

VITAL PACK - NEW BUSINESS APPLICATION

Contact Person:	_____	Contact Tel:	_____
Contact Email:	_____	Contact Fax:	_____

INSURED NAME: _____

TRADING NAME:
(if applicable) _____

YEAR ESTABLISHED: _____

PERIOD: From _____ 4p.m. To: 1st May 2015 at 4p.m.

STREET ADDRESS: 1. _____

POSTAL ADDRESS:
(if different to above) 2. _____

TOTAL NUMBER OF VOLUNTEERS/PAID WORKER: ■ Volunteers _____ ■ Paid Workers _____

ABN NUMBER: _____ Is the Organisation Stamp Duty Exempt Yes No
If Yes, a copy of this exemption will be required if quote taken up.

WEBSITE ADDRESS: _____

Is the Organisation an Incorporated Body Yes No

If Yes, under what legislation is it incorporated? _____

LIST ALL ACTIVITIES OF THE ORGANISATION, INCLUDING THOSE INVOLVING PAID EMPLOYEES & VOLUNTEERS:-

(If insufficient space, please attach separate page)

What Insurance Cover do you require?

Volunteer Personal Accident

Please complete pages 1 - 6

<input type="checkbox"/> Is Volunteer Personal Accident required?	YES <input type="checkbox"/> NO <input type="checkbox"/>																		
<input type="checkbox"/> Death & Capital Benefit and Weekly Benefit	Please select one of the following limits <table border="0"> <thead> <tr> <th>Death & Capital Benefit</th> <th>Weekly Benefit</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> \$25,000</td> <td>\$ 500</td> </tr> <tr> <td><input type="checkbox"/> \$30,000</td> <td>\$ 600</td> </tr> <tr> <td><input type="checkbox"/> \$35,000</td> <td>\$ 700</td> </tr> <tr> <td><input type="checkbox"/> \$40,000</td> <td>\$ 800</td> </tr> <tr> <td><input type="checkbox"/> \$45,000</td> <td>\$ 900</td> </tr> <tr> <td><input type="checkbox"/> \$50,000</td> <td>\$ 1,000</td> </tr> <tr> <td><input type="checkbox"/> \$100,000</td> <td>\$ 500</td> </tr> <tr> <td><input type="checkbox"/> Higher level on application</td> <td></td> </tr> </tbody> </table>	Death & Capital Benefit	Weekly Benefit	<input type="checkbox"/> \$25,000	\$ 500	<input type="checkbox"/> \$30,000	\$ 600	<input type="checkbox"/> \$35,000	\$ 700	<input type="checkbox"/> \$40,000	\$ 800	<input type="checkbox"/> \$45,000	\$ 900	<input type="checkbox"/> \$50,000	\$ 1,000	<input type="checkbox"/> \$100,000	\$ 500	<input type="checkbox"/> Higher level on application	
Death & Capital Benefit	Weekly Benefit																		
<input type="checkbox"/> \$25,000	\$ 500																		
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<input type="checkbox"/> \$50,000	\$ 1,000																		
<input type="checkbox"/> \$100,000	\$ 500																		
<input type="checkbox"/> Higher level on application																			
<input type="checkbox"/> Definitions	<i>Death & Capital</i> is the limit or proportion of limit paid if a volunteer becomes permanently disabled or injury results in death. <i>Weekly Benefit</i> 104 weeks, the weekly benefit is payable when volunteers income earned elsewhere is lost.																		
<input type="checkbox"/> Number of indoor only volunteers																			
<input type="checkbox"/> Number of indoor/outdoor volunteers																			
<input type="checkbox"/> Number of volunteers undertaking hazardous activities (eg. Building, gardening, digging etc)																			

Public & Products Liability

Please complete Questionnaire

<input type="checkbox"/> Is Public & Products Liability Cover required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Protector Liability

Please complete Questionnaire

<input type="checkbox"/> Is Protector Liability Cover required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Property

Complete Below

<input checked="" type="checkbox"/> Is Property Cover required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Sums Insured by Location <i>(If more than 1 location, please attach separate page)</i>	
<input type="checkbox"/> Fire & Perils – Building	\$ (Replacement Value)
<input type="checkbox"/> Construction of Building	
- Floor	
- Walls	
- Roof	
<input type="checkbox"/> Fire & Perils – Contents	\$ (Replacement Value)
<input type="checkbox"/> What Fire Protection do you have?	
- Number of hose reels	
- Number of extinguishers	
<input type="checkbox"/> What Security do you have?	
- Security fencing	YES <input type="checkbox"/> NO <input type="checkbox"/>
- Deadlocks on doors	YES <input type="checkbox"/> NO <input type="checkbox"/>
- If No, what type of locks?	
- Are key locks fitted to windows?	YES <input type="checkbox"/> NO <input type="checkbox"/>
- Is a security alarm fitted?	YES <input type="checkbox"/> NO <input type="checkbox"/>
- If Yes, is it a monitored alarm?	YES <input type="checkbox"/> NO <input type="checkbox"/>
- Is your premises situated in an area connected to town water?	YES <input type="checkbox"/> NO <input type="checkbox"/>
- Are there bars on the windows?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Consequential Loss	\$
<input type="checkbox"/> Burglary <i>(requires forcible/violent entry)</i>	\$
<input type="checkbox"/> Theft	\$
<input type="checkbox"/> Money in Transit/on Premises etc	\$
<input type="checkbox"/> Glass	Replacement YES <input type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/> Machinery Breakdown (Replacement Value)	\$ Please ✓ if excess level required \$250 <input type="checkbox"/> \$350 <input type="checkbox"/>
<input checked="" type="checkbox"/> Deterioration of Stock (Commencing at \$2,000)	\$
<input checked="" type="checkbox"/> Computer & Electronic Breakdown (Replacement Value)	\$ Please ✓ if excess level required \$250 <input type="checkbox"/> \$350 <input type="checkbox"/>
<input checked="" type="checkbox"/> Reinstate of Electronic Data	\$ Please ✓ if excess level required \$250 <input type="checkbox"/> \$350 <input type="checkbox"/>
<input checked="" type="checkbox"/> Is Special Contingency/General Property Required? <i>Portable equipment insured anywhere in Australia. A list and value of items will need to be completed.</i>	\$ YES <input type="checkbox"/> NO <input type="checkbox"/>

Employee Dishonesty

Please complete Questionnaire

➤ Is Employee Dishonesty cover required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Does the organisation employ ...	Up to 10 Employees <input type="checkbox"/> Over 10 Employees <input type="checkbox"/>
<input type="checkbox"/> What limit do you require?	<input type="checkbox"/> \$10,000 per employee and in the aggregate <input type="checkbox"/> \$10,000 per employee and aggregate limit \$20,000 (1 free reinstatement) <input type="checkbox"/> \$20,000 per employee and in the aggregate <input type="checkbox"/> Other - \$ _____ per employee and in the aggregate

Motor Comprehensive

➤ Is Motor Comprehensive cover required? <i>(If more than one vehicle, please complete for each vehicle)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Year	
<input type="checkbox"/> Model	
<input type="checkbox"/> Make	
<input type="checkbox"/> Registration No.	
<input type="checkbox"/> Sum Insured <i>(including all amendments, i.e. wheelchair hoists, etc)</i>	

Motor Non Owned

➤ Is Motor (Non Owned) cover required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Number of volunteers vehicles used on organisation's business	No Volunteers: _____
<input type="checkbox"/> Number of staff vehicles used on organisation's business	No: Staff: _____
	<i>Please ✓ level of benefit required</i>
	Option A <input type="checkbox"/> - \$1,500 Deductible - Car Hire \$ 500 per week and up to \$2,000 any one claim
	Option B <input type="checkbox"/> - \$1,500 Deductible - Car Hire \$ 1,000 per week and up to \$5,000 any one claim

VITAL PACK – EMPLOYEE DISHONESTY QUESTIONNAIRE

Name of Organisation:

Sum Insured Required – (Please Tick One)

- | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> \$10,000 and in the aggregate limit \$10,000 | <input type="checkbox"/> \$20,000 and in the aggregate limit \$20,000 |
| <input type="checkbox"/> \$10,000 and in the aggregate limit \$20,000 | <input type="checkbox"/> Other \$ |

	Classification of Employees	No. of Employees
a	Employees having a responsibility for money or negotiable instruments stock and/or accounts	
	Class 1: Executives, officials and employees other than those referred to in Classes 2 and 3.	
	Class 2: Executives, officials and employees primarily engaged in duties as cashiers, treasurers, paymasters, accountants handling money or negotiable instruments. Indoor sales staff handling money or negotiable instruments. Stock and stores supervisors.	
	Class 3: Employees engaged in outdoors handling money or negotiable instruments. Employees primarily engaged in the delivery of goods.	
b	All other employees not having responsibility for money or negotiable instruments, stock and/or accounts (e.g. typists, office staff not included in (a), factory hands, labourers, mechanics and the like).	

Operations and Audit Details

1. Number of Locations	
(a) Australia	
(b) Overseas	
2. Do external auditors audit all operations at least annually?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
3. Is there an internal audit department?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
4. Are there established audit cycles for all operations?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
5. Do Internal Auditors audit all operations at least annually?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
6. Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others?	
(a) Signing cheques or authorising payments (including capital expenditure) above \$2,000.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
(b) Issuing funds transfer instructions.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
(c) Amending funds transfer procedures.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
(d) Opening new bank accounts.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
(e) Investment in and custody of securities and valuables (including bank cheques, travellers cheques, bills of exchange and the like).	Yes <input type="checkbox"/> /No <input type="checkbox"/>
(f) Refund of moneys or return of goods above \$2,000.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
(g) Disbursements of assets of any superannuation fund.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
(h) Awarding contracts following tender.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
7. Is there controlled access to all locations?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
8. Are all premises containing stock, money, securities, precious metals etc. connected to an intruder alarm?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
9. Is an independent physical count of stock, raw materials, work in progress, and finished goods undertaken at least quarterly and is this count reconciled against stock records?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
10. Are unique passwords used to give various levels of entry to the computer depending on users authorisation?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
11. Has any insurer declined a proposal, imposed any special terms, cancelled or refused to renew a Crime of Fidelity Insurance Policy for this client?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
12. At least monthly:-	
(a) Are cash book entries and other records of monies received, checked and examined against Bank Statements, Receipt Counterfoils, Vouchers and supporting documents?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
(b) Is any balance in hand tested independently of the persons making the cash book entries for Bank deposits?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
(c) Is cash in hand, including petty cash, and unpaid wages, independently checked?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
13. Are all wage lists prepared and checked independently of persons who handle wages?	Yes <input type="checkbox"/> /No <input type="checkbox"/>



**Public & Product Liability Insurance
New Business Application**



ABN: 17 000 434 720 AFSL No. 241141

PO Box 1331,
Parramatta NSW 2124

Tel: (02) 8623 4000
Fax: (02) 9253 7299
Toll Free: 1800 806 584

PUBLIC LIABILITY

Limit of Indemnity Required: \$10m \$20m (Please Tick One)

Nature of Business: *(What is the main activity your group is funded for or established to do?)*

State **all** activities your organisation is involved in, including activities of paid workers and/or volunteers. *(Please attach separate page if required)*

Number of years established: _____

Number of full time employees: _____

Number of part time employees: _____

Number of volunteers _____

	Est. Annual Payroll	No of Staff
Managerial, directors, clerical and sales	\$	
Manual Employees:	\$	
Manufacturing/Installation	\$	
Other	\$	
Estimated funding 2014/2015	Government	\$
	Fund Raising	\$
	Donations	\$
	Other (please specify)	\$
	Total	\$
Is your organisation involved in any regular fund raising activities such as stalls, raffles, sausage sizzles, etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As an organisation, do you maintain a record of incidents/events that may give rise to a claim against the organisation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how long are these records kept		
Do you supply alcohol?	Yes <input type="checkbox"/> If Yes, please complete the attached Alcohol Questionnaire	No <input type="checkbox"/>
Do you manufacture any products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you are involved in any of the following, please complete the relevant section

Transport

Does your organisation provide transportation of clients throughout the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No, move to directly to "Overnight Accommodation"
If Yes, how often and for what purpose	<hr/> <hr/>	
Is CTP and Comprehensive cover checked for owned or borrowed staff/volunteer vehicles when used for transportation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are vehicles owned by the organisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, for what purposes are they used for?	<hr/>	
Estimated number of pick-ups on a daily basis?	<hr/>	

Overnight Accommodation

Is overnight accommodation provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No, move directly to "Daycare"
If Yes, please list premises occupied for this purpose as follows:		
Premises location:		
Is premises?	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
Estimated number of people accommodated on a daily basis?	<hr/>	
Age of people accommodated?	<hr/>	
Is there a live-in carer on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the premises comply with all Government legislation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any security at premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details		
<hr/> <hr/>		

If there is more than one premises, please provide details as above on separate page for each location.

Daycare/Aged Care/Child Care/Before & After School Care/Vacation Care

Is a daycare service provided? Yes No
 (Including, but not limited to daycare for the elderly, frail, disabled as well as children before or after school and during vacations.) If No, move directly to "Museum / Historical Society" section.

Please advise:-

Premises where carried out:-

Does premises comply with Government legislation? Yes No

Operating hours: _____

Days open: _____

Number of people cared for: _____

Do you provide babysitting/child care? Yes No

If Yes, what is age range? _____

What is carer to child ratio? _____

Is your child care operation accredited through the National Child Care Accreditation Council Inc. or any other similar state or national body? Yes No

If Yes, provide details: _____

If there is more than one premises, please provide details as above on separate page for each location.

Tourist Information Centres/Museum /Historical Society

Does your organisation run a tourist information, museum or historical society? Yes No
If No, move directly to "Seniors Clubs" section

What days do you open? _____

What are the hours of operation? _____

For Tourist Bureaus: _____

How many people operate the centre? _____

Do you have a café? Yes No

How many attendees/visitors do you expect each year? _____

Do private functions get held at your venue? Yes No

If Yes, please advise type of functions, numbers, and attendees. _____

Does the hirer carry their own insurance? Yes No

Seniors Clubs/Neighbourhood Centres

Do you operate a Seniors Club/Neighbourhood Centre? Yes No
If No, move directly to "Home Visits" section

If Yes, what facilities/activities do you provide? _____

What is the estimated weekly attendance? _____

If there is more than one premises, please provide details as above on separate page for each location.

Home Visits

Do you conduct Home Visits?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No, move directly to "Food Service" section
If Yes, estimated home weekly visitations?	<hr/>	
What services are generally provided when you visit?	<hr/>	

Food Service

Do you provide a Food Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No, move directly to "Support Group" section
Estimated food deliveries on a daily basis?	<hr/>	
Estimated number of drivers on a daily basis?	<hr/>	

Support Groups, i.e. Landcare, Lobby, Advocacy, Etc

Are you a Support Group?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No, move directly to "Employment Placement Agencies" section
If Yes, what support is provided?	<hr/>	
How often per week?	<hr/>	
Estimated number of attendees?	<hr/>	

Employment Placement Agencies

Do you place people in employment elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No, move directly to "Care, Custody & Control" section
If Yes, estimated weekly number of placements?	<hr/>	

Care, Custody & Control

Coverage is provided for property (excluding any vehicle which is registered or which is required to be registered) in your physical or legal control for the purpose of repair, service, maintenance or alteration or which is on temporary hire or loan to you, subject to a maximum indemnity of \$50,000 for any one occurrence.

Do you require an amount in addition to the above limit?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No move directly to "Festivals, Fairs, Dinners, Events" section
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If "Yes", please answer questions 1-5

1. What limit of indemnity do you require? \$

2. What is the total value of such property? \$

3. What is the maximum value at any one time? \$

4. Provide brief details of the property

5. Is the property insured under any other Policy? If "Yes", please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<hr/>		
<hr/>		

For All Organisations - please complete all the following sections

Festivals, Fairs, Dinners, Events

Does your organisation attend any fairs, festivals, etc, to operate a stall? Yes No

If Yes, how often.

Is your organisation involved in the arrangement of any major fetes, festivals, fairs, etc with more than 250 attendees? Yes No

If Yes, please provide details of the activity, on the attached event questionnaire (located at the rear of this application) per event.

(NB: Only complete for those events, etc you know you are holding until renewal date (1st May). Future events can be covered at a later date)

Do you organise any classes, concerts, dance parties, dinners, conferences, launches, balls, sporting events or other. Yes No

If Yes, please provide details of these you know on the attached questionnaire (located at the rear of this application). (NB: Only complete for those classes, etc you know you are holding. Future classes, etc can be covered at a later date)

Do you maintain a record of incidents/events that may give rise to a claim against the organisation Yes No

If Yes, how long are these records kept

Do you supply alcohol? Yes No
If Yes, please ensure the attached Alcohol Questionnaire is completed

Contractual Liability & Hold Harmless Clauses

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you assume liability under contract or hold others harmless (other than lease liability)? (Check the Insurance or Indemnity section of contracts for words such as "hold harmless" or "agree to indemnify").

If "Yes", please provide details and attach copies of all agreements (other than lease liability) Yes No

Coverage will be provided only if specifically agreed by the insurer.

Details of the Business / Premises

1. Do you have representation outside Australia? If "Yes" where and what is the nature of your representation in such country (eg. domicile employee, power of attorney, branch subsidiary agency etc) ? Yes No
2. Location of premises occupied for the purpose of conducting the business
- | | | |
|----|--------------------------------|---------------------------------|
| a) | Owned <input type="checkbox"/> | Leased <input type="checkbox"/> |
| b) | Owned <input type="checkbox"/> | Leased <input type="checkbox"/> |
| c) | Owned <input type="checkbox"/> | Leased <input type="checkbox"/> |
| d) | Owned <input type="checkbox"/> | Leased <input type="checkbox"/> |
2. Location of premises owned BUT not occupied by you for which property owners cover is required Type of building eg. shopping centre, office etc.
- a) _____
- b) _____
- c) _____
- d) _____
3. Do you or does anyone on your behalf operate, manage or own or offer or in any way are connected with any of the following?
- | | Yes | No | If "Yes", please provide details |
|--------------------------------------|--------------------------|--------------------------|----------------------------------|
| a) First Aid Facility | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) Pressure Vessels | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Car Parks | <input type="checkbox"/> | <input type="checkbox"/> | |
| d) Lifts, Escalators, Hoists, Cranes | <input type="checkbox"/> | <input type="checkbox"/> | |
| e) Unregistered Vehicles | <input type="checkbox"/> | <input type="checkbox"/> | |
| f) Railway e.g. sidings | <input type="checkbox"/> | <input type="checkbox"/> | |

Details of the Business

1. Do you hold the appropriate licences for the respective business activities? Yes No
2. Do all staff/volunteers hold the relevant qualifications to perform their duties? Yes No
If Yes, please confirm qualifications

3. Do the organisation have risk management procedures in place? Yes No
If Yes, please provide copy

VOLUNTEERING AUSTRALIA - EVENTS QUESTIONNAIRE

Please complete for every major event with more than 250 attendees

Organisation Name:		
Event Name, if different from above:		
Description of Event/Activities:	<i>(Please provide brochures, flyers, etc)</i>	
Location of Event/Activities Site:		
Date of Event/Activities:		
Hours of Operation:		
Expected Number of Attendees:		
Have you run this event before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If Yes, how many attended last time this Event was held?</i>		
How many Stalls are at the Event?		
Do all vendors/exhibitors, contractors, food providers, amusement operators, performers carry their own liability insurance	Yes <input type="checkbox"/> <i>If Yes, copies of policies and/or certificates of currency must be provided</i>	No <input type="checkbox"/>
Are you noted as Principal on the above vendors, etc insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will alcohol be sold at the event?	Yes <input type="checkbox"/> <i>If Yes, please complete the Alcohol Declaration attached</i>	No <input type="checkbox"/>
Are attendees allowed to bring alcohol to the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will there be entertainment at the event e.g. opera, jazz, rock, theatre, stilt walkers, etc?	Yes <input type="checkbox"/> Type_____	No <input type="checkbox"/>
Do performers hold your organisation responsible for injuries suffered?	Yes <input type="checkbox"/> <i>If Yes, please provide copy of contract</i>	No <input type="checkbox"/>
Is there any security at the event?	Yes <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/>	No <input type="checkbox"/>
<i>If Yes, do they hold their own Liability insurance?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there medical personnel at the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If Yes, what sort, number and qualifications?</i>		

Signed: _____
(For & On Behalf of the Organisation)

Dated: _____

VOLUNTEERING AUSTRALIA - ALCOHOL QUESTIONNAIRE

Name of Organisation:		
Name Liquor License is in:		
Has your Liquor License ever been suspended or revoked	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, why?		
Class of License:		
Days Selling Alcohol:		
Hours of Alcohol Sales		
Are attendees allowed to bring alcohol to your event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are under aged people at the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are alcohol sales restricted to a confined space?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are appropriate "responsible" servers of alcohol notices displayed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are volunteers/staff trained in responsible service of alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed: _____
(For & On Behalf of the Organisation)

Dated: _____

VOLUNTEERING AUSTRALIA

Classes, Workshops, Concerts, Camps, Dinners, Lunches, Conferences, Etc

Name of Organisation:

Classes

Does your organisation hold any classes? Yes No

If Yes, what type of classes: _____

How many classes do you hold annually? _____

Average number of attendees at the classes: _____

Workshops

Does your organisation hold any workshops? Yes No

If Yes, what type of workshop: _____

Number of workshops held annually: _____

Average number of attendees to the workshop: _____

Conferences/Trade Fairs

Does your organisation arrange any conferences or trade fairs? Yes No

If Yes, please advise the number of trade fairs or conference: _____

Location of the conference or trade fair: _____

Number of people attending the conference or trade fair: _____

Concerts

Does your organisation arrange any concerts? Yes No

If Yes, please advise the number of concerts: _____

Location of the concerts: _____

Estimated attendees at the concert: _____

Camps

Does your organisation arrange any camps? Yes No

If Yes, please advise the number of camps: _____

Location of camps: _____

Estimated number of attendees at the camp: _____

If the camp involves children, please advise the adult to child ratio: _____

List all activities that will occur at the camp, ie tennis, archery, etc. _____

Does the camp maintain their own liability for the site & activities? Yes No

Dinners

Does your organisation arrange any lunches/dinners? Yes No

If Yes, how many per year: _____

Location of lunch/dinners: _____

Estimated number of attendees: _____



"Protector Liability" Insurance
(Combined Professional Indemnity and Directors & Officers Liability Insurance)

New Business Application



ABN: 17 000 434 720 AFSL No. 241141

PO Box 1331,
Parramatta NSW 2124

Tel: (02) 8623 4000
Fax: (02) 9253 7299
Toll Free: 1800 806 584

Protector liability information guide

Answers to your most common questions on Professional Indemnity, Directors' & Officer's Liability, Employment Practices Liability and Association Liability Insurance

Q. What is Association Liability Insurance?

- A. The policy is a combination of Professional Indemnity, Directors' & Officers' Liability Insurance and Employment Practices Liability, designed to meet the needs of "not-for-profit" associations.

Each situation of this policy will cover your own legal defence costs as well as compensation and legal costs payable to the claimant (ie third party) following an allegation of a "wrongful act" by you in the course of your professional duty.

About each section:

Professional Indemnity

This section provides protection to the association, office bearers and employees, for claims that arise from any advice they give to third parties and members.

Office Bearers

This section provides personal protection to all office bearers for claims that arise from wrongful acts, committed whilst representing their association.

Entity Insurance

This section provides protection to the Association itself where the Association becomes legally liable for claims not covered under other sections of the policy. This is a key area of coverage for all associations.

Employment Practices

This section provides cover for any loss the Association is legally liable to pay arising from any Employment Practices claims. Subject to conditions.

Fidelity

This section provides protection for loss of money (limit \$100,000) due to dishonesty of an office bearer in the conduct of the Association's professional duty. Subject to conditions.

Taxation Investigation

This section provides cover for the Association for tax audit costs. Subject to conditions.

Q. What is a "Claims Made and Notified" policy?

- A. These policies are arranged on a "claims made and notified" basis. Under a "claims made and notified" policy, any new claim or potential claim that is made against you must be lodged under the current policy, not the policy in place when the mistake was initially made.

For example: If you let your policy expire on 31 October 2008 and do not effect a new policy, and 6 weeks later a claim is made against you for the work performed by you prior to 31 October 2008 (or at any time in the past), you will have no current policy to respond to that claim. All cover under each year's policy ceases absolutely on the expiry date.

Each new policy should have unlimited retroactive cover which will mean that once you have effected a new policy, any of the past work performed by you will be protected by that new policy, should a claim arise against you.

It is vitally important therefore that any new claim or claimant that comes to your attention is properly notified to your current insurer during the current policy (and definitely before it expires).

Q. What level of Sum Insured should I select?

- A. It is recommended that you ensure that the level of indemnity carried sufficiently reflects the potential exposure of the type and level of your activities.

Consider also that the claim/circumstances advised to Insurers during the currency of 2008 policy will be subject to that limit of indemnity, even though matters might be settled some time later and any settlements will reflect damages and costs at the later time.

Q. What is the Excess on the policy?

- A. Unlike all other Association policies there is **NO** excess under this policy for Professional Indemnity, Directors' and Officers' Liability and Employment Practices Liability Insurance sections.

Q. What is Entity Cover?

A. This section of the policy covers a claim made against the Entity which is not covered under a standard Directors' and Officers' policy. A Directors' and Officers' policy only covers personal liability of the Directors and Office Bearers,

This policy covers the Entity, Directors and Office Bearers for legal fees and any claims for damages.

Q. When do I notify a claim/potential claim?

A. As soon as you:

- are aware of a problem which involves a loss or potential loss to a client, regardless of whether or not the client know yet
- receive a verbal complaint which cannot be easily solved and without expense
- receive a client letter threatening legal action
- receive a solicitor's letter threatening legal action
- receive a Writ / Summons / Subpoena / legal court document

Q. What Extensions to the policy are included?

A. The following extensions are automatically covered by this policy:

- Defamation
- Trade Practices and Related Legislation
- Continuous Cover
- Extended Reporting Period
- One Automatic Reinstatement of Professional Indemnity Insurance Limit of "Indemnity
- Advance Payment of Defence Costs
- Employment Practices Liability
- Trusteeship (excess of any other Trustee Policy)
- Spousal Liability
- Occupational Health & Safety
- Outside Directorships
- Pollution Expenses
- Court Attendance Witness Expenses
- Breach of Confidentiality
- Loss of Documents
- Dishonesty of Office Bearers
- Fidelity (\$100,000)
- Attendance at Enquiries
- Breach of Copyright
- Legal Representation Costs
- Automatic Run-off Liability for Office Bearers
- Joint Venture
- Committees
- Estate
- Statutory Liability (\$500,000)
- Free Legal Consultation (2 hours)
- Preservation of Indemnity
- Public Relations Expenses

Q. What are the conditions applying to Fidelity cover?

A. The automatic cover is only provided if:

1. The Association keeps an account in the name of the Association and this is audited annually by a qualified independent accountant.
2. All cheques are authorised by two signatures.
3. The Association takes all reasonable precautions to prevent any loss.

Q. What is a "Wrongful Act" under the policy?

A. A "Wrongful Act" is defined as:

"Any actual or alleged breach of duty, breach of trust, neglect, error, omission, misstatement, misleading statement, other act wrongfully committed or wrongly attempted by any Insured Person, individually or otherwise, in the course of his/her duties to the Association."

As you can see from the definition above, the cover provided is very broad.

Q. Can we include Public/Products Liability cover?

A. Yes, but the policy will exclude the following areas of activity:

1. Organisers of fairs, festivals, fetes or sporting events.
2. Child care facilities, community centres and counselling facilities.
3. Participation exclusion.

Q. Can we include Voluntary Workers Personal Accident cover?

A. Yes. The policy covers all volunteers (office bearers/committee members) whilst attending meetings/functions on behalf of the Association.

Please contact your nearest Aon office if you have any further questions

Notice to the proposed insured

It is a requirement of the Insurance Contracts Act 1984 and the Corporations Act 2001 that the following notices 1, 2, 3, 4, 5 and 6 be brought to your attention before you complete this proposal form.

1. Disclosure of relevant facts

Your duty of disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act, 1984 to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that 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 those matters to the Insurer before you renew, extend or vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

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

Non-disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract 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 its beginning.

The requirement of full and frank disclosure of anything which may be material to the risk for which you see cover (eg claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the Insurer's consideration of your proposal.

2. Claims made and notified policy

This proposal is for a claims "made and notified" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such date is specified);
- claims made after the expiry of the period of cover even through the event giving rise to the claim may have occurred during the period of cover.
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the period of cover or any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as

reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover. *Upon expiry of the policy no further claims can be made thereunder and the need to maintain insurance or arrangement of Run-Off cover is essential.*

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

3. Broker acting as agent of insurer

In effecting this contract of insurance the broker will be acting under an authority given to it by the Insurer and the broker will be effecting the contract as agent of the Insurer and not the Insured.

4. Claims notification

If you become aware of a claim or of circumstances that could give rise to a claim in the future, you should notify us in writing immediately, so that we can notify your insurer on your behalf. If you become aware of a claim or of circumstances and you do not notify them during the policy period, you could be left uninsured or facing a reduced payout from your insurer in respect of that claim or any future related claim.

5. Average provision

This policy provides that if a payment in excess of the limit of indemnity available under this policy has to be made to dispose of a claim. The insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim. Any surplus will be deducted from claim payments.

6. Subrogation agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss of damage occurred that you would not seek to recover any monies from that person, the insurer will not cover you under the policy for any such loss or damage.

Aon's Privacy Statement

Aon has always valued the privacy of personal information. When we collect, use, disclose or handle personal information, we will be bound by the Privacy Act 1988.

If you would like a copy of our Privacy policy, or wish to seek access to or correct the personal information we collected or disclosed about you, please telephone or email your Aon contact or access our website – www.aon.com.au

PROTECTOR LIABILITY

(COMBINED PROFESSIONAL INDEMNITY AND DIRECTORS & OFFICERS)

- a) If the policy is to cover a national body and all of its state affiliation or chapters, please provide details of the name and address of each state affiliation, chapter or body on a separate sheet.
- b) If the policy is to cover any subsidiary or associated body, please provide details on a separate sheet.

Limit of liability required (Please Tick One)	\$1m <input type="checkbox"/>	\$2m <input type="checkbox"/>	\$5m <input type="checkbox"/>	\$10m <input type="checkbox"/>
Standard deductible	As per policy			
Policy period	From:		To: 1st May 2015 at 4p.m.	
Retroactive date (if any)				

Financial position of the Association

a) has there been any change in the financial position of the Association since the publication of the annual report that might materially affect the financial position shown in that report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) is any proposed Insured Person aware of facts or circumstances that might affect the ability of the Association to meet all its debts as and when they fall due?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answers is "Yes" to either a) or b), please supply details

Financial Statements	Latest Financial Report	Previous Year
Total Gross Revenue/Fees (including funding)	\$	\$
Profit/Loss	\$	\$
Total Assets	\$	\$
Total Liabilities	\$	\$

If your Gross Revenue/Funding or assets exceed \$5,000,000 or your total Liabilities excess or your total Assets please provide your most recent Annual Report/Financial Report. (If your Annual Report/Financial Statements are more than six (6) months old – please provide your most recent interim reports also.)

Please state number of:	National Office	State/Local Office
a) <u>Paid employees</u>		
(i) Executive staff, secretaries, clerical or technical staff		
(ii) All other employees		
b) <u>Volunteers</u>		
(i) Office Bearers (excluding sub-committees)		
(ii) Sub-committee members		
c) Approximate number of members in your organisation		

Directors & Officers and Board or Committee Members & Association Claims History

a)	Have any claims ever been made against the office bearers, executive staff, sub-committee members or organisation during the past five (5) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	Are you aware, after enquiry, of any circumstances which may result in any claim against the office bearers, executive staff, sub-committee members, employees or organisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	Have any losses been incurred by the office bearers or organisation which could have been the subject of claims under an Association liability policy had it been in force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	Has any insurer ever declined, cancelled or imposed special conditions in relation to this type of insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered "Yes" to any of the above, please supply details.

Does the Association

a)	provide any legal, financial, counselling or environmental advice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	provide any respite care, (including Webster packs, peg tube feeding, etc), medical treatment, medical advice, employ any nurses or any other medical professions such as physiotherapists?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	have any separate medical practices at or connected to the centre, such as GP's, x-ray, physiotherapists, remedial massage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	provide any scientific or medial research and advice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e)	provide any professional services (Other than services provided to members) that are provided on a "fee for service" basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(If you have answered "Yes" to any part of a), b), c), d) or e) above, please provide full details of the type of advice, and your qualifications/experience on a separate sheet

Does the Association

a)	issue instructional publications or broadcast on television or radio?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	organise protests, marches, demonstrations or lobby groups?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	are you a licensed gaming venue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	provide any Child Care Services, before or after school care, vacation care, or any child minding services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e)	provide any aviation services (including flight co-ordination, flight planning or the piloting of any aircraft)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(If you have answered "Yes" to any part of a) or b) please provide full details on a separate sheet

Claims & Important Disclosure Notices

Have you ever made an insurance claim or suffered an uninsured loss for this class of insurance in the past 7 years? Yes

No

If Yes, please provide full details of the claim, date of loss, insurer, amount paid.

Has any insurer declined a proposal form from you or cancelled or refused to renew your policy or imposed special terms? Yes

No

If Yes, please provide details, including name of insurer and reason

IMPORTANT NOTICES

Disclosure

You have a duty to disclose to the insurer every matter known to you which you know (or could reasonably be expected to know) to be relevant to their decision to provide insurance and if so, on what terms. If you fail to comply with this duty, the insurer may, depending upon the circumstances, avoid or adjust the insurance cover.

Other Agreements

The policy excludes any event where you agreed not to recover monies from persons liable to compensate for loss.

Claims Made Contract - Protector Liability

Subject to its terms and conditions, the policy will cover your legal liability for any claim:-

- ↘ first made against you during the Policy Period
- ↘ resulting from any circumstance of which you become aware during the Policy Period which could give rise to a future claim against you provided you immediately inform us in writing of such circumstances within the Policy Period.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensation you for any loss or damage which covered by the policy, that you will not seek to recover such loss or damage from that person, the insurer will not cover you, to the extent permitted by law, for such loss or damage.

Inadequate Space to Answer

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

Declaration

I declare that all answers and statements in this proposal form and any attachments are true and correct. I authorise Aon and the insurers to obtain from other insurers or an insurance reference bureau any information relating to this insurance or any other insurances held by me.

I have read the notice about the Disclosure. I agree to be bound by the terms and conditions of the policy and by the limits of the cover that I have requested.

Signature Of Applicant:

Position:

Date:
