



## Community Underwriting

# Community Underwriting Abuse and Molestation Proposal Form

### About Community Underwriting

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Community Underwriting Agency Pty Ltd (Community Underwriting) acts under a binding authority as Agent for Berkley Insurance Australia to issue, vary and cancel policies on Berkley's behalf. In all aspects of this Policy, Community Underwriting acts as an agent for Berkley Insurance Australia, the Insurer and not for the Insured.

### About the Insurer

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Berkley Insurance Australia (Berkley - ABN 53 126 559 706) is part of the Berkley Group of Companies. Founded in 1967 the Berkley Group of Companies is one of the USA's premier commercial lines property and casualty insurance providers. Each of the operating units in the Berkley group participates in a niche market requiring specialised knowledge about a territory or product.

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.

### Privacy

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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.

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 [australiaclaims@berkleyinaus.com.au](mailto:australiaclaims@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

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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 National Head of Claims

Berkley Insurance Australia

P.O Box Q296, QVB Sydney NSW 1230

# Community Underwriting Abuse and Molestation Addendum

1. Name of Association or Organisation

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2. Do you have a formal written abuse and molestation prevention policy? Yes  No

Does the formal policy address for employees, volunteers and contractors:

(a) a zero tolerance for any abuse or inappropriate behaviour? Yes  No

(b) appropriate and inappropriate interaction with children or other vulnerable people in your care Yes  No

(c) interactions with children or other vulnerable persons in your care outside of regular program activities  
(including the use of electronic devices and social media)? Yes  No

(d) managing the risk when a single employee/volunteer is alone with a child or other vulnerable person? Yes  No

(e) processes for the reporting of abuse or molestation by a victim, employee or volunteer? Yes  No

When was the policy last reviewed? \_\_\_\_\_

Are all staff, volunteers and contractors engaged by you have access to and are made aware of the policy? Yes  No

Do you provide formal training on the policy, including refresher training? Yes  No

3. Is the organisation involved in any of the following activities ( If yes, please indicate the percentage that each would represent?):

a) residential facilities Yes  No  % \_\_\_\_\_

b) schools Yes  No  % \_\_\_\_\_

c) schools including student accommodation Yes  No  % \_\_\_\_\_

d) childcare, private teaching, coaching, tutoring or other education programs outside of schools Yes  No  % \_\_\_\_\_

e) clubs and associations involving children Yes  No  % \_\_\_\_\_

f) health, counselling and support services Yes  No  % \_\_\_\_\_

g) sport and active recreation Yes  No  % \_\_\_\_\_

h) child accommodation services, including home stays Yes  No  % \_\_\_\_\_

i) churches or religious education / activities Yes  No  % \_\_\_\_\_

j) scouts, girl guides or other cadet programs, camps Yes  No  % \_\_\_\_\_

k) other activities with children and/or vulnerable clients (please provide details) Yes  No  % \_\_\_\_\_

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4. Estimated breakdown of services provided to clients by age group:

0 - 10 years \_\_\_\_\_ 11 - 18 years \_\_\_\_\_ 19 - 65 years \_\_\_\_\_ 65+ years \_\_\_\_\_

5. Each State and Territory has its own procedures regarding police and working with children checks and clearances. Do you comply with the relevant legislation, conditions, checks or regulations in each of the states and territories in which you provide services: Yes  No

6. Which of the following methods are used by you in the hiring and screening of employees, volunteers and contractors:

Written applications including questions regarding prior criminal investigations or offences  Formal interviews

Reference checks  Criminal record checks  Verification of formal qualifications  Drug testing

Other \_\_\_\_\_

7. Do you provide services to children or other vulnerable clients in an unsupervised environment which could involve one on one interaction (If yes, detail the measures taken to identify and prevent any possible inappropriate activity): Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you provide services which include overnight activities with children or other vulnerable clients (If yes, detail the measures taken to manage contact between clients and contact between employees / volunteers and clients): Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you prohibit the engagement of any person from working or volunteering in your organisation if they have prior convictions relating to abuse, violence or similar offences: Yes  No

10. Has any employee or volunteer been terminated or transferred in or out of any program provided by you due to involvement or suspicion of involvement in any abuse or similar misconduct? Yes  No

11. Has the Insured's Association or Organisation ever had a complaint, Claim or circumstance that would have been covered under this type of Insurance? Yes  No

If yes, please provide a full description of the complaint, Claim or circumstance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is the Insured aware of any complaints or circumstances which may give rise to a Claim in the future? Yes  No

If yes, please provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Declaration

This declaration must be completed and signed by or on behalf of all parties applying for insurance.

I/We declare that:

- (i) the answers and information given by me/us in this Proposal are true and correct in all respects and that no information has been withheld which would affect Community Underwriting or Berkley's decision about accepting this insurance;
- (ii) where answers in this Proposal are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- (iii) I/we have read and understood the clauses detailed under the Important Notices section at the front of this Proposal;
- (iv) if there was insufficient space to fully answer any questions, I/we have attached supplementary pages providing the additional information required;
- (v) I/we authorise Community Underwriting, Berkley and its agents to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances;
- (vi) I/we understand that if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Community Underwriting General Liability Insurance Policy wording;
- (vii) I/we further acknowledge that Community Underwriting, Berkley, their agents or employees reserve the right to decline this Proposal;
- (viii) I/we confirm that we consent to receive insurance documentation from Community Underwriting by electronic means;
- (IX) 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 Molestation Proposal Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision.

Proposer's Signature:

Date:     /     /

Proposer's Name:

Proposer's Title: