

ASSOCIATION LIABILITY & NFP ORGANISATIONS APPLICATION



Important Facts Relating To This Proposal Form - You should read the following advice before proceeding to complete this proposal form.

Medisure Indemnity Australia Pty Ltd (ABN 29 116 319 567) AFS Licensee #412681 arranges the insurance

The proposed insurance is issued on a 'claims made' basis.

This means that the policy responds to:

1. claims first made against the insured during the policy period and notified to the Insurer during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and

2. 'Claims circumstances' notified pursuant to Section 40 (3) of the Insurance Contracts Act which states:

'where the insured gave notice in writing to the insurer of 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 but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract'.

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period. If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see Duty of Disclosure, below) so that your cover under any new policy with us is not compromised.

Pursuant to the Insurance Contracts Act your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matter -

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then the Insurer shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

BROKER DETAILS

BROKER / INSURANCE AGENT:

ACCOUNT MANAGER

ACCOUNT MANAGER CONTACT DETAILS

Email:		Phone #	
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APPLICATION

IMPORTANT DOCUMENTS REQUIRED AS PART OF THIS APPLICATION

- | | |
|--|-----------------------------------|
| 1. Latest Audited Financials | <input type="checkbox"/> Attached |
| 2. Stamp Duty Exemption Certificate/Qualifying Use Statement | <input type="checkbox"/> Attached |
| 3. Latest Annual Report | <input type="checkbox"/> Attached |

Q1. Please list the names of ALL entities to be insured. *Note: you should list all ABN registered companies and trusts that may have an ownership or financial interest in the Business and any subsidiary.*

Q2. Trading Name/s:

Q3. Company ABN/s

Q4. Contact Person:

Q5. Date Association Established:

<input type="text"/>	<input type="text"/>
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Q6. Is the Organisation / Business Stamp Duty Exempt?

Yes *Note: you will need to provide a current completed "Qualifying Use Statement/Stamp Duty Exemption Certificate"* No

Q7. Phone:

Q8. Mobile:

Q9. Fax:

Q10. Website:

Q11. Email:

Q12. Main Location

Q13. Additional Locations

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Q14. Postal Address if different to main location

Q15. What Limit of Indemnity would you like to apply for? (please tick)

\$1 million
 \$2 million
 \$5 million
 \$10 million
 \$20 million

Q16. What Excess would you like to apply to your policy

\$2,000
 \$5,000
 \$10,000
 \$15,000
 Other:

Q17. Financial Information:

	Last Financial Year	This Year (to date)	Expected Next Year
Total Revenue			
Current Assets			
Current Liabilities			

Q18. Additional Financial Information:

- A. Since the last annual report and account issued, has there been any significant change to the financial position, operation or structure which might materially affect the financial position in that report? Yes No
- B. Are there any circumstances that might affect the ability of the association to meet all its debts as and when they fall due? Yes No

If YES to any of question Q18 please supply further details:

Q19. Please give full details of the associations activities and services provided including a % Breakdown of Turn over if possible:

Q20. Does the association provide any of the following services?

- A) Legal Advice? Yes No
- B) Medical Treatment or Medical Advice? Yes No
- C) Evaluation or setting standards for the qualification and performance of others or products? Yes No
- D) Research, development, experimentation or testing? Yes No
- E) Manufacturing or Property Management? Yes No
- F) Supply of materials, plant, goods or equipment? Yes No
- G) Does the association have a gaming licence? Yes No
- H) Does the Association intend to change its activities? Yes No
- I) Does the Association have any operation outside of Australia? Yes No

If YES to any of question Q20 please supply further details:

Q21. Has any former or current Insured Person of the Association ever been declared bankrupt? Yes No

Q22. Has any former or current Insured Person of the Association ever been an insured person of an organisation placed into receivership, liquidation or provisional liquidation? Yes No

Q23. Has any former or current Insured Person of the Association ever had a criminal conviction for dishonesty? Yes No

If YES to any of question Q21 to Q23 please supply further details:

Q24. Please complete the below table (Staff numbers for both Employees/Contractors/Volunteers)

Category	Employees	Volunteers	Members	Contractors
Total Number of Staff				

Q25. Employment Practices Liability; Does the Association:

- A. Have an employment Handbook/Staff Training Procedures? Yes No
- B. Induction Program for New Staff? Yes No
- C. Have formal policies regarding termination of employment? Yes No
- D. Incidents and Complaints Handling Registers Yes No

Q26. Fidelity Cover; Does the Association:

- A. Have at least two different authorised signatories for all payments in excess of \$2,500? Yes No
- B. Have any Insured Person of the Association authorised to reconcile any bank account they are also authorised to deposit or withdraw funds from? Yes No
- C. Operate a trust account? Yes No
 If YES: Does the Association Employ an independent and qualified accountant to audit that trust account? Yes No

Q27. Claims History; in respect of the risks to which this proposal relates:

- A. Has any claim ever been made for civil, criminal or regulatory proceedings brought against the Association, Directors or Officers or any Insured Person Yes No
- B. Has any Insured Person ever received a notice to attend an official investigation, examination, inquiry or other proceedings ordered or commissioned by any official body, institution or government body? Yes No
- C. In the last 5 years has the Association or any Insured Person had any fine, penalty or infringement notice (other than traffic offences) imposed by and Federal, State, Territory or Local government or other regulatory body? Yes No

If Yes to any of Q27. A to C please provide further details below:

Q28. Is the Association aware of any circumstances which might:

- A. Give rise to a claim against the Association or any of the Directors or Officers or any Insured Person? Yes No
- B. Result in the Association or any of the Directors or Officers or Any Insured persons incurring and losses or expenses which might be within the terms of this cover? Yes No

If Yes to any of Q28 please provide further details below:

Q29. Does the Association presently carry, or ever carried, Associations Liability Insurance? Yes (Please provide details) No

Insurer		Expiry Date	
Limit of Indemnity		Premium (\$)	

Q30. Please provide the approximate percentage of your activities (based on fee income) applicable to each State or Territory?

NSW	VIC	QLD	SA	WA	TAS	NT	ACT
%	%	%	%	%	%	%	%

Q31. Proposal Declaration

(a) I/We declare that all answers and statements made in the application are true, correct and complete in every respect.

(b) I/We authorise the Insurer to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Organisation / Practice Name:			
Signed (Principal / Practice Manager)		Date:	

Please return your completed proposal form to your broker.

Medisure Indemnity Australia Pty Ltd



If you require assistance please contact your broker.