

# ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES AND ORGANISATIONS



## Proposal Form

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 – Level 1, 78 Primary School Court, Maroochydore QLD 4558  
Phone 07 5409 4600

Note: AIB Pty Ltd acts under a binder authority from QBE Insurance (Australia) Limited  
ABN 78 003 191 035, AFS Licence No. 239545. AIB holds Australian Financial Services Licence 246282

## 1. THE APPLICANT

Full name of Organisation :

A.B.N.:

Email:

Phone:

Fax:

Postal address

Street:

Town:

State:

Post Code:

Street address

Street:

Town:

State:

Post Code:

Chairperson:

Accountant:

Manager /Administrator :

## 2. BUSINESS DESCRIPTION

Description of the Organisations Functions and where Conducted:

How Incorporated:

Period of Insurance required:

From:

To:

**3. CLAIMS HISTORY** *Please show details of all claims made (any insured) in the last (5) five years*

Date	Details of Loss & Insurer	Amount Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any Insurer ever declined to insure this organisation or impose any special conditions on it?  
 If YES, please provide details Yes  No

Please state name of existing Insurer

**4. COVERS REQUIRED**

**4.1 INDUSTRIAL SPECIAL RISKS**

Buildings                      Contents

ISR Section 1 – Material damage

Dwellings	\$ <input type="text"/>	\$ <input type="text"/>
Commercial	\$ <input type="text"/>	\$ <input type="text"/>
Community	\$ <input type="text"/>	\$ <input type="text"/>
Other ( Loss of Rent etc)	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

**4.1 INDUSTRIAL SPECIAL RISKS (continued)**

Is cover required for the following:

Any known Expanded Polystyrene (EPS) construction where the total area of EPS (including internal storage rooms) exceeds 20% of the floor area? Yes  No

If Yes, what percentage of the total floor area of the building is EPS and how is it used (e.g. Cold Room)?  %

Medical Equipment exceeding \$5,000 any one item? Yes  No

If Yes, please describe item(s) and indicate their replacement value:

Power Generating Units exceeding 30KVA? Yes  No

If Yes, please describe item(s) and indicate their replacement value:

Any Electrical or Mechanical machines exceeding 8 KW or 10 HP? Yes  No

If "Yes" please describe the equipment, KW or HP and their replacement value:

\$  KW  HP

Meat Works Yes  No

When ISR Section 1 Material Damage cover is taken the following sub-limits apply unless otherwise specifically requested in writing.

Accidental (unspecified) Damage	\$1,000,000
Theft or any attempt thereat	\$50,000
Theft of Property in open air	\$25,000
Money (Blanket Cover)	\$50,000
Accidental breakage of fixed glass	Replacement Value
Extra Cost of reinstatement	\$100,000
Removal of debris	\$1,000,000
Personal Property of Employees (per person)	\$5,000
Accompanied Baggage in Australia (per person)	\$5,000
Loss of land value	\$100,000

#### 4.1 INDUSTRIAL SPECIAL RISKS (continued)

Additional Extra Cost of Reinstatement	\$500,000		
Landscaping	\$25,000		
Legal Liability to make enquiries	\$25,000		
Statutory Inquiries	\$25,000		
Expediting Expenses	\$100,000		
Customers Goods	\$50,000		
Works of Art, Antiques and Curios	\$50,000		
Abandoned Undamaged Portion of a Building	\$250,000		
Cost of clearing blocked drains, pipes, filters and pumps	\$100,000		
Employee Dishonesty (Fidelity Guarantee) Policy Limit – \$100,000	Cover Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical/Mechanical Breakdown (Engineering) Policy Limited – \$20,000 (\$7,500 Deterioration of Stock)	Cover Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**General Property** covers loss of or damage to specified property, normally of a portable nature, which may be taken away from the insured's premises in the normal course of business. If you require General Property cover above, please provide the following details (if insufficient space please attach a list):

Description	Make	Model	Serial Number	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Total value of General Property cover required:				\$ <input type="text"/>

- EXCLUDED RISKS:**
- Derelict Buildings/Dwellings, Structures: (Derelict means a building which has been unoccupied in excess of 3 months, or where the organisation has determined the building is unfit for tenancy.)
  - Flood
- STANDARD EXCESS** As per quotation

#### 4.2 ISR Section 2 - Business Interruption

Indemnity Period	<input type="text"/>	months
1. Loss of Gross Profit	<input type="text"/>	\$
2. Claim Preparation Fees		\$200,000
	If higher limit – please specify:	<input type="text"/>
3. Pay-Roll (if deducted from item 1)	<input type="text"/>	\$
4. Additional Increased Cost of Working (this item is included at no additional cost when item 1 is taken)		\$200,000
Accounts Receivable		\$200,000
Infectious or Contagious Disease		\$250,000
Remote premises of Public Utilities		\$350,000
Premises in the Vicinity (prevention of access)		\$350,000
Contractual fines and penalties		\$100,000
Unspecified suppliers and/or Customers Premises (Single Limit)		\$250,000
Interdependency – Australia		\$100,000
Trade Exhibitions		\$100,000

### 4.3 PUBLIC & PRODUCTS LIABILITY

Limit of indemnity required?      \$10,000,000       \$20,000,000       \$50,000,000

How much is your payroll?      1) General Staff      \$       2) CDEP / IEC / JSA      \$

Please provide an estimate of your annual turnover for the coming year      \$

How many staff are employed?     

What is the insured value of all buildings and their contents which you own or are responsible for (if not already declared in the ISR or Householders section)?      \$

What Function(s) does your organisation carry out?

Native Title Trust only      Yes  No

If Native Title Trust only, please state the land area in hectares       Hectares

What products are manufactured, prepared or sold by your organisation?

Do you have any other person's property in your care and control?      Yes  No

If YES, please state the value of other person's property in your care and control      \$

The Policy Excludes Professional Indemnity/Medical Malpractice/ Directors and Officers Cover. Refer to AIB if this cover is required.

Do you operate an airfield?      Yes  No

If YES, do you charge landing fees?      Yes  No

If YES, annual income received from Landing fees?      \$

Do you supply aircraft fuel/ Hanger or any other service?      Yes  No

If YES, the annual income generated by the provision of these services?      \$

If YES, what is the most valuable aircraft normally in your care?      \$

*If landing fees are charged completion of an aviation liability proposal form will be required.*

**4.4 MOTOR VEHICLES & MOBILE PLANT**

Third Party Limit - \$32,500,000

Full cover unless Third Party Property damage requested. (TPPD)

Standard Excess - As per policy Schedule plus age excess

Excess Free Windscreen/Window Glass Cover – Allows for the removal of the windscreen excess by paying an additional premium (per vehicle).

Please attach your schedule of vehicles (or list below) **and include current values of all vehicles / plant except sedans, 4WD, utilities, light commercial vehicles less than 5 tonne or box trailers.**

**If a bus is included in the schedule please indicate its passenger seating capacity.**

Year	Vehicle Description (make and model)	Reg No	Engine or Serial No.	Value	Financier	Excess Free Windscreen Cover
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>





#### 4.7 VOLUNTARY WORKERS PERSONAL ACCIDENT INSURANCE

1. Number of Board Members:

2. Number of Voluntary Workers:

Please select the level of Capital/Weekly benefits required (for items 1 & 2 above)

\$100,000 / \$1,000

\$50,000 / \$500

\$30,000 / \$300

3. Number of C.D.E.P. Workers Plus I.E.C. Workers or JSA Workers (CDEP = Community Development Employment Projects; IEC = Indigenous Employment Centre; JSA = Job Services Australia )

Capital Benefits only (for item 3 above) – the amount of Capital Benefit required is stated in the Agreement between the Commonwealth Government and the “Community”.

#### 4.8 SPORTS PARTICIPATION INSURANCE

N.B. This cover relates to organisations and communities who organise knock out competitions, lightning carnivals and cultural festivals that include sports competitions and covers players and officials on the field.

In which Sport/Activities does your organisation participate?

What is the location of the event / sports carnival?

Date of Event / Sports Carnival

to

#### 4.8 SPORTS PARTICIPATION INSURANCE (continued)

Numbers Playing	Football	Netball	Other
Juniors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seniors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coaches/Officials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you, or have you previously been, insured against this risk to the insured?

Yes  No

If YES, please provide details:

#### 5.0 DECLARATION:

Duty Of Disclosure: The Law requires you to tell us everything you know (or could reasonably be expected to know) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into the contract with us, that is before we accept your proposal and also each time before you alter or renew the policy. If you do not tell us everything necessary we may reduce or refuse to pay a claim, or cancel your policy. If you act dishonestly we may invalidate the Policy from its beginning and not be bound by it.

I /We declare that the particulars are true and correct and I / We have not withheld information likely to affect the acceptance of this application.

I confirm I have checked all the information contained in this document, some of which may not be in my own handwriting, and hereby verify the truth and accuracy of this document.

Name (please print):

Signature:

Date:

AIB's INDIGENOUS ORGANISATIONS INSURANCE PACKAGE CAN ALSO OFFER:

- TOURISM OPERATORS SPECIFIC INSURANCE
- DIRECTORS & OFFICERS INDEMNITY
- PROFESSIONAL INDEMNITY
- MEDICAL MALPRACTICE
- WORKERS COMPENSATION (in same States)

Ask your Broker for details