forthcoming policy period?

If 'yes', please provide contract value \$ \_\_\_\_\_

4a Do you ensure that, and record that all contracted personnel, have their own Professional Indemnity and General Liability Insurance or that they are covered by the Employment Agency used to source their services. Yes  No

5 Please list any additional premises purchased or occupied within the last 12 months.

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

**ONLY ANSWER QUESTIONS 6 & 7 IF YOU ARE RENEWING YOUR DIRECTORS & OFFICERS LIABILITY INSURANCE**

6. Does the Business envisage that any changes in ownership or operation may take place during the forthcoming insurance period? Yes  No

If 'yes', please provide details:

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7. Is the Business solvent and can it meet its debts as and when they fall due Yes  No

If 'no', please provide details:

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**ONLY ANSWER QUESTION 8 IF YOU ARE RENEWING YOUR EMPLOYMENT PRACTICES LIABILITY INSURANCE**

8. Please list 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			

**CLAIMS HISTORY**

9. 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 Insurance Policy; Medical Malpractice / Professional / Indemnity Liability Insurance Policy (including Fidelity) or the Directors and Officers Liability Insurance Policy (incl. Employment Practices Liability) Yes  No

If 'yes', please provide details:

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

