Pen underwriting

Care Liability

Home and Community Care Providers

Combined Liability Application Form

V0324

This form is fillable for your convenience

Important Notices

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.
You have this duty until we agree to insure you.
You have the same duty before you renew, extend, vary or reinstate an insurance contract.
You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

CLAIMS MADE SECTIONS

Sections Two and Three of the Policy are issued on a claims made and notified basis. This means that Sections Two and Three of this Policy only cover the Insured for claims first made against the Insured during the Period of Insurance and notified to the insurer during the Period of Insurance or the Extended Notification Period whichever is applicable.

Section 40(3) of the Insurance Contracts Act 1984 may provide additional rights at law. That section provides that 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 during the period of insurance, 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.

RETROACTIVE DATE

Where a Limited Retroactive Date is specified in the Schedule in respect to Section Two, Section Two of the Policy will not provide cover in relation to acts, errors or omissions committed or alleged to have been committed prior to the Retroactive Date.

Where a limited Retroactive Date is specified in the Schedule in respect to Section Three, Section Three of the Policy will not provide cover in relation to Wrongful act(s) committed or alleged to have been committed prior to the Retroactive Date.

OTHER PARTY'S INTERESTS

You must tell us about all parties (e.g. financiers, lessors) to be covered by this insurance. We will protect their interests only if you have told us about them and we have noted them on the Schedule or endorsed their name on the Policy as an interested party.

PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit https://www.penunderwriting.com.au/important-information/.

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Proposal Form fully prior to answering the questions.

- Answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space, provide further information in the additional information section.
- All attached documents form part of this Application Form.

This application is for ☐ New Business ☐ Renewal - Policy Number (if known) is: .....

The Definition of Named Insured in the policy includes the Insured named below and any subsidiary /company (including subsidiaries thereof) therefore there is no need to list subsidiaries. You are however required to declare all business activities and turnover for your entire business, including all subsidiaries for which coverage is proposed.

1. Provide details of the Named Insured including trusts and/or trading names:

Named Insured	Does the Company provide services	Does the Company employ staff	Is this Company NDIS Registered
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If any of the entities noted above have answered NO to all three questions please provide details of the business activities of that insured			

Indicate your legal status:

Private Company ☐ Public Company ☐ Not for Profit Organisation ☐ Sole Trader ☐ Partnership

2. Do you operate a service company that hires staff and then on-hires them or places them in companies within the group of companies owned/operated by you? ☐ Yes ☐ No
   If Yes, please provide details:
   .....

3. Please provide website: www.....

4. Are you registered for GST purposes? ☐ Yes ☐ No
   ABN:..... Income Tax Credit: .....

5. Are your insurance premiums stamp duties exempt? ☐ Yes ☐ No
   If Yes, please attach a copy of your Stamp Duty Exemption or complete the NSW exemption form attached.

6. Date Business Established: .....
   If less than 2 years, please attach a Curriculum Vitae for each Director.

7. Has the Business ever traded under a different name? ☐ Yes ☐ No
   If Yes, please provide details:
   .....

8. Has the Business ever been involved in a Merger/Takeover/Acquisition?
   If Yes, please provide details:

Name of Company	Date of Merger / Takeover / Acquisition	Did Merger / Takeover/ Acquisition include the liabilities
		☐ Yes ☐ No
		☐ Yes ☐ No

9. Have you ever had an Insurer:
   a) Decline a proposal ☐ Yes ☐ No
   b) Impose special terms ☐ Yes ☐ No
   c) Decline to renew your insurance ☐ Yes ☐ No
   d) Cancel your insurance ☐ Yes ☐ No
   If Yes, to any of the above please provide details:
   .....

Period of Insurance: From: _____ /_____ / _____ To: _____ /_____ / _____

10. BUSINESS / PROFESSIONAL ACTIVITIES AND OTHER GENERAL INFORMATION

10.1 Indicate if you are involved in any of the Activities listed below:

a)	Household tasks ie. Cleaning, shopping, preparation and/or delivery of meals, laundry, gardening, lawn mowing	☐ Yes ☐ No
b)	Personal care ie. assistance with administering medication, showering, dressing, toileting etc	☐ Yes ☐ No
c)	Community support and/or companionship, transportation	☐ Yes ☐ No
d)	At home nursing care or within an Aged Care Facility	☐ Yes ☐ No
e)	NDIS Plan Management, aged care support packages	☐ Yes ☐ No
f)	NDIS or aged care packages Support Co-ordination	☐ Yes ☐ No
g)	Centre based day care for the aged or disabled **If Yes, please provide details in NOTES section**	☐ Yes ☐ No
h)	Home modification ie. Accessibility Alterations	☐ Yes ☐ No
i)	Exercise and/or massage therapy	☐ Yes ☐ No
j)	Clients requiring medical ventilation, tracheotomy, peg feeding, catheter care, bowel care **If Yes, are staff specifically qualified** ☐ Yes ☐ No	☐ Yes ☐ No
k)	Support in finding and retaining employment for people with disability	☐ Yes ☐ No
l)	Sale and/or hire of goods, equipment or aids for people with a disability **If Yes, please provide details in the NOTES section**	☐ Yes ☐ No
m)	Outside school hours care for children with a disability	☐ Yes ☐ No

10.2 Indicate if you are or will become involved in any of the following:

a)	Registered training (RTO) for carers in the aged care or community care industry **If Yes, please complete PART THREE - Training Addendum**	☐ Yes ☐ No
b)	Australian Disability Enterprise and/or provision of training for people with disability **If Yes, please complete PART FOUR – Australian Disability Enterprise Addendum**	☐ Yes ☐ No
c)	On-hire of staff to other providers including labour hire. **If Yes, please provide details in PART TWO – On-hire of Staff Addendum**	☐ Yes ☐ No
d)	Behaviour counselling for children, youth or adults, early childhood intervention support WITHOUT a diagnosed disability **If Yes, please provide details in the NOTES section**	☐ Yes ☐ No
e)	Operation of a psychiatric hospital	☐ Yes ☐ No
f)	Provide care or services within a detention centre or correctional facility	☐ Yes ☐ No
g)	Provide services or accommodation to any person directly exiting a detention centre or correctional facility	☐ Yes ☐ No
h)	Foster agency or operation of a foster home, out of home care for children or youths	☐ Yes ☐ No
i)	Supervised contact visits and/or handovers of children between parents	☐ Yes ☐ No
j)	Drug and alcohol treatment centre/ Drug and alcohol rehabilitation and/or counselling	☐ Yes ☐ No
k)	Adventure activities such as water sports, rock climbing, abseiling, and the like **If Yes, please complete PART FIVE - Adventure Addendum**	☐ Yes ☐ No
l)	Vacation activities including camps **If Yes, please complete PART SIX – Vacations including camps Addendum**	☐ Yes ☐ No
m)	Financial intermediary and or financial advice OTHER THAN NDIS administration for clients	☐ Yes ☐ No

PLEASE NOTE: We are unable to provide cover for the above activities in 10.2 e) – j). Please discuss with your broker.

10.3 Accommodation / Respite / Group Homes (IF NOT APPLICABLE MOVE TO NEXT QUESTION)

a)	Permanent accommodation, or shared housing for persons with a disability – 18 years of age or over	☐ Yes ☐ No
b)	Overnight respite for persons with a disability – 18 years of age or over	☐ Yes ☐ No
c)	Permanent accommodation, or shared housing for persons with a disability – Under 18 years of age – **PLEASE NOTE WE ARE UNABLE TO INSURE RISKS WHICH PROVIDE ACCOMMODATION FOR CHILDREN PERMANENTLY IN CARE**	☐ Yes ☐ No
d)	Overnight respite for persons with a disability – Under 18 years of age	☐ Yes ☐ No

** Permanent Accommodation is defined by Us as a premises including but not limited to a residential property, hotel, serviced apartment, Group Home provided by the Insured where a Client or Resident resides for more than 30 consecutive days.*

If Yes to any of the above, please complete PART ONE – Accommodation Addendum

NOTE: If you are involved in any other Business and/or Profession not included in question 10 for which you require coverage under this proposed insurance provide details for the Insurer's consideration in **NOTES** below.

NOTES:
Where indicated above, please provide further details:

Question	Answer

11. Indicate by way of percentage to which care sector your services are provided:

Geriatric – 65 years and over	%
Adults with Physical and or Intellectual Disabilities – 18 years and over	%
Youth with Physical and or Intellectual Disabilities – 13 to 17 years	%
Children with Physical and or Intellectual Disabilities – 0 to 12 years	%
Services provided to any person (other than Geriatric) that do not have a Physical and or Intellectual Disability – Please provide details in Notes above	%

12. How many clients do you care for:

Client numbers:		Average hours of care per client per week	

13. Provide details of the Turnover (Revenue) for all business operations to be insured:

Estimated Turnover (Revenue) next 12 months	20__/20__	$
Actual Turnover (Revenue) last 12 months	20__/20__	$

For the calculation of Stamp Duty indicate your Revenue in percentage terms split by state as follows: **(must equal 100%)**

State	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Total
Percentage	____%	____%	____%	____%	____%	____%	____%	____%	

14. Estimated annual payroll split as follows:

	Total Number of Staff		
	Full-Time	Part-Time	Casual
Principals/Partners			
Office Staff			
Registered Nurses / Enrolled Nurses			
Care Staff			
Allied Health			
Volunteers			
Other Staff: (Please provide details here)			
Total			

TOTAL staff wages for the above	$

15. Location/s of Premises occupied by you for the purpose of conducting your Business.

Address / Location	Owned or Leased	Used For
	☐ Owned ☐ Leased	
	☐ Owned ☐ Leased	
	☐ Owned ☐ Leased	

(a) Are all buildings in good repair and comply with Council and Fire Brigade regulations?
If No, please provide details of upgrades required to comply: ☐ Yes ☐ No

.....

16. Do you anticipate or do you regularly use contractors or labour hire personnel? ☐ Yes ☐ No
If Yes, please provide annual contract value for:

Nursing or Attendant Care workers providing labour only and under your direct supervision	$
Nursing or Attendant Care workers providing labour only and not under your direct supervision	$
Allied Medical Service providers such as Physiotherapists / Podiatrists / Occupational Therapists	$
General contractors such as Gardeners, Maintenance under your direct supervision	$
General contractors such as Gardeners, Maintenance not under your direct supervision	$

17. Do you ensure and record that nursing and allied health staff such as Physiotherapists, Podiatrists, Speech Therapists, Occupational Therapists engaged in your business, are fully qualified, registered and licensed to perform such work as required by applicable legislation? ☐ N/A ☐ Yes ☐ No

18. Do you ensure that, and record that, all contracted nursing or care personnel, have their own Professional/Malpractice Liability Insurance and General Liability Insurance or that they are covered by such insurance policies held by the employment agency used to source their services? ☐ N/A ☐ Yes ☐ No

19. Do each of your clients have a documented and signed Care Plan detailing the agreed services? ☐ Yes ☐ No

20. Has there been or is there now pending any prosecution of the proposed Insured including subsidiaries under the Corporations Act, Competition and Consumer Act, Work Health and Safety Act or any other statute? ☐ Yes ☐ No
If Yes, please provide details:
.....

21. Has any director or executive officer of the proposed Insured:
(a) ever been declared bankrupt? ☐ Yes ☐ No
(b) been a director or executive of an organisation placed in administration, receivership, liquidation or provisional liquidation? ☐ Yes ☐ No
If Yes, please provide details:
.....

22. Will you be involved in fundraising activities such as Community Fairs, Fetes or Car Boot Sales, Farmers Markets, Carols by Candlelight, Dinner Dance, Balls, Walkathons, Fun Runs, Bike Rides or the like? ☐ Yes ☐ No
If Yes, please provide details:
.....

23. COMPLIANCE AND ABUSE SECTION

Please note this section is in reference to physical and psychological abuse cover. All questions must be answered.

For sexual abuse cover consideration please also complete the Sexual Abuse Addendum. (Separate to this application)

(a) Do all employees, contractors and/or volunteers undergo formal interview processes including reference checks, working with children checks, working with vulnerable persons checks, criminal record checks and police checks prior to starting with you? ☐ Yes ☐ No
(b) Do you have a formal policy in place which deals with the prevention and reporting of abuse? ☐ Yes ☐ No
If Yes, when were the policy and procedures last updated? .....
(c) Do you comply with all relevant state child and vulnerable person protection legislation? ☐ N/A ☐ Yes ☐ No
(d) Do all employees, volunteers and contractors engage in an ANNUAL induction and/or training program and are records kept that they have attended in relation to the prevention and reporting of abuse? ☐ Yes ☐ No

Please note: This refers to volunteers and contractors who have direct contact with residents/clients

(e) Do you investigate and formally report on any and every suspected case of abuse? ☐ Yes ☐ No
(f) If, after initial investigation, there are reasonable grounds that sexual abuse or other abuse may have taken place do you have documented procedures in place which deal with the investigation, suspension of employment or service in the case of an employee, contractor or volunteer? ☐ Yes ☐ No
(g) After initial investigation, are all suspected, believed on reasonable grounds or actual cases of abuse referred to the appropriate authorities? ☐ Yes ☐ No
(h) Do you prohibit individuals who have had prior convictions relating to theft, fraud or dishonesty, a sexual offence, abuse or related offences from working for you or doing volunteer work for or on behalf of your Business? ☐ Yes ☐ No

If No, to any of the above, please provide details:
.....

(i) Do you administer psychotropic medication or use other forms of restraint? ☐ Yes ☐ No
(j) Do you check that 'informed consent' has been obtained from the client or their substitute decision maker or in an emergency a doctor? ☐ N/A ☐ Yes ☐ No

If No, please provide details
.....

ONLY COMPLETE THIS SECTION IF YOU REQUIRE MANAGEMENT LIABILITY INSURANCE
IF NO SKIP TO QUESTION 34

24. DO YOU REQUIRE MANAGEMENT LIABILITY INSURANCE? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE A COPY OF YOUR MOST RECENT FINANCIAL ACCOUNTS

(a) Does the proposed Insured presently carry Management Liability/Directors and Officers Liability Insurance ☐ Yes ☐ No
(b) Is the Business (as proposed) solvent and can it meet its debts as and when they fall due? ☐ Yes ☐ No
(c) Has the proposed Insured issued any prospectus in the last 3 years or publically disclosed an intention to make any public offering of securities within the past year? ☐ Yes ☐ No
(d) Are the Financial Accounts audited by an independent registered company auditor? ☐ Yes ☐ No
(e) Has there been any change in the financial position of the business, or any event which has occurred which is not detailed in the annual report submitted with this Application or information of a material nature which could affect the financial position, liability, operation or capital structure of the business? ☐ Yes ☐ No

25. Has the proposed Insured:
(a) publically announced that it is currently considering acquisitions, tender offers or mergers? ☐ Yes ☐ No
(b) been the subject of any attempted takeover bid/offer in the last 3 years or is it aware of any current proposals relating to a takeover bid the business? ☐ Yes ☐ No
(c) sold any companies in the last five years? ☐ Yes ☐ No
If Yes, please provide details:
.....

Optional Extensions for Management Liability

Indicate whether any of the following additional covers are required. An additional premium will be charged.

26. Crisis Cover: ☐ Yes ☐ No

27. Public Relations Expenses: ☐ Yes ☐ No

28. Internet Liability: ☐ Yes ☐ No
If Yes,
(a) Is a privacy policy posted on all internet sites? ☐ Yes ☐ No
(b) Does the proposed Insured make available medical and or health information pertaining to identifiable residents or clients? ☐ Yes ☐ No
If Yes, please provide details:
.....

30. Statutory Liability: ☐ Yes ☐ No
(a) Does the proposed Insured comply with all statutory requirements relating to the Business? ☐ Yes ☐ No
(b) In the past five years has the proposed Insured or any of its directors or officers ever received a fine or penalty or infringement notice (other than for traffic offences) imposed by a Federal, State, Territory or local government or other regulatory authority? ☐ Yes ☐ No
(c) In the past five years have there been any incidents or circumstances which could give rise to a fine or penalty (other than for traffic offences) being imposed on the proposed Insured or any of its directors or officers by a Federal, State, Territory or Local Government or other regulatory authority? ☐ Yes ☐ No
If Yes to (b) and or (c) please provide details:
.....

31. Tax Audit: ☐ Yes ☐ No
If Yes,
(a) Does an independent external accountant prepare the proposed Insured's financial statements? ☐ Yes ☐ No
(b) Does the proposed Insured perform regular procedural reviews or internal audits? ☐ Yes ☐ No
(c) Has an Audit by a commissioner of Taxation been conducted? ☐ Yes ☐ No
(d) Has the proposed Insured been fined or penalised in the last five years? ☐ Yes ☐ No
(e) Has the proposed Insured been notified of a pending or likely Tax Audit? ☐ Yes ☐ No
(f) Does the proposed Insured believe or have any reason to suspect that it will be the subject of a Tax Audit? ☐ Yes ☐ No
If Yes to (c), (d) (e) or (f) please provide details:
.....

32. Crime:
(a) What is the maximum amount of cash on the premises at any one time? .....
(b) Are there at least two people required to authorise electronic transfer of funds or sign cheques over $10,000? ☐ Yes ☐ No
If No, please provide details:
.....

33. Employment Practices Liability:
(a) Does the proposed Insured currently have Employment Practices Liability Insurance? ☐ Yes ☐ No
If Yes, how many years have you continuously held Employment Practices Liability Insurance years .....
(b) How many officers and employees have resigned, been terminated (with or without cause) or have retired within the last 12 months?

Officers	
Employees	

(c) Do you have a written human resources manual or equivalent written management guidelines? ☐ Yes ☐ No

(d) Have there been any closures, consolidations or retrenchments within the previous 24 months or do you anticipate any closures, consolidations or retrenchments within the last 24 months? ☐ Yes ☐ No
If Yes, please provide details including how many employees will be affected:
.....

(e) Has there been or is there now pending any prosecution or legal action against any of the proposed Insureds including subsidiaries and or any director or officer under the Competition and Consumer Act; Unfair Dismissal or Anti-Discrimination legislation; Work Choices legislation, bullying and harassment laws or any other statute or any action relating to a breach of contract? ☐ Yes ☐ No
If Yes, please provide details:
.....

CLAIMS HISTORY

34. Have any claims / circumstances / losses been made against any proposed Insured under a Policy of Insurance that this Insurance is proposed to replace during the past 5 years? ☐ Yes ☐ No

This information should also include incidents, accidents, matters or circumstances made or notified to previous insurers over the past 5 years.

If Yes, please provide details:

Date	Claimant	Particulars	Insurer	Total Claim Amount	Excess amount paid	Does the Total Claim Amount include the Excess
GENERAL LIABILITY:						
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
PROFESSIONAL INDEMNITY AND MALPRACTICE LIABILITY:						
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
MANAGEMENT LIABILITY:						
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No
				$	$	☐ Yes ☐ No

35. Are you or any Director or Officer, after enquiry aware of any other incident or circumstance that has not been 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 Yes, please provide details:

Date	Claimant	Particulars	Insurer	$ Estimate
				$
				$
				$
				$

INDICATE THE LIMITS OF LIABILITY REQUIRED BY TICKING THE APPROPRIATE BOX

POLICY SECTION ONE -			
GENERAL LIABILITY	☐ $10 Million	☐ $20 Million	Other - $

POLICY SECTION ONE – SUB LIMITED COVERS			
CLAIMS MADE SEXUAL ABUSE	☐ $1 Million	☐ $2 Million	☐ $5 Million

POLICY SECTION TWO -			
PROFESSIONAL INDEMNITY AND MALPRACTICE LIABILITY	☐ $1 Million	☐ $2 Million	☐ $5 Million
	☐ $10 Million	☐ $20 Million	

POLICY SECTION THREE -			
MANAGEMENT LIABILITY	☐ $1 Million	☐ $2 Million	☐ $5 Million
	☐ $10 Million	☐ $20 Million	

POLICY SECTION THREE – SUB LIMITED COVERS				
EMPLOYMENT PRACTICES LIABILITY	☐ $500,000	☐ $1 Million	☐ $2 Million	☐ $5 Million
CRISIS COVER	☐ $50,000	☐ $100,000		
PUBLIC RELATIONS EXPENSES	☐ $50,000	☐ $100,000		
STATUTORY PENALTIES	☐ $1 Million	☐ $2 Million		
TAX AUDIT	☐ $20,000	☐ $50,000	☐ $100,000	
INTERNET LIABILITY	☐ $1 Million			
CRIME	☐ $50,000	☐ $100,000	☐ $150,000	☐ $250,000
	☐ $500,000	☐ $1 Million		

TO BE COMPLETED BY AN AUTHORISED OFFICER - READ CAREFULLY BEFORE SIGNING DECLARATION

I/We declare that:

- I am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I have read and understood the Important Notices accompanying this Proposal
- I have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Signature:.....

Date: .....

Full Name:.....

Title: .....

ADDENDUM

Instructions

- Answer each question below as directed in the Home and Community Care Providers Application form.
- If there is insufficient space, provide further information in the additional information section.
- All attached documents form part of this Application Form.

PART ONE - ACCOMMODATION

Additional Information is required where the proposed Insured owns or leases premises to be used as accommodation and shared housing for persons with a disability.

OVERNIGHT RESPITE

1. Overnight Respite – Persons 18 years of age or over

   Has a risk management review been conducted at the client's premises ☐ Yes ☐ No

   Please note: This is a mandatory requirement

   If No, please provide details:

   .....

2. Overnight Respite – Persons under 18 years of age AT INSURED'S PREMISES

   a) Please confirm the age range of children you would provide this care for: From: ..... years To.....years

   b) Are children and youths segregated into similar age groups? ☐ Yes ☐ No

   c) Are there any persons under 18 years of age at your overnight respite facility at the same time any persons 18 years of age and over are utilising the premises? This does not include care staff. ☐ Yes ☐ No

   If Yes, please provide details:

   .....

   d) Approximately how many children would you provide overnight respite for in a 12 month period? .....

   e) What is the longest period of time in overnight respite care? .....

   f) Are any children utilising this service under the guardianship of any State child welfare organisation?

      Ie: DCP, DCJ, DOC etc ☐ Yes ☐ No

   If Yes, please advise guardian details:

   .....

   Overnight Respite - Persons under 18 years of age - AT CLIENT'S PREMISES

   a) Please confirm the age range of children you would provide this care for: From: ..... years To.....years

   b) Approximately how many children would you provide overnight respite for in a 12 month period? .....

   c) What is the longest period of time in overnight respite care? .....

   d) Are any children utilising this service under the guardianship of any State child welfare organisation?

      Ie: DCP, DCJ, DOC etc ☐ Yes ☐ No

   If Yes, please advise guardian details:

   .....

3. Overnight Respite at insured's private residence ie (where the insured resides also) ☐ Yes ☐ No

4. Overnight Respite care by volunteer host families either at the volunteer's private residence or clients own home ☐ Yes ☐ No

   PLEASE NOTE WE ARE UNABLE TO INSURE RISKS PROVIDING RESPITE CARE AS DETAILED IN QUESTION 3 & 4 ABOVE

Address of premises	Leased	Respite or Permanent	Are any persons under 18 years of age	Staffed full-time or part-time (if not staffed leave blank)	Number of residents	Shared bedrooms	Internal locks on rooms / open door policies (leave blank if none)	External and internal cameras (CCTV)	Visitor check in / check out procedures	Age of dwelling	Fire Protection
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No	☐ Respite ☐ Perm.	☐ Yes ☐ No	☐ F/T ☐ P/T		☐ Yes ☐ No	☐ Locks ☐ Open Door	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No

Please note: If you have more properties than the above space allows for please provide a list of locations on an excel spreadsheet containing all the above information required.

PART TWO – ON-HIRE OF STAFF including LABOUR HIRE

Please complete where you are on-hiring staff to other providers.

1. Are all candidates that are placed in part time/casual work "employees" of the Insured ? ☐ Yes ☐ No
   If No, on what basis are they employed?
   .....
   .....
2. In what types of occupation or professions are the candidates placed? Ie. Nursing, carers, office work, gardening, kitchen, public/private hospitals and medical centres

a)	b)	c)	d)
e)	f)	g)	h)
i)	j)	k)	l)

3. Number of people expected to be placed in work in any 12 month period: .....
4. Are all the usual checks such as qualifications, previous work history, police checks undertaken? ☐ Yes ☐ No
5. Is there a written Contract with the host employer? ☐ Yes ☐ No
   If Yes, are you required to provide cover for Liability and/or Professional Indemnity whilst they are on Placement? ☐ Yes ☐ No
   If Yes, please provide a copy

PART THREE – REGISTERED TRAINING ORGANISATION

A registered training organisation is a provider and assessor of nationally recognised vocational education and training. They are able to offer students training and qualifications or statements of attainment that are recognised across Australia and are accepted by industry and other educational institutions.

1. What are the names and national codes for the courses that the insured provides education for?
   .....
   .....
   .....
2. Number of students in each course at any one time: .....
3. Number of courses conducted in any one year: .....
4. Is practical experience undertaken by students on-site or off-site? ☐ On-Site ☐ Off-Site
   If Off-Site, for what periods do students complete practical experience at the hosts location:
   .....
5. Are students covered under the hosts liability and professional indemnity medical malpractice program? ☐ Yes ☐ No
6. Is there a written agreement with the Host Employer? ☐ Yes ☐ No
   If Yes, please provide a copy

PART FOUR – AUSTRALIAN DISABILITY ENTERPRISE INCLUDING TRAINING FOR PEOPLE WITH DISABILITY

1. Please provide details of each enterprise business activities:

Activity	Turnover	Wages

2. a) Are all participants (temporary or permanent) employees of the Insured? ☐ Yes ☐ No
   If No, please provide details: .....
   .....
   b) Are any of the participant's voluntary workers? ☐ Yes ☐ No
   c) Are there any contract workers or labour hire personnel ☐ Yes ☐ No
   If Yes, please provide details:

Service Being Provided	Estimated Payments

3. a) Please provide details of the products manufactured or produced and whether they are produced for a third party supplier or for the participants own business. If products are for the participants own business will Products Liability be required under this policy?

Product description	Produced on behalf of the Insured under their own brand	Produced on behalf of a third party supplier– Y/N	Produced by the participant for their own business? Y/N
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

b) What Quality Control or Australian Standard is adhered to:

.....

.....

PART FIVE – ADVENTURE ACTIVITIES

1. Are activities run on-site or off-site? ☐ On-Site ☐ Off-Site

If on-site, please provide details ie. Risk management plan List the activities undertaken:

Activity	Run/supervised by a Third Party operator? Y/N	Activity	Run/supervised by a Third Party operator? Y/N

Please note: Some activities may not be covered if not supervised/run by a Third Party Operator

a) Does each participant sign a waiver? ☐ Yes ☐ No

b) Number of Participants: .....

c) What is the Participant to Supervisor ratio: .....

d) Controls in place to prevent injury or damage: .....

.....

e) Contractual Liability – Does the insured assume liability? ☐ Yes ☐ No

If Yes, please provide details:

.....

PART SIX – OVERNIGHT VACATIONS including CAMPS

1. What is the duration of the overnight vacation or camp? .....
2. What is the Participant to Supervisor Ratio? .....
3. Is supervision provided 24/7? ☐ Yes ☐ No

   If No, please provide details:

   .....
4. What is the minimum age of a client attending any overnight activity (camp/vacation)? .....
5. Are there adventure activities involved? ☐ Yes ☐ No

   If Yes, please complete PART FIVE – Adventure Activities
6. Do staff members share the same room / tent as the participant? ☐ Yes ☐ No
7. How many overnight vacations or camps are estimated in the coming 12 months? .....
8. Are overnight vacations and/or camps held at:

Third Party Conference Centre	☐ Yes ☐ No
Camping Ground with Amenities	☐ Yes ☐ No
Hotel	☐ Yes ☐ No
Air BNB	☐ Yes ☐ No

   If Other, please provide details:

   .....
9. What is the average duration of an overnight vacation or camp? .....

GUIDELINES TO SIGNING THE NSW STAMP DUTY EXEMPTION - SMALL BUSINESS DECLARATION

What is the NSW small business exemption?
From 1 January 2018, NSW small businesses will be exempt from paying stamp duty on certain types of insurance.

What is a small business?
Revenue NSW has stated that: "You are a small business if you are **an individual, partnership, company or trust** that is carrying on a business, and the business has an **aggregated turnover of less than $2 million**. Aggregated turnover is your annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you."

Which insurance types will the exemption apply to?
This exemption can be applied for NSW small businesses with one the following insurance types:

- Commercial vehicle insurance
- Commercial aviation insurance
- Occupational indemnity insurance
- Product and public liability insurance

Instructions for applying for an exemption
To receive the exemption, please complete this declaration declaring that you / your client are a small business. Email the completed declaration to your insurance broker.

Please note:

[a] The declaration covers all policies issued to you during the financial year in which the cover is effected or renewed, a new declaration is required on an annual basis.

[b] If you are uncertain whether you classify as a small business, please speak to your financial adviser.

[c] Pen Underwriting and the Insurer will place reliance on your declaration in charging the applicable insurance duty.

[d] False declarations may result in penalties up to of $11,000 by Revenue NSW plus the insurance duty not paid and penal interest on that balance.

[e] Revenue NSW may also be able to clarify your queries relating to the law and your obligations.

[f] If you are a not for profit organisation already entitled to a NSW Stamp Duty Exemption, your premium is already exempt and the NSW Stamp Duty Exemption for Small Business is not relevant.

NSW STAMP DUTY EXEMPTION – SMALL BUSINESS DECLARATION

This declaration only covers policies for the financial year in which the cover is effected or renewed.

I hereby declare that I am a Capital Gains Tax small business entity (within the meaning of section 152-10 (1AA) of the *Income Tax Assessment Act 1997* of the Commonwealth).

I am a small business individual / partnership/ company and/ or trust, which is carrying on a business, and the business has an aggregated turnover of less than $2 million*.

Signature: _____

Name: _____

Date Signed: _____

Name of Insured: _____

ABN of Insured: _____

Contact Details Mobile: _____

Contact Details Email: _____

* Aggregated turnover is your Australia wide annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you.

* A fraudulent declaration may invalidate your insurance contract.