



Liability Package for Associations and Non-profit Organisations

- Answer all questions. Blanks or dashes, or answers 'known to underwriters or brokers' or 'N/A' are unacceptable & will delay consideration of this proposal.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form are part of this proposal.
- Where appropriate, please tick the 'Yes' or 'No' box which best indicates your reply.

Your details

1. Full legal name of the Association

2. Date(s) of commencement of business

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

4. Principal address
 Postcode

5. Is the Association an incorporated body?
 No Yes If 'Yes', under what legislation is it incorporated?

6. Is the Association a subsidiary of another entity?
 No Yes Please state name of the ultimate holding company.

7. Prior corporate entity.
 Has the name of Association detailed in answer to Question 1 been changed, or has any other business been purchased or has any merger or consolidation of your business taken place?
 No Yes If 'Yes', please detail changes in chronological order.

8. Specify the nature of the Association (including subsidiaries).

<input type="checkbox"/> Trade Association	<input type="checkbox"/> Charitable organisation
<input type="checkbox"/> Professional Association	<input type="checkbox"/> Social organisation
<input type="checkbox"/> Other	

9. Does the Association or any of its subsidiaries act as a manager of any fund or property for or on behalf of any third party?
 No Yes Please provide details.

10. Total number of: paid staff volunteers members contractors

11. Are you stamp duty exempt? No Yes If 'Yes', please provide evidence of the exemption. If 'No', please provide a percentage breakdown of your revenue in the last 12 months

NSW <input type="text"/> %	VIC <input type="text"/> %	QLD <input type="text"/> %	SA <input type="text"/> %	NT <input type="text"/> %
WA <input type="text"/> %	ACT <input type="text"/> %	TAS <input type="text"/> %	Overseas <input type="text"/>	Total <input type="text"/> %

Claims and circumstances

12. (a) At any time in the past, has any claim been made against the Association or any Office Bearers, Executive Staff, Sub-committee members, employees of the Association?

No Yes *Please provide details.*

(b) Are there any circumstances not already notified to insurers which may give rise to a claim against the Corporation, or any Office Bearer, Executive Staff, Sub-committee members, employees of the Association?

No Yes *Please provide details.*

(c) If insurance similar to that now proposed had been, or were now in effect, would any claim which had been made, or which is now pending against the Association or any person proposed for insurance, have fallen within the scope of such insurance?

No Yes *Please provide details.*

(d) Is any person proposed for insurance aware, after enquiry, of any circumstances or incident which he/she believes might give rise to any future claim that would fall within the scope of such insurance?

No Yes *Please provide details.*

(e) Has the Association or any person proposed for insurance ever had similar insurance cancelled or declined to renew, or had special terms imposed in relation to this type of insurance?

No Yes *Please provide details.*

(f) Has there been, or is there now pending, any prosecution of the Association or its subsidiaries under the Corporations Law, Trade Practices Act, or any other statute?

No Yes *Please provide details.*

13. (a) If currently insured, list details of existing insurer

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(b) Current Policy Limit

\$

(c) Period of insurance From

/ /

To

/ /

Cover required

14. (a) Amount of Total Sum Insured

\$

(b) Amount of preferred excess (N.B. Your policy will be subject to a minimum excess)

\$

(c) Do you require an Extended Reporting Period? No Yes
(an additional premium may apply)

Directors and officers cover

15. Has any director or executive officer of the Association been declared bankrupt or entered into a deed of assignment, composition or a scheme of arrangement with creditors?

No 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?

No Yes *Please provide details.*

17. Financial Statements

As part of this proposal please attach the most recent Audited Financial Statements (include balance sheet and income statement).

18. Is there any subsequent information of a material nature not disclosed in the attached financial statements that could affect the financial position, capital structure or operation of the Association?

No Yes *Please provide details.*

Professional indemnity cover

19. Nature of Business

State fully the nature of any professional services offered by or on behalf of the Association (Please provide copies of any brochures or other documentation which may assist CGU Professional Risks Insurance in gaining a better appreciation of the risk being proposed).

20. Does the Association have a gaming licence? No Yes

Please tick (✓) Yes or No and give details as requested.

21. Does the Association

(a) Provide legal, financial, investment or environmental advice?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

(b) Engage in any form of medical treatment, medical advice or scientific or medical research?

<input type="checkbox"/>	<input type="checkbox"/>
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(c) Provide any web hosting or act as an internet service provider?

<input type="checkbox"/>	<input type="checkbox"/>
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(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?

<input type="checkbox"/>	<input type="checkbox"/>
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(e) Promote or provide any form of insurance to your members or act as an insurance agent?

<input type="checkbox"/>	<input type="checkbox"/>
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(f) Engage in actual construction, fabrication, erection or any form of contracting?

<input type="checkbox"/>	<input type="checkbox"/>
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(g) Engage in real estate development?

<input type="checkbox"/>	<input type="checkbox"/>
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(h) Engage in the manufacture, sale or distribution of any product or process or patented production process?

<input type="checkbox"/>	<input type="checkbox"/>
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If 'Yes' to any of the above, please provide details on a separate sheet.

22. What is the actual total gross revenue for the last 12 months? \$

23. What is the estimated total gross revenue for the next 12 months? \$

Employment practices cover

24. Please state the number of employees in the following salary ranges:

\$0 – \$35,000 \$35,001 – \$100,000 Over \$100,000

25. (a) Did you initiate any termination(s) within the last 2 years?

No Yes *Please state the reason for the termination(s) and the number of full-time and part-time employees terminated.*

(b) Please state the number of staff turnover for the last 2 years.

26. Are written policies in place regarding the following?

(a) Equal opportunity

No Yes

(b) Anti-sexual harassment

No Yes

(c) Discrimination

No Yes

(d) Legal procedures to be followed before termination of employment

No Yes

27. Limit of liability required under this section:

\$500,000 \$1,000,000 Other (please specify) \$

Fidelity cover/taxation investigation cover

28. Have you sustained any loss through fraud or dishonesty of any employee?

No Yes

29. Are all cheques required to be signed by at least two different authorised signatures?

No Yes

30. Do you operate a trust account?

No Yes *Do you employ the services of an independent and qualified accountant to audit your trust account?*

No Yes

31. Have you ever received a tax audit advice from the Australian Taxation Office?

No Yes

32. Do you employ the services of an independent accountant?

No Yes *Please state name and address.*

Declaration

I/We hereby declare that:

- My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.
- The above statements are true, and I/we have not suppressed nor mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediate notice thereof.
- I/We authorize CGU Professional Risks Insurance, a division of CGU Insurance Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact and the section of the Policy on "The way we handle your personal information".
- I/We also confirm that the undersigned are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form. I/We complete this Proposal form on their behalf, after enquiry has been made of all directors and senior staff.

To be signed by the Chairman/President/Managing Partner/Principal of the Association

Signature

Date

Signature

Date

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an insured's right of recovery under the policy or lead to it being voided.

Insurance broker's details

Insurance broker's name	<input type="text"/>		
Account number	<input type="text"/>		
Address	<input type="text"/>		Postcode
	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Contact name	<input type="text"/>		

NSW Office

Level 7 388 George Street Sydney NSW 2000
PO Box H90 Australia Square Sydney NSW 2001
Tel. (02) 8224 4655 Fax (02) 8224 4030

Victorian Office

Level 4 CGU Centre 485 La Trobe Street Melbourne VIC 3000
GPO Box 4609 Melbourne VIC 3001 DX 38206 Flagstaff
Tel. (03) 9601 8700 Fax (03) 9602 5255

Queensland Branch

Level 12 189 Grey Street South Bank QLD 4101
PO Box 1495 Milton Qld 4064
Tel (07) 3135 1566 Fax (07) 3135 1564

Western Australia Branch

Level 3 The Insurance Centre 46 Colin Street West Perth WA 6005
PO Box 7018 Cloisters Square Perth WA 6850 DX 199 Perth
Tel. (08) 9254 3750 Fax (08) 9254 3751

South Australia Branch

Level 4 150 Grenfell Street Adelaide SA 5000
GPO Box 9902 Adelaide SA 5001 DX 394 Adelaide
Tel. (08) 8425 6650 Fax (08) 8425 6592

CGU Professional Risks Insurance



An Important Notice to the Applicant 'Claims Made' Contracts of Insurance

Please read and retain in your file

The proposed insurance is issued on a 'claims made' basis.

This means that the policy responds to:-

1. claims first made against the insured during the policy period and notified to CGU Professional Risks Insurance during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act* which states:

'where the insured gave notice in writing to the insurer of facts that might give rise to a 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'.

After policy expiry, no new claims can be made on the expired policy *even though the event giving rise to the claim may have occurred during the policy period.*

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act*, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter -

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

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks Insurance shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

Northern Regional Office

388 George Street Sydney NSW 2000
PO Box H90 Australia Square Sydney NSW 1215
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CGU Professional Risks Insurance

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