



Care Liability

*Sexual Abuse supplementary addendum
forming a part of the Home and Community
Care Providers proposal 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 SECTION

Section One of the Policy in relation to Sexual Abuse is issued on a claims made and notified basis. This means that Section One of this Policy for Sexual Abuse cover will 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 One, Section One 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.

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 Addendum 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 Addendum.

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 business activities and turnover for your 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
	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			

2. For this type of coverage has any 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:

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Period of Insurance: From: ____ / ____ / ____ To: ____ / ____ / ____

BUSINESS / PROFESSIONAL ACTIVITIES AND OTHER GENERAL INFORMATION

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

a)	Permanent accommodation or shared housing for the elderly and/or persons with a disability – 18 years of age or over	Yes	No
b)	Overnight respite at Insured's premises for the elderly and/or persons with a disability – 18 years of age or over	Yes	No
c)	Overnight respite at clients home for the elderly and/or persons with a disability – 18 years of age or over	Yes	No
d)	Permanent accommodation or shared housing for persons with a disability – Under 18 years of age	Yes	No
e)	Overnight respite at Insured's premises for persons with a disability – Under 18 years of age	Yes	No
f)	Overnight respite at clients home for persons with a disability – Under 18 years of age	Yes	No

4. 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	%

How many clients in accommodation or overnight respite do you care for:

Client numbers:		Average hours of care per client per week	
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5. Staff Information:

	Total Number of Staff		
	Full-Time	Part-Time	Casual
Staff working within the insured's accommodation locations			
Staff providing overnight respite care at clients premises			

6. When hiring staff, utilising volunteers or using contractors or labour hire, which of the following interview and screening methods do you use:

	Employees in direct contact with clients		Volunteers in direct contact with clients		Contractors in direct contact with clients	
	Yes	No	Yes	No	Yes	No
Standard Application	Yes	No	Yes	No	Yes	No
Code of Conduct	Yes	No	Yes	No	Yes	No
How many interviews do you undertake - MINIMUM 2 REQUIRED						
Do you ask behavioural questions specific to this industry	Yes	No	Yes	No	Yes	No
How many professional reference checks are required						
How many personal reference checks are required						
Do you confirm every worker has undertaken NDIS screening	Yes	No	Yes	No	Yes	No
Do you undertake working with children checks	N/A	Yes	No	N/A	Yes	No
National Criminal Database checks	Yes	No	Yes	No	Yes	No
If yes is a record kept on file and how often is the process repeated						
National Sex Offender Registry checks	Yes	No	Yes	No	Yes	No
If yes is a record kept on file and how often is the process repeated						
If worker has not been domiciled in Australia for all of the past 10 years are International Criminal Checks, Abuse registry Checks undertaken	Yes	No	Yes	No	Yes	No

COMPLIANCE AND TRAINING

7. Do you have specific written policies defining:

- | | | |
|--|-----|----|
| (a) Recognising and reporting of all forms of abuse including sexual abuse and/or molestation | Yes | No |
| (b) zero tolerance policy to abuse and molestation | Yes | No |
| (c) what are appropriate and inappropriate behaviours either physical, verbal or electronic whilst interacting with residents/clients regardless of whether in clients home, a group home, in a private or group setting or in public? | Yes | No |

8. Prior to access to residents or clients do all employees, volunteers and contractors who have direct contact with residents/clients engage in an ANNUAL:
- (a) induction and/or training program in relation to the prevention and reporting of abuse including sexual abuse? Yes No
 - (b) training session on how to maintain appropriate boundaries with residents/clients? Yes No
 - (c) training session on how to monitor and/or supervise activities of a high risk/exposure nature? ie overnight care one on one, camps or vacations etc Yes No
 - (d) training session on what to do in the event of allegations or incidents of abuse, including compulsory reporting requirements? Yes No
 - (e) training session on what to do in the event of allegations or incidents of abuse between residents/clients? Yes No
- If you have answered No to any of the above, please provide details:

- (f) How do you monitor and enforce compliance and training of the abuse policies and procedures across all locations? ie. online system, utilise a third party organisation, paper records

- (g) Where clients are living alone and have the same carer, do you undertake check-ins with the client (but without the carer present) to ensure appropriate professional boundaries are being maintained between the client and their carer? Yes No
 If No please provide further information.

9. Please advise the relevant dates below in respect of your abuse policies and procedures:
- (a) Date of last review
 - (b) Date of last update
 - (c) Date of next review

Please note it is a requirement that the abuse policies and procedures be reviewed every two years and updated where required

INCIDENT REPORTING

- 10. Do you have formal reporting procedures both written and electronically available for all employees, volunteers, contractors, residents/clients or third parties to raise complaints and/or report abuse? Yes No
- 11. Do you have the option of anonymity within your reporting procedures? Yes No
- 12. Do your written procedures include how to respond to suspected misconduct, abuse or molestation, policy violations, suspicious behaviour, sexualised behaviours between residents/clients, employee / volunteer / contractor / third party and resident/client? Yes No

PLEASE NOTE 10., 11. and 12. ABOVE ARE MANDATORY REQUIREMENTS

LOSS HISTORY

Please provide us with a register of all incidents of a sexual nature that have occurred in the past five years.

- 13. Are you aware of any facts, incidents, circumstances or allegations that may give rise to a claim or have resulted in a claim against you? Yes No

Note: 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 below or on separate excel spreadsheet:

Date	Claimant	Particulars	Insurer	Total Claim Amount	Excess amount paid	Does the Total Claim Amount include the Excess	
				\$	\$	Yes	No
				\$	\$	Yes	No
				\$	\$	Yes	No
				\$	\$	Yes	No
				\$	\$	Yes	No
				\$	\$	Yes	No
				\$	\$	Yes	No

- | | |
|---|-----------|
| 14. Have any of your officers, employees, volunteers, contractors been involved in any allegations or claim relating to abuse? | Yes No |
| 15. Have any of your officers, employees, volunteers, contractors been terminated for any cause relating to sexual misconduct or abusive behaviour? | Yes No |

If yes to either of the above please provide further information

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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 Addendum
- The statements in this Addendum are true and complete and no material information has been withheld
- I have read and understood the Important Notices accompanying this Addendum
- 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 Addendum 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 Addendum 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 Addendum 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 Addendum 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: