Civic Insurance Brokers

Association Liability Proposal Form

Important notices

Your Duty of Disclosure:
Before you enter into this insurance contract with us for the first time, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance. You will be asked various questions when you apply for this policy.

When you answer these questions, you must:

- give us honest and complete answers
- tell us everything you know; and tell us everything that a reasonable person in the circumstance could be expected to tell us.

You do not need to tell us about any matter:

- that diminishes the risk:
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

Who does the duty apply to?
Everyone who is insured under the policy must comply with the relevant duty.

What happens if you or they breach the duty?
If you or they do not comply with the relevant duty, your insurer may cancel the policy or reduce the amount they pay if you make a claim. If fraud is involved, they may treat the policy as if it never existed and pay nothing.

Duty on renewals, variations and reinstatement:
A different duty applies for any variation or renewal or reinstatement of the policy.
Please refer to your policy wording for this duty.

Privacy Act 1988
The Privacy Act 1988 requires us to tell you that as we collect your personal and other information in order to:

- decide whether to issue a policy,
- determine the terms and conditions of your policy,
- compile data, and
- handle claims.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing the relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as insurers, loss adjusters, investigators, agents and others involved in the clams handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it.

You have the right to seek access to your personal information and to correct it at any time. Please contact us 9am-5pm, Monday-Friday and advise us of the changes. If you do not agree to the collection of your personal information then unfortunately we will be unable to process your proposal.

Claims Made and Notified Basis of Coverage
The Associations Liability Insurance Policy is issued on a "Claims made and notified" basis.
This means that the Insured Clause responds to:

- claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and:
- written notification of facts pursuant to Section 40(3) of the Insurance Contracts ACT 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the time at which the policy expires. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, S40(3) of the Insurance Contracts Act 1984 is set out below.

S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of insurance cover provided by the contract.
When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period. You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

1. Name of applicant:

2. Address of website:

3. Address of head office:

4. Are you registered for GST purposes : ☐ Yes ☐ No What is your ABN?

5. Date you commenced business:

6. Please provide details of any previous name(s) the business has traded under:

7. Total number of: Volunteers Members

8. Does the Association have any subsidiaries or is itself a subsidiary of another entity? ☐ Yes ☐ No
If Yes, please give details:

9. Is the Association an incorporated body? ☐ Yes ☐ No
If Yes, under the provisions of what legislation is it incorporated?

Professional Indemnity cover

10. Specify the nature of the Association (including subsidiaries):

☐ Community ☐ Environmental ☐ Disability ☐ Sporting

☐ Trade ☐ Welfare ☐ Professional ☐ Industry

☐ Other (Specify)

11. Please state the principal business of the Association:

12. Does the Association:

a)	Provide legal, financial, investment or environmental advice?	☐ Yes	☐ No
b)	Engage in any form of medical treatment, medical advice or scientific or medical research?	☐ Yes	☐ No
c)	Provide any web hosting or act as an Internet service provider?	☐ Yes	☐ No
d)	Provide computer or information services or web sites with chat lines or bulletin boards or discussion areas where input can be posted by the public at large?	☐ Yes	☐ No
e)	Promote or provide any form of insurance to your members or act as an insurance agent?	☐ Yes	☐ No
f)	Engage in real estate development, actual construction, fabrication, erection or any form of contracting?	☐ Yes	☐ No
g)	Engage in the manufacture, sale or distribution of any product or process or patented production process?	☐ Yes	☐ No
h)	Have any member or shareholder that controls 10% or more of the share capital or 10% or more of the voting rights of the Association?	☐ Yes	☐ No
i)	Provide any legal aid services, financial services, computer services, other advisory services?	☐ Yes	☐ No
j)	Engage in any form of research, development, experimentation or testing?	☐ Yes	☐ No
k)	Conduct activity which evaluates or sets standards for the qualification and performance of others or the quality of products manufactured?	☐ Yes	☐ No
l)	Earn any income on a "fee for service" basis?	☐ Yes	☐ No
m)	Provide childcare or child related services?	☐ Yes	☐ No
n)	Provide training?	☐ Yes	☐ No
o)	Have any operations outside Australia?	☐ Yes	☐ No

If you answered Yes to any of the above questions, please elaborate below:

13. Please complete the following with respect to the financial position of the Association:

a) Has there been any change in the financial position of the Association or is there any trend or event not reflected in the Annual Report and Financial Statements attached to this report? ☐ Yes ☐ No

b) Is the proposed insured person aware of any facts or circumstances that might affect the financial position, capital structure, operation of the Association or its ability to meet all its debts as and when they fall due? ☐ Yes ☐ No

If you answered Yes to either of the above questions, please elaborate:

14. Please complete the following with respect to mergers and acquisitions of the Association:

a) Has the Association recently (the last 5 years) been merged, acquired, or itself acquired another Association? ☐ Yes ☐ No

b) Is the Association currently aware of any potential takeover, acquisition or merge with another Association? ☐ Yes ☐ No

If you answered Yes to either of the above questions, please elaborate:

Directors and Officers cover

15. Has any director or executive officer of the Association been declared bankrupt, entered into a deed of assignment or a scheme of arrangement with creditors? ☐ Yes ☐ No
If Yes, please provide details:

16. Has any director or executive officer of the Association been a director of an organisation placed in administration, a scheme of arrangement, receivership, liquidation or provisional liquidation? ☐ Yes ☐ No
If Yes, please provide details:

Claims and Circumstances

17. Please complete the following with respect to the claims history. For the purpose of answering this question, please note that reference to "association" includes all of its past and current subsidiaries.

a) Has any claim or allegation ever been made or civil, criminal or regulatory proceedings brought against the association or any director, officer or employee (whether as directors, officers or employees of the association or any other association), in respect of the risks of the kind to which this proposal form relates? ☐ Yes ☐ No

b) Has any director, officer or employee ever received a notice to attend an official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body or institution, in respect of the risks of the kind to which this proposal form relates? ☐ Yes ☐ No

c) During the last 5 years has the association suffered any loss as a result of any dishonest or fraudulent or criminal act of any employee or any third party (including theft of stock, goods, property or money) in respect of the risks of the kind to which this proposal form relates? ☐ Yes ☐ No

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

18. Please complete the following with respect to the known circumstances. For the purpose of answering this question, please note that reference to "association" includes all of its past and current subsidiaries.

After enquiry, are any of the directors or officers of the association aware of any act, omission, conduct, allegation, fact, event, circumstance or matter which might reasonably be expected to:

a) give rise to a claim or lead to civil proceedings against the association or any director, officer or employee? ☐ Yes ☐ No

b) result in the association or any director, officer or employee being required to attend an official investigation, examination, inquiry or other proceedings? ☐ Yes ☐ No

c) Give rise to a fine or penalty or infringement notice (other than for traffic offences) imposed by any Federal, State, Territory or local government or regular authority? ☐ Yes ☐ No

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

Employment Practices Cover

19. Please indicate the salary range of officers and employees of the Association (Officers shall mean those Individuals concerned with the management of the Association, including all directors. Employees shall mean all those not included as officers).

	No. of Officers	No. of Employees
Receiving $50,000 a year or less		
Receiving $50,001 to $100,000 per year		
Receiving over $100,000 a year		

20. Please detail the following information for the last 3 years:

	This year	Last year	2 years ago
No. of Part Time Staff			
No. of Casual Staff			
No. of Contract Workers (Sole traders)			
No. of Temp Workers			
No. of Full Time Staff			
Total number of Staff			
No. of employer initiated terminations			
Total staff turnover			

21. Does the Association have:

A Human Resources Department?	☐ Yes	☐ No
A written HR Manual or equivalent guidelines?	☐ Yes	☐ No
An Employee Handbook distributed to all new staff?	☐ Yes	☐ No
A written employment contract for all employees?	☐ Yes	☐ No
If Yes to the above, are all employment contracts re-issued or subject to a formal letter of variation whenever there are changes to their terms?	☐ Yes	☐ No

Written Policies for:

a)	Equal opportunity	☐ Yes	☐ No
b)	Anti-sexual harassment	☐ Yes	☐ No
c)	Discrimination	☐ Yes	☐ No
d)	Legal procedures to be followed before termination of employment	☐ Yes	☐ No

22. Does the Insured anticipate any redundancies, staff reductions or facility closures in the next 18 months? ☐ Yes ☐ No

Crime & Taxation Investigation Cover

23. Have you sustained any loss through fraud or dishonesty of any employee? ☐ Yes ☐ No

24. Are duties of employees segregated so that no individual can:

a) Sign cheques in excess of $1,000 ☐ Yes ☐ No

b) Issue funds transfer instructions ☐ Yes ☐ No

c) Issue amendments to funds transfer protocols ☐ Yes ☐ No

d) Authorise expenditure or refunds ☐ Yes ☐ No

e) Make payments ☐ Yes ☐ No

f) Reconcile bank statements ☐ Yes ☐ No

25. Do you operate a trust account? ☐ Yes ☐ No
If Yes, do you employ the services of an independent and qualified Accountant to audit your trust account? ☐ Yes ☐ No

26. Have you ever received a tax audit advice from the Australian Taxation Office? ☐ Yes ☐ No

27. Do you employ the services of an independent accountant? ☐ Yes ☐ No
If Yes, please state their company name and address:

28. Does the Association presently carry, or has the Association ever carried, Association liability, Professional Indemnity or Directors & Officers Insurance? ☐ Yes ☐ No
If Yes, please provide details:

Insurer	
Expiry Date	
Limit of Indemnity	
Premium	

29. Application for Cover

a) Limit of Indemnity required	
b) Policy excess required	

c) Policy sub-limit for:

- Employment Practices ☐ 100K ☐ 250K ☐ 500K ☐ 1M ☐ Other: _____
- Crime ☐ 50K ☐ 100K ☐ 250K ☐ Other: _____
- Tax audit ☐ 25K ☐ 50K ☐ 100K

d) Please indicate which of the following policy extensions you require:

☐ Policy Reinstatement ☐ Outside Directorship

If outside Directorship is required, please provide the name of the director and a copy of the audited financial statement of the other organisation:

30. Are you stamp duty exempt? ☐ Yes ☐ No

If Yes, please provide evidence of the exemption (usually a letter from your state revenue office).

If No, please provide current staff numbers by state.

NSW		VIC		QLD		SA		Overseas	
ACT		WA		TAS		NT		Total	

Declaration

I/We the undersigned authorised persons after enquiry declare as follows:

1 I am/We are authorised by each of the other applicants to make this Proposal.

2 I/We have read and understood the Notice to the Proposed Insured attached to this Proposal.

3 I/We have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.

4 I/We understand that, up until a contract of insurance is entered into, I am/We are under a continuing obligation to immediately inform our Insurers of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

Although the signing of this proposal does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis for a contract should a policy be issued; and further, the applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy.

Signature:	
Date:	
Name:	
Title:	