

# ABORIGINAL AND TORRES STRAIT ISLANDER ORGANISATIONS Association Liability Proposal Form

**AIB**  
Australia

AIB AUSTRALIA

PARTICIPATING BROKER			
Participating Broker:	<input type="text"/>		
A/C Exec:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>	AFS Licence No.:	<input type="text"/>

IMPORTANT FACTS: <i>Please read these notes before completing the proposal</i>	
Your duty of Disclosure:	<p>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, is relevant to the insurer's decision on 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, vary or re- instate a contract of general insurance.</p> <p>Your duty however does not require disclosure of any matter:</p> <ul style="list-style-type: none"> <li>• That diminish the risk to be undertaken by the insurer;</li> <li>• That is of common knowledge;</li> <li>• That your insurer knows of, or in the ordinary course of business ought to know ;</li> <li>• As to which compliance with your duty is waived by the insurer.</li> </ul>
Non Disclosure:	<p>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, or disclosure, is fraudulent the insurer may also have the option of avoiding the contract from its commencement.</p>
Subrogation Rights:	<p>If you have entered into an agreement which excludes or limits your right to recover part or all of any loss or damage from another party, we will not cover you for that loss or damage under the policy.</p>
Third Party Interests:	<p>You must inform us of the interests of all third parties (e.g. financiers, lessors) to be covered by this insurance. We will protect their interests only if you have informed us of them and they are noted on the Schedule.</p>
Privacy Policy:	<p>AIB Insurance Brokers complies with the Federal Privacy Act and its National Privacy Principles (NPPs), which set out standards for the collection, use, disclosure and handling of personal information. For further information relating to our NPPs please refer to <a href="http://www.aibinsurance.com.au/privacy.htm">http://www.aibinsurance.com.au/privacy.htm</a></p>

AIB Insurance Brokers – 78 Primary School Court, Maroochydore QLD 4558  
P.O. Box 2082, Sunshine Plaza, QLD 4558  
Phone 07 5409 4600  
Fax 07 5479 2082

- Please 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 place a "X" in the 'Yes' or "No" box which best indicates your reply.

## YOUR DETAILS

### 1. Full legal name of the Association and any controlled subsidiaries

Full name of Organisation :

### 2. Are you registered for GST purposes?

Yes  No

A.B.N.:

Email:

Phone:

Fax:

### 3. (a) Principal address:

Street:

Town:

State:

Post Code:

### (b) Postal Address (if different from above)

Street:

Town:

State:

Post Code:

### (c) Key Contacts

Position:

Chairperson

Financial Controller

Chief Executive Officer

Name:

Phone Nos.

4. Nature of business – State fully the nature of any professional services offered by or on behalf of the Association/Corporation. Please attach any brochures or documentation which may assist us in gaining a better appreciation of the risk being proposed. If CDEP, please state occupations and type of training.

YOUR DETAILS (CONT)

5. Specify the % activities of the Association:

Anthropological Research	<input type="text"/>	%
CDEP services	<input type="text"/>	%
Community Health Counselling & Medical & Health Care Services – excluding Obstetrics / Midwifery but including Aged Care / Palliative & Respite Care / Psychiatric Care / Drug & Alcohol Counselling etc.	<input type="text"/>	%
Child Care Services	<input type="text"/>	%
Construction, fabrication, erection or any form of contracting	<input type="text"/>	%
Environmental Advice	<input type="text"/>	%
Financial / Investment Advice	<input type="text"/>	%
General Dental (employing Dentists)	<input type="text"/>	%
General Medical (employing Doctors)	<input type="text"/>	%
Housing Rental and Maintenance	<input type="text"/>	%
Legal Advice	<input type="text"/>	%
Manufacture, sale or distribution of any products	<input type="text"/>	%
Obstetrics / Midwifery	<input type="text"/>	%
Property Development	<input type="text"/>	%
Other – please specify: <input type="text"/>	<input type="text"/>	%

6. Total number of :

Full time staff  Volunteers  Members

Number of professional staff engaged:	Employed	Contractors
(a) Accountants	<input type="text"/>	<input type="text"/>
(b) Dentists	<input type="text"/>	<input type="text"/>
(c) Doctors & Surgeons	<input type="text"/>	<input type="text"/>
(d) Nurses (enrolled / registered)	<input type="text"/>	<input type="text"/>
(e) Medical/Allied health	<input type="text"/>	<input type="text"/>
(f) Midwives	<input type="text"/>	<input type="text"/>

## YOUR DETAILS (CONT)

Number of professional staff engaged:

Employed

Contractors

(g) Solicitors

(h) Other

If 'Other' please specify:

Does the Proposer ensure that all medical practitioners who are employed or engaged by the organisation are members of a Medical Defence Union or the like and that they carry their own medical malpractice insurance?

Yes  No

7. Are you stamp duty exempt?

Yes  Please provide evidence of the exemption i.e. Exemption Certificate & the current Annual Qualifying Use Statement.

No  Please provide below a percentage breakdown of your revenue for the last 12 months.

ACT % NSW % NT % QLD % SA % TAS % VIC % WA %

## CLAIMS AND CIRCUMSTANCES

8. (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?

Yes  No  Please provide details.

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

Yes  No  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?

Yes  No  Please provide details.

(d) Is any person proposed for this 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?

Yes  No  Please provide details.

## CLAIMS AND CIRCUMSTANCES (CONT)

(e) 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?

Yes  No  Please provide details.

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

Yes  No  Please provide details.

## INSURANCE DETAILS

10. (a) Amount of Total Sum Insured: (\$1M / \$2M / \$5M / \$10M or \$20M?)

(b) Amount of preferred excess

N.B. Your policy will be subject to a \$2,000 minimum excess

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

(b) Your Current policy limit?

(c) Period of insurance

From

To

## DIRECTORS AND OFFICERS DETAILS

12. (a) 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?

Yes  No  Please provide details.

(b) 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  Please provide details.

## DIRECTORS AND OFFICERS DETAILS (CONT)

(c) Are any of your Directors or Executive officers, Board members of any organisations other than "Not for Profit" entities?

Yes  No  Please provide details.

Name of Company/Entity

Type of Business of that Company/Entity

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## FINANCIAL DETAILS

13. (a) Please provide most recent financial statements and/or reports (Balance Sheets, Profit & Loss Account and Cash Flow Statements and notes attaching thereto) for the past two financial years.

(b) Please provide the information set out below based on the Association's most recent consolidated financial statements.

Last 12 months as at:  /  /  Previous 12 months as at  /  /

Total Wage-roll	<input type="text"/>	<input type="text"/>
Total Revenue	<input type="text"/>	<input type="text"/>
Net Profit after tax	<input type="text"/>	<input type="text"/>
Total Assets	<input type="text"/>	
Total Liabilities	<input type="text"/>	

14. Is there any subsequent information of a material nature not disclosed or reflected in the attached financial statements or financial information provided in answer to Question 12 above that could affect the financial position, capital structure of operation in the Association?

Yes  No  Please provide details.

## EMPLOYMENT PRACTICES COVER

15. Please provide the following staffing details

This year

Last year

(a) Total number of full-time (or equivalent) staff



(b) Total number of staff resignations



(c) Total number of employer initiated terminations

EMPLOYMENT PRACTICES COVER (CONT)

16. Please state the number of employees with salaries over \$50,000

17. Has the Employer had any office closures, consolidations, mergers or acquisitions in the past 2 years which resulted in terminations?

Yes  No  Please provide details.

18 Does the Employer anticipate any office closures, consolidations, mergers or acquisitions in the next 18 months which could result in terminations?

Yes  No  Please provide details.

Please select the box which best indicates your reply.

19. Does the Association:

Use employment application forms during the hiring process?

Yes  No

Complete reference checks of incoming employees and contractors?

Yes  No

Have an employment handbook to distribute to all employees?

Yes  No

Have written policies in place regarding equal opportunity?

Yes  No

Have written policies in place regarding Anti-Sexual Harassment?

Yes  No

Have written policies in place regarding Discrimination?

Yes  No

Have written policies in place regarding legal procedures to be followed before termination of employment?

Yes  No

20. Limit of liability required under Employment Practices Cover (the standard policy limit is \$500,000 but higher limits can be taken)

\$500,000

\$1,000,000

Other  (please specify)

\$

## 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 the Insurer to collect or disclose any personal information relating to this insurance to or 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.
- 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

Name (please print):

Date:

Name (please print):

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.

# An Important Notice to the Applicant

## 'Claims Made' Contracts of Insurance

This means that the policy responds to:-

- 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
- '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.

### **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.