

CHILD CARE PROVIDERS APPLICATION FORM

POLICY NO	INTERMEDIARY NAME

IMPORTANT NOTICE: PLEASE READ & RETAIN IN YOUR FILE

When completing this application form the following terms have special meanings: -

You / Your / insured / insured's, means - those person(s)/organisations applying for insurance.

We / Us / Our / Insurer means - the Insurance company with whom the insurance will be placed.

Important Notice

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 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.

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 CARE, we are committed to protecting your privacy in accordance with the Privacy Act, 1998 (Cth). This Privacy Policy describes our 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 it to consider your claim, e.g. loss adjusters, medical advisers etc) to enable it 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, e.g. renewals, and our relationship with you, e.g. 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 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 endeavour 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.

GENERIC APPLICATION FORM

This is a generic application form and may be presented to a number of Insurers for their consideration. Some terms may differ from those in the policy issued by the Insurer and you should read the policy issued which takes precedence over this application.

THE INSURED

Insured's Full Name:	
Due Date:	

Please describe your Business Activities:

Please advise Situation of Risk:

Please advise details of your Child Care Centre Registration/Licence No:

Date Business was Established: _____

Please advise the number of people in the following categories:

Full Time Employees _____

Carer's _____

Counsellor's _____

Volunteer's _____

How many employees & volunteers, etc do you have that are:

Professionally qualified _____

Full time employee's _____

Volunteer _____

Total _____

Estimated Turnover _____

Estimated Annual Payroll _____

What is the ratio of children to carers / teachers in each age group?

Age Group	Ratio	Number of Children
0-2 years		
2-3 years		
3-5 years		
Total number of Children		

What specific equipment does the centre have? Please provide full details particularly in relation to play equipment.

Please provide details of maintenance program for this equipment.

Do you have a Risk Management Committee in place? YES NO
If Yes, please provide full details:

Do you operate any external to normal Child Care activities which are income generating businesses? YES NO
If Yes, please provide full details:

Please advise the number of times and the number of participants that may be involved in the following activities during the next 12 months and the venue.

PLEASE NOTE that if the Centre is to venture outside these activities cover will not be automatically provided and you will need to provide further details to us for our consideration.

Activity	Venue Held	No. of Times Held	No. of Participants
Fetes or similar			
Youth outings			
Organised games			
Ball Sports			
Any Other (Must Specify)			
Fund Raising – Specify all activities			

Do you intend to travel outside Australia on child care activities? YES NO
If Yes, please provide full details of destination, nature of trip and numbers travelling.

Do you own one or more premises which are leased to the public or used by community groups? YES NO
If Yes, please provide full details of:

The number of premises: _____
 The approximate number of times per year the premises are leased: _____

Does your premise/s have the following facilities?

Hall	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Kitchen with cooking facilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Swimming or splash pool	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Training Rooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Showers	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Car parking	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Gymnasium	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Play Ground	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please fully detail any other activities undertaken or which may be likely to be undertaken by you, not mentioned above.

Do you have a Student protection policy or procedure?

YES

NO

If Yes, please provide full details:

Are all employees, volunteers, adult carers, leaders, counsellors, etc police checked and cleared in all states of Australia?

YES

NO

Have you ever received a complaint from a child, their parents or any other party about issues relevant to molestation in regard to any employees, volunteers, adult carers, leaders, counsellors, etc currently or previously working under your direction?

YES

NO

If Yes, please provide full details:

What interview process is in place to screen all current and new employees, volunteers, adult carers, leaders, counsellors, etc working under your direction?

Are there any known molestation offenders, who work under your direction?

YES

NO

If Yes, please provide full details:

Are there any known molestation offenders, who are associated with or are Members of your or association, congregation, groups, societies etc. who are not employees e.g. P&F, Alumni, volunteers, etc.

YES

NO

If Yes, please provide full details:

MOLESTATION COVER

To be able to consider this extension please provide copy of your Procedures and Standards in relation to your business activities and checks etc.

Public and Products Liability:	Limit of Liability:
Professional Indemnity:	Limit of Indemnity:

CLAIMS HISTORY

General Questions (Please answer)

YES

NO

Have you made any claims or are there any circumstances relating to your duty of disclosure, which have happened in the last 10 years that we should be made aware of?

If Yes, please provide details:

Insurer	Date of Incident	Type of Loss/Circumstance	Amount Paid

Have you sustained any loss or damage or had compensation claimed by a third party from you, (whether liability was admitted or not), other than workers compensation which has not been included in your answer to the question above and which may be relevant to our acceptance or otherwise of your request to extend this policy to include molestation cover? YES NO

If Yes, please provide details:

Have you ever had any?

- a. Any insurance cancelled or declined? YES NO
- b. Renewal refused by an insurer? YES NO
- c. Special conditions imposed? YES NO
- d. Non standard excess imposed? YES NO

If Yes, to any of the above, please provide details:

Have you, any Director, Partner or Associate ever:

- a. Been declared bankrupt? YES NO
- b. Had bankruptcy proceedings lodged? YES NO
- c. Been found guilty of any criminal offence? YES NO

If Yes, to any of the above, please provide details:

DUTY OF DISCLOSURE

Under insurance law, you are required to tell us anything you know that may affect our decision to accept your insurance.

You must tell us these things before we issue cover, and whenever you renew, extend, vary or reinstate a policy of insurance.

If you do not disclose all relevant information, or if you misrepresent the facts, then we may be entitled to cancel the policy, reduce the sum insured or treat the policy as having never existed.

Examples of the type of information required for a motor policy are: - Any change in regular driver, modifications to the vehicle, the fitting of non-standard accessories such as a stereo system.

DECLARATION AND SIGNATURE

1. I/We declare that I/we have not been refused insurance or had special conditions imposed.
2. I/We declare that all information supplied is true and correct, and I/we have not withheld any information that would be of value in assessing the risk or assessing the acceptance of this application for insurance which is incorporated in and forms part of the policy of insurance.
3. I/We authorise my/our previous insurers to release full details of my/our insurance history.

Signature of Applicant(s)

Date

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