

# GENERAL INSURANCE APPLICATION FORM



## ABOUT COMMUNITY UNDERWRITING

Community Underwriting Agency Pty Ltd (ABN 60 166 234 715, AFSL 448274) (Community Underwriting) was set up by NSW Meals on Wheels Association Inc (ABN 87 418 074 604) to specifically cater for insurance to the not for profit community sector in Australia. This product is underwritten by Berkley Insurance Australia (Berkley) (ABN 53 126 559 706, AFSL 463129), the insurer. Community Underwriting acts under a binding authority as agent for the insurer to issue, vary and cancel policies on Berkley's behalf.

In all aspects of this policy, Community underwriting acts as an agent for the insurer and not for you.

## ABOUT THE INSURER

Berkley Insurance Australia (Berkley) (ABN 53 126 559 706, AFSL 463129), is the insurer of this policy.

The Berkley Group of companies is led by Berkley Corporation, located in Greenwich, Connecticut, USA. It is listed on the New York Stock Exchange under the symbol WRB. Member companies of the Berkley Group have offices across the USA and in the United Kingdom, South America, Continental Europe, Australia, Singapore and Hong Kong.

## CONTACT COMMUNITY UNDERWRITING

Thank you for applying for insurance for your community organisation with Community Underwriting. Should you require any assistance in completing this form, please contact the Community Underwriting Insurance Team (details on the right).

If there is not sufficient space on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

**Email:** [enquiries@communityunderwriting.com.au](mailto:enquiries@communityunderwriting.com.au)

**Phone:** 02 8045 2580

**Fax:** 0 2 9555 1886

**Mail:** Community Underwriting, PO Box 173, Balmain, NSW 2041

## YOUR DETAILS

(all applicants to complete)

|   |        |       |           |   |                    |
|---|--------|-------|-----------|---|--------------------|
| Full legal name of the Association/Organisation   |        |       |           | Are you registered for GST purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |                    |
|   |        |       |           | If Yes, what is your ABN?   |                    |
| Date(s) of commencement of Association/Organisation   |        |       |           | Name of Interested Parties e.g. Mortgagee/Lessee:   |                    |
|   |        |       |           |   |                    |
| Contact Name  |        |       |           | Type of interest  |                    |
| Phone number  |        |       |           |   |                    |
| Fax number  |        |       |           | Are you stamp duty exempt? <input type="checkbox"/> NO <input type="checkbox"/> YES           |                    |
| Email Address   |        |       |           | If Yes, please provide evidence of the exemption.   |                    |
| Would you like to receive correspondence by email? <input type="checkbox"/> No <input type="checkbox"/> Yes |        |       |           | If no, please provide a percentage breakdown of your revenue in the last 12 months            |                    |
| Street address/es   | Suburb | State | Post Code | NSW   | % VIC % QLD %      |
|   |        |       |           | SA  | % NT % WA %        |
|   |        |       |           | ACT   | % TAS % Overseas % |
| Are you a registered Not for Profit organisation? <input type="checkbox"/> No <input type="checkbox"/> Yes  |        |       |           | Total   | %                  |
| If Yes, please state the name of the ultimate holding company   |        |       |           | What is the actual total gross revenue for the last 12 months?                                |                    |
|   |        |       |           | \$  |                    |
| Please describe the Association/Organisation's primary activity   |        |       |           | What is the estimated total gross revenue for the next 12 months?                             |                    |
|   |        |       |           | \$  |                    |
| Is the organisation a member of any other community association or group?                                   |        |       |           |   |                    |
|   |        |       |           |   |                    |

Community Underwriting Agency Pty Ltd (Community Underwriting) (ABN 60 166 234 715, AFSL 448274) acts under a binding authority as agent for Berkley Insurance Australia (Berkley) (ABN 53 126 559 706, AFSL 463129), is the insurer of this product .

In all aspects of this policy, Community Underwriting acts as an agent for the insurer and not for you.

## GENERAL QUESTIONNAIRE

(all applicants to complete)

|  |  |
|--|--|
| 1. Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours, required special terms to insure you, or declined or refused a claim? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. Have you, or any person who will receive insurance protection under the proposed policy, been charged with, or convicted of, any criminal offences in the past 10 years?    | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. During the last 2 years have you, or any other person to whom cover extends under this policy received any threats to life or property (private or business)?               | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4. Are there any other relevant facts relating to the risk to be insured which you should disclose to us, to enable a true assessment of your insurance Application?           | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5. Is any portion of the property to be insured in a state of disrepair or poor condition?   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If you have answered Yes to any of questions 1-5 above, please give full details   |  |
| Question No.   | Reasons  |
|  |  |

## PUBLIC/PRODUCTS LIABILITY

(please complete if you are applying for this cover)

|   |   |
|---|---|
| What level of cover do you require?   | <input type="checkbox"/> \$10 million <input type="checkbox"/> \$20 million |
| Full name of all groups, which are to be covered by your policy   |   |
|   |   |
| Other than the primary activity already advised, please advise any other activities your organisation carries out (e.g. deliver meals, transport clients, respite care, lawn mowing, home modifications etc.) |   |
|   |   |
| Where does your funding come from (e.g. DADHC, Health Department, DOCS, Self-funded)  |   |
|   |   |
| As an organisation, do you maintain a record of incidents/events that may give rise to a claim against the organisation?  | <input type="checkbox"/> No <input type="checkbox"/> Yes                    |
| If Yes, please advise how long these records are kept   |   |
| Number of employees   | Full Time <input type="text"/> Part Time <input type="text"/>               |
| Estimated funding for next financial year:  |   |
| Government  | \$ <input type="text"/>   |
| Fundraising   | \$ <input type="text"/>   |
| Donations   | \$ <input type="text"/>   |
| Other (please specify)  | \$ <input type="text"/>   |
| Total:  | \$ <input type="text"/>   |
| Do you have a volunteer register?   | <input type="checkbox"/> No <input type="checkbox"/> Yes                    |
| Approximate annual volunteer hours <input type="text"/>   |   |
| Premises – Number of premises utilised by your group  |   |
| Owned <input type="text"/>  | Leased/Rented <input type="text"/>  |

### Public Liability – Claims and Circumstances

#### Claims

|   |  |                                 |
|---|--|---------------------------------|
| Has the Association/Organisation had any claim made against them? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, please provide details. |
|   |  |                                 |

#### Childcare

|   |   |  |
|---|---|--|
| Does your organisation care for children?   | No <input type="checkbox"/> Go to “Respite or Similar Care“ | Yes <input type="checkbox"/> If Yes, please continue with the next questions |
| Is a childcare service provided for at any stage?   |   |  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes  | If Yes, do the premises comply with Government legislation? | <input type="checkbox"/> No <input type="checkbox"/> Yes                     |
| What is the age range of the children?  |   |  |
| What is the type of care provided (e.g. long day care, child minding, respite care, overnight care, short day care etc.)? |   |  |
| Operating Hours   |   |  |
| Number of days open during the week   |   |  |
| Number of children cared for  |   |  |
| What is the maximum number of children under 4 years of age on the premises at any one time?                              |   |  |
| What is the carer to child ratio?   |   |  |
| Are parents present at the location when care is provided?  |   |  |

|   |  |                               |
|---|--|-------------------------------|
| Is your childcare operation accredited through the Australian Children's Education and Care Quality Control (ACECQA)? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, please advise details |
|---|--|-------------------------------|

**Respite or Similar Care**

|   |   |  |
|---|---|--|
| Does your organisation provide respite or similar care?   | No <input type="checkbox"/> Go to <b>“Transportation”</b> | Yes <input type="checkbox"/> If Yes, please continue with the next questions |
| Minimum qualifications of your people in control of respite care, brain injury or similar operations (e.g. qualified nurse, trained respite carer etc.) |   |  |
|   |   |  |

|   |  |   |
|---|--|---|
| Do your people administer drugs or medicines of any kind? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, please advise what the procedure is |
|---|--|---|

What activities are required to be carried out which follow procedures or protocols issued by a competent authority, e.g. medical treatment?

How do you make sure these procedures are followed?

|   |  |  |
|---|--|--|
| Do people you care for stay overnight in your facility? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, please advise what the average stay is |
|---|--|--|

**Transportation**

Does your organisation provide transportation of clients throughout the business?

|  |   |
|--|---|
| No <input type="checkbox"/> Go to <b>“Adult/Youth Accommodation”</b> | <input type="checkbox"/> Yes If Yes, please advise how often and for what purpose |
|--|---|

Is Compulsory Third Party and Comprehensive cover checked for owned or borrowed staff/volunteer vehicles when used for transportation?  No  Yes

**Adult/Youth Accommodation**

*If there is more than one premises, please provide details as above on separate page for each*

|  |  |  |
|--|--|--|
| Do you provide either or both of the following accommodation | <input type="checkbox"/> Day Accommodation | <input type="checkbox"/> Overnight Accommodation |
|--|--|--|

If Yes, please contact our office for an **“Adult/Youth Accommodation Questionnaire”**

**Home Visits**

|                             |  |
|-----------------------------|--|
| Do You conduct Home Visits? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|-----------------------------|--|

Estimated home weekly visitations?

What services are generally provided when you visit?

**Tourist Information Centre/Museum/Historical Society**

|   |  |
|---|--|
| Does your organisation run a tourist information, museum or historical society? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|---|--|

If Yes, please contact our office for a **“Tourist Information Centre/Museum/Historical Society Questionnaire”**

**General**

|   |  |
|---|--|
| Does your organisation arrange or participate in any Social or Recreational Activities? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|---|--|

If Yes, please tick all the appropriate activities and list the duration and estimated number of people to attend.

| Activity  | Duration | No. During the Year | No. of People Attending |
|---|----------|---------------------|-------------------------|
| <input type="checkbox"/> Sightseeing trips        |          |                     |                         |
| <input type="checkbox"/> Swimming                 |          |                     |                         |
| <input type="checkbox"/> Camps                    |          |                     |                         |
| <input type="checkbox"/> Walks                    |          |                     |                         |
| <input type="checkbox"/> Ball games, bowling etc. |          |                     |                         |
| Other:  |          |                     |                         |

If you stated that your organisation organises, promotes and co-ordinates any fair, festival, dance or disco, please contact our office for an **“Events Questionnaire”**

|  |  |   |
|--|--|---|
| Is alcohol allowed or supplied at any of the above activities? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, please contact our office for an <b>“Alcohol Questionnaire”</b> |
|--|--|---|

|   |  |  |
|---|--|--|
| Does the Association/Organisation engage in high hazard activities? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, please advise what the high hazard activities are. |
|---|--|--|

|  |  |
|--|--|
| Are these high hazard activities supervised by external, appropriately qualified people? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

|                                  |  |                                |
|----------------------------------|--|--------------------------------|
| Do you manufacture any products? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, please provide details |
|----------------------------------|--|--------------------------------|

**Fire and Specific Perils including Glass**

|  |        |  |           |  |    |
|--|--------|--|-----------|--|----|
| Site address/es  | Suburb | State  | Post Code | Buildings  | \$ |
|  |        |  |           | Contents (Ex-stock)  | \$ |
|  |        |  |           | Stock  | \$ |
|  |        |  |           | Removal of Debris (policy provides \$25,000 automatically) | \$ |
| Smoke Detectors  |        | Hose Reels   |           | Extinguishers  |    |
| Deadlocks on all external doors?                         |        | Window locks?  |           | Local Alarm?   |    |
| <input type="checkbox"/> No <input type="checkbox"/> Yes |        | <input type="checkbox"/> No <input type="checkbox"/> Yes |           | <input type="checkbox"/> No <input type="checkbox"/> Yes   |    |
| Construction :   |        |  |           |  |    |
| Walls  |        | Roof   |           | Floor  |    |

**Business interruption**

|                           |  |
|---------------------------|--|
| Indemnity Period          | months   |
| Gross Profit              | \$   |
| Increased Cost of Working | Automatic cover of \$10,000 provided if Fire and Specified Perils section is taken<br>\$ |

**Theft of property**

|   |    |
|---|----|
| Stock   | \$ |
| Contents <u>other than</u> Specified Items listed below | \$ |

**Theft of money**

|               |    |
|---------------|----|
| Loss of Money | \$ |
|---------------|----|

**Glass Breakage**

|                   |  |                 |
|-------------------|--|-----------------|
| Coverage Required | <input type="checkbox"/> No <input type="checkbox"/> Yes | No of locations |
|-------------------|--|-----------------|

**Machinery, electrical equipment, goods in cold chambers**

|   |   |                          |
|---|---|--------------------------|
| Machinery Breakdown   | Limit per Event   | \$                       |
| Pressure Equipment – Explosion and Collapse   | Limit per Event   | \$                       |
| Property to be insured (include description of property, make, model, distinguishing marks: |   |                          |
| Goods in Cold Chambers – Deterioration  | Please TICK if required   | <input type="checkbox"/> |
| Description of Refrigeration Plant and Contents:  |   |                          |
| Value of refrigerated contents (for Deterioration of Stock)                                 | \$  |                          |
| State of Goods  | <input type="checkbox"/> Frozen <input type="checkbox"/> Unfrozen |                          |
| Is the Property (or any part thereof) to be insured:  |   |                          |
| regularly serviced?   | <input type="checkbox"/> No <input type="checkbox"/> Yes          |                          |
| If yes, please state the details:   |   |                          |
| owned by you?   | <input type="checkbox"/> No <input type="checkbox"/> Yes          |                          |
| If Yes, please state the details:   |   |                          |
| an unregistered boiler or pressure vessel?  | <input type="checkbox"/> No <input type="checkbox"/> Yes          |                          |
| If Yes, please state the details:   |   |                          |
| more than twenty years old, or not in current production?                                   | <input type="checkbox"/> No <input type="checkbox"/> Yes          |                          |
| If Yes, please state the details:   |   |                          |
| been modified to perform other than originally intended by the manufacturer?                | <input type="checkbox"/> No <input type="checkbox"/> Yes          |                          |
| If Yes, please state the details:   |   |                          |

**General property**

| Item No.           | Description of property (include serial no. or other identification) | Sum Insured |
|--------------------|--|-------------|
| 1.                 |  | \$          |
| 2.                 |  | \$          |
| 3.                 |  | \$          |
| 4.                 |  | \$          |
| TOTAL SUM INSURED: |  | \$          |

**Business Package - Claims and Circumstances**

Has the Association/Organisation sustained any loss or damage to property or had any claims made against you in the last 5 years?

No  Yes

If Yes, please advise type of claim, circumstances of loss, loss amount and date of loss

**MOTOR VEHICLES**

(please complete if you are applying for this cover)

**Motor Vehicles Owned**

Please provide the following details of the organisation's vehicles

| Registration No. | Vehicle Description (Year, Make, Model) | Original Purchase Price | Alterations/Modification |
|------------------|---|-------------------------|--------------------------|
|                  |   | \$                      |                          |
|                  |   | \$                      |                          |
|                  |   | \$                      |                          |
|                  |   | \$                      |                          |
|                  |   | \$                      |                          |
|                  |   | \$                      |                          |
|                  |   | \$                      |                          |

Previous insurance record: State the following for the past five (5) years

|             | Name of Previous Insurer | No. of Claims | Incurred Claims \$ | No. of Vehicles |
|-------------|--------------------------|---------------|--------------------|-----------------|
| 2012 / 2013 |                          |               |                    |                 |
| 2011 / 2012 |                          |               |                    |                 |
| 2010 / 2011 |                          |               |                    |                 |
| 2009 / 2010 |                          |               |                    |                 |
| 2008 / 2009 |                          |               |                    |                 |

**Motor Vehicles Non-Owned**

How many volunteer and staff motor vehicles will be used, at the most, at any one time?

**VOLUNTARY WORKERS PERSONAL ACCIDENT**

(please complete if you are applying for this cover)

What types of work will the voluntary workers be performing?

How many voluntary workers will there be, at the most, at any one time?

Has any person ever been injured while doing voluntary work for you?

No  Yes

If Yes, please state the details

Are there any exceptional circumstance relating to the risk to be insured that you have not already told us about, and that you know or should know may affect our decision to insure you?

No  Yes

If Yes, please give relevant information

# ASSOCIATION LIABILITY

(please complete if you are applying for this cover)

Required Total Sum Insured     \$1,000,000     \$2,000,000     \$5,000,000     \$10,000,000

## Directors and Officers cover

Has any director or executive officer of the Association/Organisation been declared bankrupt or entered into a deed of assignment, composition or a scheme of arrangement with creditors?     No     Yes    If Yes, please provide details

### Financial Statements

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

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/Organisation?     No     Yes    If Yes, please provide details

## Professional Indemnity cover

### Nature of Business

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

Please tick Yes or No and give details as requested below

| Does the Association/Organisation:  | No                       | Yes                      |
|---|--------------------------|--------------------------|
| Provide legal, financial, investment or environmental advice?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Engage in any form of medical treatment, medical advice or scientific or medical research?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide any web hosting or act as an internet service provider?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide computer or information services or websites 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"/> |
| Promote or provide any form of insurance to your members or act as insurance agent?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Engage in the manufacture, sale or distribution of any product or process or patented production process?   | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes to any of the above, please provide details on a separate sheet.

## Employment Practices cover

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

|                |  |                      |  |                |  |
|----------------|--|----------------------|--|----------------|--|
| \$0 - \$35,000 |  | \$35,001 - \$100,000 |  | over \$100,000 |  |
|----------------|--|----------------------|--|----------------|--|

Did you initiate any termination(s) within the last 2 years?     No     Yes

If Yes, please state the reason for the termination (s) and the number of full-time and part-time employees terminated.

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

Are written policies in place regarding the following?

|  |  |
|--|--|
| Equal opportunity  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Anti-sexual harassment   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Discrimination   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Legal procedures to be followed before termination of employment | <input type="checkbox"/> No <input type="checkbox"/> Yes |

## Fidelity Cover

Have you sustained any loss through fraud or dishonesty of any employee?     No     Yes

Are all cheques required to be signed by at least two different authorised signatures?     No     Yes

Do you operate a trust account?     No     Yes

If Yes, do you employ the services of an independent and qualified accountant to audit your trust account?     No     Yes

Have you ever received a tax audit advice from the Australian Taxation Office?     No     Yes

Do you employ the services of an independent accountant?     No     Yes

## Association Liability – Claims and Circumstances

At any time in the past, has any claim been made against the Association/Organisation or any Office Bearers, Executive Staff, Sub-committee members, employees of the Association/Organisation?

No  Yes

If Yes, please provide details.

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/Organisation?

No  Yes

If Yes, please provide details.

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/Organisation or any person proposed for insurance, have fallen within the scope of such insurance?

No  Yes

If Yes, please provide details.

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

If Yes, please provide details.

Has the Association/Organisation 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

If Yes, please provide details.

Has there been, or is there now pending, any prosecution of the Association/Organisation or its subsidiaries under the Corporations Law, Competition and Consumer Act, or any other statute?

No  Yes

If Yes, please provide details.

## DECLARATION

(all applicants to complete)

This Declaration must be completed and signed by all parties applying for insurance or on their behalf by someone authorised to complete and sign this Application.

I/We declare that:

- the answers and information given by me/us in this Application are true and correct in all respects and that no material information has been withheld;
- where answers in this Application are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- I/we have read and understood the clauses detailed under the Important Notices section of this Application (*see subsequent pages of Application form*);
- if there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required;
- if any information given by me/us alters between the date of this Application form and the inception date of the Insurance to which this application relates, I/we shall give immediate notice of this;
- I/we authorise Community Underwriting and Berkley 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;
- where I/we have provided personal information about other individuals, I/we have complied with all relevant obligations under the *Privacy Act 1988* (Cth) (*see subsequent pages of Application form*);
- 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 Application Form. I/we have completed this Application Form on their behalf, after enquiry has been made of all directors and senior staff;
- I/we confirm that we consent to receive insurance documentation from Community Underwriting by electronic means; and
- I/we have read and understood the *Privacy Act 1988* information and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by the General insurance Application Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision.

|                  |  |              |  |
|------------------|--|--------------|--|
| <b>Signature</b> |  | <b>Date</b>  |  |
| <b>Name</b>      |  | <b>Title</b> |  |
| <b>Signature</b> |  | <b>Date</b>  |  |
| <b>Name</b>      |  | <b>Title</b> |  |

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.

**ACTIVITY ADDENDUM**

(all applicants to complete)

Please tick all the activities below that your organisation carries out, showing the percentage this activity represents of your total activity.

| <u>Activity</u>  | <u>Percentage of Total Overall Activity</u> |
|--|---|
| <input type="checkbox"/> Meal Delivery Service   | %   |
| <input type="checkbox"/> Food Preparation/Kitchen  | %   |
| <input type="checkbox"/> Centre-based Meals  | %   |
| <input type="checkbox"/> Transport Service   | %   |
| <input type="checkbox"/> Day Care facility<br><input type="checkbox"/> Aged <input type="checkbox"/> Disabled <input type="checkbox"/> Children  | %   |
| <input type="checkbox"/> Respite Care<br><input type="checkbox"/> Aged <input type="checkbox"/> Children<br><input type="checkbox"/> Day – Short <input type="checkbox"/> Day - Short<br><input type="checkbox"/> Day – Long <input type="checkbox"/> Day - Long<br><input type="checkbox"/> Overnight <input type="checkbox"/> Overnight<br><input type="checkbox"/> Extended 2 or more days <input type="checkbox"/> Extended 2 or more days | %   |
| <input type="checkbox"/> Neighbourhood Centre  | %   |
| <input type="checkbox"/> Home Modification and Maintenance <input type="checkbox"/> Lawn Mowing/Gardening only   | %   |
| <input type="checkbox"/> Neighbour Aid   | %   |
| <input type="checkbox"/> Transport   | %   |
| <input type="checkbox"/> Home Assessment   | %   |
| <input type="checkbox"/> Counselling   | %   |
| <input type="checkbox"/> Education/Training  | %   |
| <input type="checkbox"/> Information Referral  | %   |
| <input type="checkbox"/> Migrant Resource Centre   | %   |
| <input type="checkbox"/> Personal Care   | %   |
| <input type="checkbox"/> Home Help   | %   |
| <input type="checkbox"/> Resident Action Group/Progress Association  | %   |
| <input type="checkbox"/> Hostel/Supported Accommodation<br>If Yes, please advise the following details<br><input type="checkbox"/> Type of premise i.e. house/self care unit <input type="checkbox"/> Approx. age of building<br><input type="checkbox"/> General Construction <input type="checkbox"/> Fire Protection<br><input type="checkbox"/> No. of residents per building <input type="checkbox"/> Average length of stay of residents | %   |
| <input type="checkbox"/> Childcare Activities<br><input type="checkbox"/> Long Day Care <input type="checkbox"/> Short Day Care<br><input type="checkbox"/> Before and after school care <input type="checkbox"/> Vacation Care<br><input type="checkbox"/> Playgroup i.e. parents in attendance <input type="checkbox"/> Overnight Care<br><input type="checkbox"/> Short Care while parents involved in group activity                       | %   |
| Ratio of carers to children  |   |
| <input type="checkbox"/> Other activities  | %   |
| <b>TOTAL (please ensure your activities total 100%)</b>  | <b>%</b>                                    |



## IMPORTANT NOTICES

It is important that you read the terms and conditions listed below from Community Underwriting and Berkley Insurance Australia collectively referred to in this section as 'we', 'us' and 'our'.

### Duty of Disclosure

This Duty of Disclosure Applies to the *Business Package, General Liability and Association Liability Insurance Policies*.

This policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure. Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway. You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know, or
- We have indicated we do not want to know.

If you do not comply with your duty of disclosure, we may be entitled to:

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent.

### Duty of Disclosure

This Duty of Disclosure applies to the *Motor Vehicle and Personal Accident Insurance Policies*.

#### What You Must Tell Us

When answering our questions you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in the answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

#### Who Needs to Tell Us?

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

#### If You Do Not Tell Us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat this policy as never having been in force.

### Privacy

Community Underwriting and Berkley Insurance Australia seek at all times to comply with the Privacy Act 1988 and the Australian Privacy Principles therein. If We disclose personal information to you for any reason you must also act in accordance with and comply with the terms of the Privacy Act and the Australian Privacy Principles.

Purpose for collection of information:

The information contained in this document and any other documents provided to Us will be dealt with in accordance with our respective Privacy Policies.

Disclosure of Information that you provide to us:

Community Underwriting and Berkley Insurance Australia will only use the information in accordance with the terms of the Privacy Policies. Without limiting the application of the Policy Community Underwriting and Berkley Insurance Australia may disclose personal information to other individuals or organisations in connection with your claim, including legal advisors, other parties, other lawyers, experts and witnesses, courts and tribunals and other organisations that need to be involved in the matter. By submitting your notification and continuing to deal with us you consent to Community Underwriting and Berkley Insurance Australia and these parties collecting, using and disclosing personal and sensitive information about you for these purposes. By signing the claim form you are consenting to the above.

You warrant to us that where you provide us with personal information that you have collected from other individuals:

- that the information has been collected in accordance with the Privacy Act 1988.
- that We are authorised to receive that information from you and to use it for the purpose of providing legal claims management services and advice.
- you, and the person who provided you with the information, are aware and have complied with the Privacy Act 1988 and have notified the person about whom the personal information is collected of the collection use and disclosure of such information.

By executing the claim form you are indemnifying Community Underwriting and Berkley Insurance Australia against any breach that arises directly or indirectly out of any act or omission of your part which does not accord with the conduct required under the Privacy Act 1988.

### Don't Prevent Our Right of Recovery

The policies you are applying for contain a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

### Underinsurance

The Business Package policy is subject to an 80% "Underinsurance" clause. This means that if you have insured items under this policy for less than 80% of their actual value at the time you took out this policy, we will reduce the amount we pay you under this policy in accordance with the following sum:

Sum Insured x Amount of loss/damage ÷ 80% of value  
= Amount payable by Berkley (up to the Sum Insured).

The "Underinsurance" clause applies to the Fire, and the "Gross Income" and Departmental Clause under the Business Interruption Section and Electronic Equipment Sections.

### GST

The amount of cover you choose excludes Goods and Services Tax (GST). If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay. The amount that we are liable to pay under this policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you have paid, you must inform us of the extent of that entitlement at or before the time you make a claim under this policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the premium. If you are liable to pay an Excess under this policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess.

If you are unsure about the taxation implications of this policy, you should seek advice from your accountant or tax professional.

### Notices Applicable to the Association Liability Policy Only

#### *Claims Made and Notified Policy*

The Application as far as it relates to Association Liability Insurance is for a 'claims made' policy. This means that the policy covers you for claims made against you during the period of insurance specified in your policy schedule and notified to us during that period of insurance.

This means that the policy does not provide cover in relation to:

- Events which occurred prior to the period of insurance or any earlier retroactive date stipulated in the policy schedule;
- Claims made against you after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
- Claims arising from or attributable to any facts, circumstances or occurrences noted on the Application for the current period of insurance or on any previous or of which notice had been given under any previous policy;
- Claims arising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have realised) prior to the commencement of the period of insurance may give rise to a claim.

Section 40(3) of the Insurance Contracts Act 1984 provides that an insurer is not relieved from liability under a contract of insurance in respect of a claim by reason only that the claim was made after the expiry of the period of insurance cover provided by the contract where the insured has.

Given notice in writing to the insurer:

- of the 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, and
- before the expiry of the period of insurance.

#### *Retroactive Liability*

The Association Liability insurance may be limited by a retroactive date which will be shown on the schedule. If a retroactive date applies the policy does not cover any claim arising from any actual or alleged act, error, omission or conduct occurring prior to the retroactive date.

#### *Average Provision*

One of the provisions of the proposed Association Liability insurance provides that where the amount required to dispose of a claim exceeds the limit of indemnity in the policy then the insurer will only be liable only for a proportion of the total costs and expenses. This will be the same proportion of the total costs and expenses as the policy limit bears to the total amount required to dispose of the claim.

## Direct Marketing:

We do not disclose personal information that We collect to a third party for the purpose of allowing them to direct market their products and services unless you have given Us Your permission for Us to do this.

## Cross Border:

We will share your personal information with the Community Underwriting and the Berkley group of companies. Our data containing your information is stored in our data centre using dedicated hardware and network. We may also use Saas, Cloud computing or other technologies from time to time and your information may be stored outside Australia. We will not transfer personal information to a recipient in a foreign country unless We have appropriate protections in place as required by the relevant privacy laws. Your information will be stored on our data base for such period of time as required by law.

## Further information

If you would like further information, please review our full Privacy Policy on our website or if you have any complaints or concerns over the protection of the information you have given to us or that we have collected from others, contact the National Head of Claims at the Sydney address listed below or alternatively send an email to [australiacclaims@berkleyinaus.com.au](mailto:australiacclaims@berkleyinaus.com.au).

Berkley Insurance Australia  
Level 23, 31 Market Street  
Sydney NSW 2000  
Ph: 02 9275 8500  
Fax: 02 9261 2773  
Email: [australia@berkleyinaus.com.au](mailto:australia@berkleyinaus.com.au)  
Web site: [www.berkleyinaus.com.au](http://www.berkleyinaus.com.au)

## Complaints

Any enquiry or complaint relating to this insurance should in the first instance be referred to:

Complaints Manager  
Community Underwriting Agency Pty Ltd  
P.O. Box 173, Balmain NSW 2041

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should contact:

The Complaints Manager  
Berkley Insurance Australia  
P.O Box Q296, QVB Sydney NSW 1230

## Dispute Resolution

If you think we have let you down in any way, or our service is not what you expect (even if through one of our representatives), please tell us so we can help. We are committed to resolving your complaint fairly.

We will address all complaints, except where specific circumstances apply, in accordance with Community Underwriting's Complaints Handling Process. This process is compliant with the Insurance Council of Australia's Code of Practice. Both the Code of Practice and our Complaints Brochure, which contains a guide to our process, are available upon request.

If you have a complaint:

### Step 1: On the spot, if we can!

You can contact us by:

**Phone:** +61 2 8045 2580

**Fax:** +61 2 9555 1886

**Email:** [pcruden@communityunderwriting.com.au](mailto:pcruden@communityunderwriting.com.au)

**Mail:** PO Box 173 Balmain NSW 2041

- If we can't resolve your complaint immediately, we will commit to responding to your complaint within 15 business days of first being notified of the complaint.
- If we need more information or more time to respond properly to your complaint we will contact you to agree an appropriate timeframe to respond.

### Step 2: Internal Dispute Resolution

- If you are not happy with our response, please tell us in writing. You may escalate it as a dispute and our Internal Dispute Resolution panel (the panel) will review the matter. The panel will be independent of the person who initially considered your complaint.
- The Disputes Resolution Officer will acknowledge your dispute in writing within 2 business days of receipt and will investigate all details of your dispute and will provide you with a written response of the outcome within 15 business days of first being notified of your dispute.

- In some cases we may be unable to reach a conclusion within this timeframe, and may request a later response date. If this occurs, we will keep you informed of progress of the dispute no less than once every 10 days.

### Step 3: External Dispute Resolution scheme

Should we be unable to resolve your complaint (including the IDR process referred to above) within 45 days or you are not happy with our response/handling of your complaint at any given time, you can seek an external review via our external dispute resolution scheme, administered by the Financial Ombudsman Service Limited (FOS).

This is an independent national body and its services are free to you. As a member we agree to accept the FOS' decision.

You can contact the FOS by:

**Mail:** Financial Ombudsman Service Ltd,  
GPO Box 3, Melbourne, Victoria 3001

**Phone:** 1300 78 08 08

**Fax:** +61 3 9613 6399

**Website:** [www.fos.org.au](http://www.fos.org.au)