
Insurance Renewal Declaration – Christian Schools (Short form - general)

Important Notices

Duty of Disclosure

Before you enter into a contract of insurance with Ansvar Insurance Limited, you have a legal duty under the Insurance Contracts Act 1984 to disclose to us every matter you know is relevant to our decision whether to accept this application for insurance and if so, on what terms. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate your insurance contract.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- where compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters, we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984. It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act.

How we can be contacted

EA Insurance is an initiative of EA Foundation, ABN 63 004 431 083.

Address: 60-62 Duerdin Street, Clayton VIC 3168; (P.O. Box 5214) Pinewood, Victoria 3149

Telephone (03) 9890 6851

Email : info@eainsurance.com.au Web: www.eainsurance.org.au

How to fill out this declaration

All questions must be answered in relation to the business entity to be insured and all its subsidiary and controlled entities (if any). Please tick the box in front of the correct answer and / or write the information requested in the space provided.

If there is inadequate space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document to this application.

Update Declaration – Education

Name of Organisation:			
Main Authorised contact:		Business telephone:	
Activity Declaration			
Are you running any activities that would not be considered normal school activities, or would be considered high risk in the next 12 months? (Note: Fetes or similar, op shops, excursions and fundraising such as walk a thons and picnics are considered normal activities).			
Will you hold a meeting/event with more than 500 attendees in the next year?		<input type="checkbox"/> yes	<input type="checkbox"/> no
Finance			
What is the actual total income / turnover from your last financial year?		\$	
What is your estimated annual income / turnover for the next financial year?		\$	
Do you operate any income-generating businesses (other than fees and fundraising) If yes, please attach details.		<input type="checkbox"/> yes	<input type="checkbox"/> no
Your Insurance - please review your current Policy Schedule			
Do you want to increase your Buildings sum insured?	<input type="checkbox"/> yes	%	<input type="checkbox"/> no
Do you want to increase your Contents sum insured?	<input type="checkbox"/> yes	%	<input type="checkbox"/> no
Do you want to increase your Business Interruption sum insured?	<input type="checkbox"/> yes	%	<input type="checkbox"/> no
Do you require student accident insurance?	<input type="checkbox"/> yes (please advise)		<input type="checkbox"/> no
Your People			
Number of paid employees	Full Time:	Part Time:	
Number of students	Full Time:	Part Time:	
Average number of Volunteers who serve per month:		Number of hours the average volunteer serves per month:	
Do maintain active child safety policies and procedures including reference checking staff, training volunteers, and keeping working with children checks current?		<input type="checkbox"/> yes	<input type="checkbox"/> no

Incident Notifications

Important: Management Liability Insurance is provided on a “Claims Made and Notified” basis. This means that you must notify the Insurer of every claim or potential claim during the period of insurance (before your policy renewal). If this is not done, your right to cover under this policy may be affected.

Has any claim or circumstance been alleged or notified to you or any insurer which may give rise to a claim for a similar risk to that proposed for insurance?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you or any Director or Officer, after enquiry aware of any other incident or circumstance that has not been alleged or notified, but of which you know of and feel may give rise to a claim for a similar risk to that proposed for insurance?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is there any other information which you think may affect your insurance or which we should be advised of? (See your ‘Duty of Disclosure’)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Has any your organisation or its officers been charged or convicted with a criminal offence, declared bankrupt, become insolvent or into liquidation or receivership? If yes, please attach details.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you had any staff made redundant or undertaken performance improvement program (including being given warnings) in the past 12 months?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Declaration (This section must be completed)

I declare that the answers given and statements made are, to the best of my / our knowledge, true and correct and that I / we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.

I we also consent to the use of information supplied in this application for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy, or other products and services distributed or offered through EA Insurance.

EA Insurance and its staff are authorised to act on behalf of our organization with respect of arranging, amending and managing insurance policies and renewals including claims information, both current and historical on our behalf.

Signed: Date: / /

Name: Position: