

COMMUNITY CARE PROVIDERS COMBINED LIABILITY INSURANCE APPLICATION FORM

This Insurance is made up of one or more of the following Policies:-

POLICY 1 - General and Products Liability Including Advertising Liability;

POLICY 2 - Professional Indemnity;

POLICY 3 - Directors and Officers Liability;

POLICY 4 - Employment Practice Liability

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 each of the coverage sections applicable to this request for insurance:

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 2,3 and 4 are 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

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.

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.

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.

8. Please provide details of the Turnover (Revenue) for all Business operations noted in question 7 above.

- Estimated Turnover (Revenue) current financial year \$ _____
- Actual Turnover (Revenue) during the last 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
PERCENT								

9. Estimated annual payroll split as follows:

- Principals/Partners No _____ Wages \$ _____
 - Office Staff No of staff _____ Wages \$ _____
 - Field Staff No of staff _____ Wages \$ _____
- | | |
|--------------|-----------------|
| Total | Total \$ |
|--------------|-----------------|

9a Do you anticipate or do you regularly use contractors or labour hire personal? Yes No
If 'yes', please provide contract value \$ _____

9b Number of volunteers that donate their time and talents to your business: _____

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

11. Do you comply with the Department of Health & Aged Care National Guidelines? Yes No N/A

12. Do each of your clients have a documented & signed care plan detailing services agreed? Yes No

13. Location/s of Premises **occupied** by you 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"/>

Are all the buildings noted above in good repair and comply with Council and Fire Brigade Regulations Yes No
If 'no', Please provide details of upgrades required to comply.

14. 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, if so please provide details and attach copy of contract(s):

15. Do you ensure and record that, nursing and allied health staff such as Physiotherapist, Podiatrist, Speech Therapist Occupational therapist and the like employed by you or others who provide services on your behalf are fully qualified and registered and licensed to perform all relevant activities as required by applicable legislation? Yes No

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

17. Has the Business ever been involved in any Merger/Takeover/Acquisition? Yes No
If 'yes', please provide details:

18. 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:

19. **Molestation / Sexual Abuse Cover** – Is this cover required under the Proposed General Liability Policy Yes No
Please note, coverage is not automatically provided and is subject to answers to the following questions and then if coverage is provided it is subject to the insurers "Known Offenders Molestation/ Sexual Abuse Exclusion "
If coverage is not required please go directly to question 21

- (1) Do you have a documented protocol for dealing with molestation / sexual abuse allegations?. Yes No
 If 'yes', please attach a copy of the protocol to this application
- (2) Are all new employees required to present references on applying to work at your Business? Yes No
- (3) Are Background police checks in place for new employees/volunteers? Yes No
- (4) Are policies and procedures in place for safe work practices? Yes No
- (5) Do you have documented risk management and incident reporting procedure? Yes No
- (6) Have you ever received a complaint from any party about issues relating to molestation/ sexual abuse? Yes No
- (7) Are you aware of any known Molestation / sexual abuse offenders who work under your direction (including volunteers and contractors)
- (8) Is there any other claim that you have sustained or other matter relating to your workers or volunteers that may be relevant to the insurer accepting your request for molestation/ sexual abuse cover? Yes No

If 'yes', please provide details:

20. Do you presently carry Professional Indemnity Insurance? Yes No
If 'yes,' please advise the following details:

How many years have you continuously held this Insurance? _____ Years
 Insurer: _____ Expiry Date: ____/____/____
 Current Limit of Indemnity: \$ _____ Premium: \$ _____

DIRECTORS & OFFICERS LIABILITY
ONLY COMPLETE THIS SECTION IF YOU REQUIRE DIRECTORS & OFFICERS LIABILITY INSURANCE

21. Does the Insured Entity presently carry, Directors and Officers Liability Insurance? Yes No
If 'yes,' please provide the following details:

How many years has the Insured Entity continuously held this Insurance? _____ Years
 Insurer: _____ Expiry Date: ____/____/____
 Current Limit of Indemnity: \$ _____ Premium: \$ _____

22. Has there been any change, adverse or otherwise, in the financial position of any Insured Entity, or any events which have occurred which are not detailed in the annual report/s submitted or information of a material nature which could affect the financial position capital structure or operation of the Insured Entity / Insured Yes No
If 'yes', please provide details:

22a. 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:

23. Has the Insured Entity issued any prospectus in the last 3 years or publicly disclosed its intention to make any public offering of securities within the next year? Yes No
 Is Prospectus Liability required? Yes No
If prospectus liability is required, please provide a copy of the prospectus document for underwriting consideration.

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

25. Has the Insured Entity or any subsidiary company:
 § Publicly announced that it is considering acquisitions, tender offers or mergers at the present time? 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?
 § Been the subject of any attempted takeover bid/offer in the last 3 years or is aware of any current proposals relating to its takeover? Yes No
 § Has the Insured Entity sold any companies in the last five years? Yes No

If 'yes', please provide details:

26. Has any director or executive officer of the Insured ever been declared bankrupt or been a director or executive of an organization placed in receivership, liquidation or provisional liquidation or has there been or is there now pending any prosecution of the Insured under the Corporations Act, Trade Practices (Fair Trading) Act, or any other statute? Yes No

If 'yes', please provide details.

EMPLOYMENT PRACTICES LIABILITY

ONLY COMPLETE THIS SECTION IF YOU REQUIRE EMPLOYMENT PRACTICES LIABILITY INSURANCE

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

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

28. 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			

29. 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 _____

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

31. Have there been any closures, consolidations or retrenchments within the previous 24 months or do you anticipate any closures, consolidating or retrenchments within the next 24 months?? Yes No

If 'yes', please provide details including how many employees will be affected:

32. Has there been or is there now pending any prosecution or legal action of the Insured Entity; its subsidiaries 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.

CLAIMS HISTORY

33. 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 proposed to be Insured under the proposed Public and Products Liability and/or Professional Indemnity Liability Policy and/or Directors and Officers Policy and/or Employment Practices Liability Policy Yes No

If 'yes', please provide details:

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

34. Have you had any claims made against you / the business or under your Public and Products Liability Policy, and/or Professional Indemnity Liability Policy and/or Directors & Officers Liability Policy and/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

35. 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 that statements and particulars in this addendum are true and that I have not mis-stated or suppressed any material facts. I agree that the addendum forms part of the application form 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	
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PLEASE SIGN AND DATE THIS DECLARATION ON THE DAY THE DECLARATION IS MADE
Signature of this form does not bind the applicant or the Insurers to complete the Insurance.

Please indicate the Limits of Liability required.

Public and Products liability: \$5 million \$10 million \$20 million Other, Specify \$ _____

Professional Indemnity Liability: \$2 million \$5 million \$10 million Other, Specify \$ _____

Directors & Officers Liability: \$2 million \$5 million \$10 million Other, Specify \$ _____

Employment Practices Liability: \$500,000 \$1 million \$2 million

