



INSURANCE PROPOSAL

Community Service Organisations

CONTACT US

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Duty of Disclosure

Before you enter into a contract of insurance, 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 to fill out this application

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.

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Basic Information

Name of organisation to be insured (include subsidiaries)

ABN / ACN

Date organisation first commenced operations

Street Address

Authorised contact (primary)

Job Title

Phone

Email

Mobile

Authorised contact (secondary)

Job Title

Phone

Email

Mobile

Organisation structure:

Partnership

Company limited by guarantee

Public Company

Incorporated Association

Unincorporated Association

Private Company

Other (please specify): _____

Activity Declaration

Please provide a full description of the business activities of all entities to be insured by this policy, including details of any advice given and/or services provided. Please advise the % split based on revenue.

Activity

% of income

%

%

%

%

%

%

%

1. Do you have any subsidiaries/operations/activities outside Australia?

Yes No

If no, proceed to question 2

If yes, please provide details:

Percentage of turnover derived from overseas activities: _____ %

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2. In the next 12 months are you contemplating (or have you completed within the last 12 months) any actual or proposed merger/acquisition/divestment/change in the board of directors? Yes No

If no, proceed to question 3

If yes, please provide details:

3. Do you undertake any high risk activities? Yes No

Including, but not limited to, Abseiling, rock climbing with ropes, climbing walls, ropes course, leap of faith, snow skiing/boarding, archery, surfing, sea kayaking, canoeing/kayaking (up to class 2 rapids), white water rafting (up to class 2 rapids), horse riding, giant swings, flying foxes, skate boarding using ramps, jet skiing, water sports with power boats, paintball/skirmish, motorised bike/carts/vehicles of any kind, fun runs.

If no proceed to question 4

If you answered yes to any of the above activities:

Are these activities run by appropriately qualified, accredited and insured third party contractors? Yes No

If not, do you have appropriately qualified and accredited employees who are running these activities? Yes No

Do you have risk management procedures in place for the prevention of accident/injury including incident reporting procedures? Yes No

4. Does your premises have a Skate Board ramp on site? Yes No

If no proceed to question 5

If yes:

Was it erected by you or any members of your organisation? Yes No

Does it meet engineering requirements and Australian standards? Yes No

Is the ramp available to members of the public for unsupervised use? Yes No

5. Does your premises have a Swimming Pool? Yes No

6. Does your premises have indoor/outdoor sporting courts? Yes No

7. Are there any other activities of a hazardous nature not mentioned above that you organise which you wish to disclose for underwriting consideration? Yes No

If yes, please provide details:

8. Do you provide any excluded activities? Yes No

Excluded activities include: motor races, motor rallies, motor speed tests, motocross, trail bikes, dune buggies, quad bikes, go karts, mountain biking, horse/pony riding, canyoning, caving, rifle/firearms, paintball, skirmish and other forms of shooting, hang gliding, parachuting, para gliding, hot air ballooning, aerial activities, white water canoeing/kayaking/rafting (above class 2 rapids), water sports with power boards or water skiing, scuba diving, vertical and horizontal bungee jumping, gladiator games, abseiling, rock climbing, high ropes courses, trapeze, zip-lines, rock walls, martial arts, boxing, amusement arcades, parks or rides, commercial fairgrounds, bouncy/jumping castles and/or use of any other inflatable device, trampolining, fireworks or fire walking.

**Note: underwriting consideration may be given in special circumstances.*

If yes, list activities for consideration (risk management plan may be required)

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9. Over the next 12 months do you intend to organise any exhibitions or festivals held at premises NOT permanently occupied by you where the expected number of attendees would exceed 500? Yes No

Example: Carols by Candlelight in public venues, religious festivals, music festivals, street parties?

If yes, please complete the Events Questionnaire

10. Do you hold/facilitate any types of camps? Yes No

If no, proceed to question 11

If yes:

Number of camps every year: _____

Number of camp attendees: _____

Age group of camp attendees: _____

List of Camp activities: _____

Are there any overnight stays? Yes No

Are camp activities carried out by third party contractors who have their own insurance? Yes No

11. Do you manufacture, import, or export any products? Yes No

If yes, please provide details:

12. Does your organisation provide any of the following services?

Babysitting Yes No

Foster care Yes No

Family Day Care Yes No

13. Do you require Sexual Abuse cover? Yes No

If yes, please complete the PSA questionnaire

Financial Information

| | Next 12 months | Last 12 months |
|---|----------------|----------------|
| Total Assets | \$ _____ | \$ _____ |
| Total Liabilities | \$ _____ | \$ _____ |
| Total Revenue (including grants, donations, income) | \$ _____ | \$ _____ |
| Net Profit / Net Loss | \$ _____ | \$ _____ |

Are you Stamp Duty exempt? Yes No

Please supply us with your current stamp duty exemption certificate, if we have not received the current documentation, stamp duty charges will apply.

Percentage breakdown of revenue by state or territory:

| ACT | NSW | NT | QLD | SA | TAS | VIC | WA | O/seas | Total |
|-----|-----|----|-----|----|-----|-----|----|--------|-------|
| % | % | % | % | % | % | % | % | % | % |

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Your People Information

| | Next 12 months | Last 12 months |
|--|----------------|----------------|
| Directors / Executive Officers / Board Members | _____ | _____ |
| Full time employees | _____ | _____ |
| Part time / temporary / casual workers | _____ | _____ |
| Volunteers (other than above) | _____ | _____ |
| Total | _____ | _____ |

1. How many employees have left you over the past 12 months? _____

2. Do you engage the services of Labour Hire and/or Subcontractors to perform activities on your behalf? Yes No

**Note: this only includes subcontractors that perform your business activities on behalf of you, i.e. where you outsource the activity to a third party. It does not include subcontractors performing maintenance services to your premises.*

If no, proceed to question 3

If yes:

Estimated payment to labour hire staff/subcontractors for the next 12 months? \$ _____

Description of the nature of work conducted by labour hire/subcontractors:

3. How many hours would each volunteer give per month (on average)? _____

4. Is a volunteer management program in place, including induction, screening, and reference checks? Yes No

5. Does your organisation have up to date written policies on:

Equal opportunity Yes No

Sexual harassment Yes No

All types of discrimination Yes No

Abuse Yes No

6. What type of work are volunteers engaged in?

Heavy manual – high risk

If there are any high risk activities, please provide details of these activities and any risk management procedures you have in place.

_____ %

Light manual – medium risk

_____ %

Clerical – low risk

_____ %

7. Are workplace health and safety procedures in place and in accordance with legislation? Yes No

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Property / Premises Details

Address of offices/premises OR primary location of activities:

Owned by you

Occupied by you

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

What percentage of annual activity would occur in your declared premises? _____ %

If Management Liability cover is required, complete the below section otherwise proceed to declaration on last page

Please provide the most recent audited financials (within the last 2 years).

Staffing / Personnel of all entities to be covered

| | Number of Employees |
|---|--|
| <p>Class 1 Executives, Trustees, Directors, Senior management having some responsibility for money or negotiable instruments stock and/or accounts</p> | _____ |
| <p>Class 2 Employees primarily engaged in duties as:</p> <ul style="list-style-type: none"> i. Cashiers, treasurers, paymasters ii. Accounts handling money or negotiable instruments iii. Stock and stores supervisors iv. Sales staff handling money or negotiable instruments | _____ |
| <p>Class 3 Employees who do not have any responsibility for money or negotiable instruments, stock and/or accounts</p> | _____ |
| <p>Class 4</p> <ul style="list-style-type: none"> i. Voluntary / Temporary / Casual staff ii. Work experience Students | _____ |
| <p>Do you undertake reference checks for all new employees?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Financial Controls

1. Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others?
- | | |
|--|--|
| Issuing funds transfer instructions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Refund of money or return of goods above \$2,000 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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2. Is there an annual external audit of cash, accounts, inventory, and stock at all locations operated by the insured? Yes No

3. Was this last audit report from external auditors regarding your internal operations unqualified? Yes No

If yes, proceed to question 4

If no, please provide details of the qualifications and corrective actions taken:

4. What is the maximum value of money at any one location? \$ _____

5. Are all cheques required to be countersigned? Yes No

If no, proceed to question 6

If yes, by whom are they countersigned? (i.e. role title):

6. Are your bank accounts reconciled by someone who is not authorised to deposit or withdraw from them? Yes No

7. Do you have policies and procedures in relation to issuing funds transfer instructions? Yes No

8. Is sign off required prior to amending any funds procedures? Yes No

If no, proceed to question 9

If yes, by whom are they signed off? (i.e. role title):

9. Is there controlled access / password protection to your computer systems? Yes No

10. Do persons other than employees have any access to computer facilities? Yes No

If you answered "no" to any of the above, please advise what alternative controls are in place:

Prior History

Has the entity or any directors or officers:

Ever been convicted of a criminal offence? Yes No

Ever been declared bankrupt? Yes No

Ever become insolvent or placed in liquidation or receivership? Yes No

If you answered "yes" to any of the above, please provide details:

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Insurance Incidents

Important: Association Liability Insurance covers are 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).

1. 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? Yes No

If no, proceed to question 2

If yes:

Insurer:

Date of Incident:

Description of claim /
circumstance:

Amount Incurred (paid and
outstanding):

2. 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? Yes No

If no, proceed to question 3

If yes:

Insurer:

Date of Incident:

Description of claim /
circumstance:

Please advise what corrective action was undertaken to prevent repetition:

3. Is there any other information which you think may affect your insurance or which we should be advised of? (See your 'Duty of Disclosure') Yes No

If yes, please provide details on a separate page and attach to this declaration.

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Declaration

I / we 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 Services.

I / we authorise EA Insurance Services and its staff to act on behalf of our organisation with respect of seeking quotes on general insurances within its authorisations. Where we accept quotes provided by EA Insurance Services, we appoint EA Insurance Services to arrange, amend and manage insurance policies and renewals including claims information, both current and historical on our behalf.

Signed: _____ Date: _____

Name: _____ Position: _____