



**Aged Care Providers  
Combined Liability  
Application Form**  
v0318

## IMPORTANT NOTICES

Please read these Important Notices before completing this application.

### 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.

### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### 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.

### Claims Made Sections

Sections 2 and 3 of the Policy are issued on a claims made and notified basis. This means that Sections 2 and 3 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.

### Contracts or Agreements

We will not cover any liability or obligation assumed by you under any contract, agreement or warranty which would not have otherwise arisen or been implied by law unless you have told us about them and we have noted them on the Schedule.

### Retroactive Date

Where a Limited Retroactive Date is specified in the Schedule in respect to Section 2, Section 2 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 3, Section 3 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.

### Privacy

Pen Underwriting handles 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 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 [www.penunderwriting.com.au](http://www.penunderwriting.com.au)

### Legal Consultation

During the Period of Insurance, the Insured is entitled to up to two hours free legal advice (30 minutes in relation to each particular matter) from our panel legal firms with respect to the risks insured under the Policy, except in relation to the scope of cover provided, claims disputes or complaints against the Insurer.

### **Preventing the Insurers Right of Recovery**

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability, which is covered by the Policy, the Insurer will not cover you under the Policy for that loss, damage or liability.

### **Complaints Handling**

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au)

### **Further Information**

Your insurance broker has arranged this insurance on your behalf. If you have any questions or need further information concerning your insurance, you should contact your insurance broker to assist you with your enquiry. You should direct all of your correspondence to us through your insurance broker as he is your agent for this insurance.

**IMPORTANT NOTICE**

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on additional information section.
- All attached documents and any other information provided by you or your insurance broker either before or after this application for insurance has been accepted by the Insurer shall form part of this application and shall be subject to the Declarations page.

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**1. THE NAMED INSURED (also referred to as you or your throughout this Application form)**

Please provide details of the proposed Named Insured to be covered by Policy Section 1 Public & Products Liability including trusts and/or trading names if applicable. **(Please note The Definition of *Named Insured* in the policy includes the Insured named and any subsidiary company (including subsidiaries thereof) therefore there is no need to list subsidiaries of the companies listed below.)**

**You are however required to declare all business activities, turnover and provide other underwriting information for your entire business including all subsidiaries for which this Insurance is proposed.**

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Please provide details of the proposed Named Insured to be covered by Policy Section 2 Professional Indemnity / Medical Malpractice. *(The Insured's that should be noted under this Policy are those that provide medical or care services and include the Approved Provider.)*

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Please provide details of the proposed Named Insured to be covered by Policy Section 3 Directors and Officers Liability, (This should be the holding company, the latest consolidated financial accounts must be attached with this application.) **To qualify for cover the entity must be incorporated such as an Incorporated Association, Company Limited by Guarantee or, Proprietary Limited Company. Note if only Employment Practice Liability is required it will be issued in the name of the company listed as the Named Insured in Policy Section 1.**

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Are you involved in a Joint Venture or Partnership? Yes  No

If 'yes', and you want your interests in the Joint Venture or partnership to be included in Policy Section 1 and Policy Section 2 of this proposed insurance, please include the information relating to such Joint Venture and /or Partnership in all the answers to questions in this Application for insurance. If the information is not included then there is no coverage under this proposed insurance for such Joint Venture or Partnership.

Name of Joint Venture/Partnership and percentage interest:

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How long have you been in Business: \_\_\_\_\_ Years

Please select and tick your legal status:

(a) Private Company  (b) Company Listed on the Stock Exchange  (c) Not for Profit Organisation

Are you registered for GST purpose? Yes  No

If 'yes', what is your ABN \_\_\_\_\_ If 'no', please provide Tax Credit \_\_\_\_\_%

Are your insurance premiums stamp duty exempt? Yes  No

If 'yes', please provide your current exemption Certificate.

**2. THE PERIOD OF INSURANCE**

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**3. BUSINESS / PROFESSIONAL ACTIVITIES**

Please provide full details in respect of your Business Activities and your Profession for those companies noted in Question 1 and any subsidiaries thereof. If more than one, please tick all appropriate boxes, if inadequate space please use the additional information section.

- In Home Care and / or Community Care (If you tick this box, please complete Question 4)
- Residential Aged Care - *Please indicate number residents at 100% occupancy* \_\_\_\_\_
- Non Geriatric Care such as convalescing care - *Please indicate number of beds* \_\_\_\_\_
- Respite Care Beds – *please indicate number of beds* \_\_\_\_\_
- Serviced Apartments – *Please indicate number of apartments* \_\_\_\_\_
- Assisted Living Units - *Please indicate number of units* \_\_\_\_\_
- Independent Living Units / Retirement Village - *Please indicate number of units* \_\_\_\_\_
- Real Estate Ownership other than Residential Care Facilities (If 'yes', please provide details in question 17 & 18)
- Day Care Centre for Non Residents, if you tick this box and provide health services within the Day Care Centre, please tick the appropriate health care services provided below:-
  - Physiotherapy,  Podiatry,  Speech Therapy,  Occupational Therapy,  Other \_\_\_\_\_
- Consultants - (If you tick this box, please provide details on the additional information section.)

**ONLY COMPLETE QUESTIONS 4 IF YOU HAVE TICKED IN HOME CARE/COMMUNITY CARE BOX IN QUESTION 3**

**4. IN HOME CARE / COMMUNITY CARE**

If you are involved in any of the following care services please tick the box and advise client numbers:-

- Support People with basic care needs – Level 1 NDIS funded Number of Clients: \_\_\_\_\_
- Support People with low level care needs – Level 2 NDIS funded Number of Clients: \_\_\_\_\_
- Support People with intermediate care needs – Level 3 NDIS funded Number of Clients: \_\_\_\_\_
- Support People with high care needs – Level 4 NDIS funded Number of Clients: \_\_\_\_\_
- Community Nursing Number of Clients: \_\_\_\_\_
- Home Modification and Maintenance Number of Clients: \_\_\_\_\_
- Meals & Food Services not forming part of a home care packages above Number of Clients: \_\_\_\_\_
- At home Respite Care Number of Clients: \_\_\_\_\_
- Centre Based Care / Group Activities Number of Clients: \_\_\_\_\_
- Assessment of clients for eligibility to access Care Services Number of Clients: \_\_\_\_\_
- Physiotherapy, Podiatry, Speech Therapy, Occupational Therapy Number of Clients: \_\_\_\_\_
- Vocational training / support Number of Clients: \_\_\_\_\_

Do you use contractor or labour hire staff to provide In Home or Community Care services? Yes  No

If 'yes', what percentage of work is done by contractors or labour hire personal \_\_\_\_\_%

Please indicate by way of percentage to which community sector your services are provided:	
Geriatric	%
Youth with Physically and /or Intellectual Disabilities	%
Adults with Physically and/or Intellectual Disabilities	%
Other - List	%

\* If 'Other', please provide details in the additional information section.

5. Please advise total number of Clients receiving these services and Turnover (Revenue) derived from In Home Care and Community Care activities:

Total Number of Clients: \_\_\_\_\_ Turnover in Home Care / Community Care: \$ \_\_\_\_\_

6. Please provide details of the total Turnover (Revenue) for all Business Activities noted in Questions 3 and 4 above.

- Estimated Turnover (Revenue) current financial year \$ \_\_\_\_\_
- Actual Turnover (Revenue) during the last financial year \$ \_\_\_\_\_
- Actual Turnover (Revenue) during the previous financial year \$ \_\_\_\_\_

For the calculation of **Stamp Duty** please indicate your Revenue in percentage terms split by state as follows:

STATE	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
PERCENTAGE								

7. Are you familiar with and comply with all the relevant guidelines or expected outcomes applicable to the Care Sector or Sectors in which you operate regarding the health and safety of those in your care such as:

The Department of Social Services Guidelines N/A  Yes  No

The Standards & Accreditation Agency or the new Australian Aged Care Quality Agency Guidelines N/A  Yes  No

The current Home & Community Care National Guidelines or the new Australian Aged Care Quality Agency Guidelines N/A  Yes  No

If 'no', to any of the above requirements which apply to your business, please provide a full explanation in the additional Information section.

8. If you operate residential care facilities or retirement villages please provide the number of facilities you operate split as follows:-

Residential Aged Care Facilities: \_\_\_\_\_ Retirement Villages: \_\_\_\_\_

9. Has any residential facility or business operated by you ever been sanctioned? Yes  No

Are there currently any outstanding requisitions in respect to your current accreditation? Yes  No

If 'yes', to either of the above questions please provide details including corrective action or proposed corrective action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Does each of your clients have a documented & signed care plan detailing services agreed? Yes  No

11. Are you involved in any other Business or Profession apart from those listed in Q3 & Q4 for which you require coverage under this proposed Insurance? Yes  No

If 'yes', please provide details:

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12. Estimated Annual Payroll Split as follows:

Principals / Partners	No. _____	Wages \$ _____
Office Staff	No of Staff _____	Wages \$ _____
Registered Nurses / Enrolled Nurses / Attendant Carers	No of Staff _____	Wages \$ _____
Food & Domestic Services Staff and the like.	No of Staff _____	Wages \$ _____
Physiotherapists / Podiatrists / Occupational Therapists	No of Staff _____	Wages \$ _____
Other – List Type _____	No of Staff _____	Wages \$ _____
<b>Total Number of Staff</b> _____		<b>Total \$</b> _____

13. Do you offer child minding arrangements for staff working in your facility? Yes  No   
 If 'yes', please advise number of children at any one time \_\_\_\_\_

14. Do you anticipate the use of or do you use contractors or labour hire Personnel? Yes  No   
 If 'yes', please provide estimated annual contract values for:

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

15. In States where permitted, does the Insured include contractors and sub-contractors within their workers compensation insurance program? Yes  No

16. Do you confirm all contracted allied medical services providers, nursing and care personnel, have their own Malpractice Insurance and General Liability Insurance or do you confirm they are covered by similar insurance policies held by the Employment Agency used to source their services? N/A  Yes  No

17. Do you ensure that, and record that all Nursing Staff, Physiotherapists, Podiatrists, Speech Therapists and the like employed by you or who provide services on your behalf i.e. contracted staff, are fully qualified, registered and licensed to perform such work as required by applicable legislation? N/A  Yes  No

18. Location/s of Premises **occupied** for the purpose of conducting the Insured's Business. (if inadequate space please provide separate listing)

Address / Location	Owned or Leased	Purpose Built
	Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

19. Please list Land Holdings or other Properties owned but not occupied by the Insured (if land please indicate size)

Address / Location	Land or Building	Occupied as
	Land <input type="checkbox"/> Building <input type="checkbox"/>	
	Land <input type="checkbox"/> Building <input type="checkbox"/>	
	Land <input type="checkbox"/> Building <input type="checkbox"/>	
	Land <input type="checkbox"/> Building <input type="checkbox"/>	

20. Are all the buildings noted in Questions 18 and 19 in good repair and comply with Local Council and Fire Brigade Regulations? Yes  No

If 'no', please provide details of upgrades required:

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21. Please indicate if any of your Care Facilities or Retirement Villages have any of the following facilities:

- Swimming Pool / Hydrotherapy Spa Yes  No
- Lawn Bowls, Tennis Courts, Golf Course Yes  No
- Woodwork or Metalworking facilities for residents (men's shed) Yes  No
- Club House Yes  No
- Are any of these facilities used by or hired to anyone other than residents and their guests? Yes  No

22. Does the Insured assume liability under contract or hold harmless agreement or assume a duty or obligation by way of contract, warranty, guarantee which exceed the Insured's liability in the absence of such contract warranty or guarantee? Yes  No

If 'yes', and would like Insurers to consider offering you coverage please provide details and attach copy of contract

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23. Will you or the Insured's residents (including Resident Association) be involved in fundraising activities such as Community Fair, Fete or Car Boot Sales, Farmers Market, Carols by Candlelight, Dinner Dance, ball, walkathons, fun runs, bike rides or the like? Yes  No

If 'yes', please provide details:

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24. Has the Business ever traded under a different name? Yes  No

If 'yes', please provide details:

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25. Has the Business ever been involved in a Merger / Takeover / Acquisition? Yes  No

If 'yes', please provide details in chronological order:

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26. Does the Business envisage any changes in ownership? Yes  No

If 'yes', please provide details:

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**27. Please tick the appropriate box.**

- (a) Are employees, volunteers and contractors required to undergo a formal interview including at least two referees, a criminal record check, a police check and working with children check prior to starting working for you? Yes  No
- (b) Do you have a formal induction or training program in place which addresses the prevention of sexual abuse and is there a formal policy in place which deals with the prevention of sexual and other forms of abuse? Yes  No   
If **'yes'**, when were the policies and procedures last updated? \_\_\_\_/\_\_\_\_/\_\_\_\_
- (c) Do all employees, all volunteers and all contractors attend and sign off on the fact that they have attended the above induction and training program Yes  No
- (d) Do you comply with all relevant state child and vulnerable person protection legislation? Yes  No
- (e) Are policies and procedures in place to comply with Occupational Health and Safety Regulations and safe work practices? Yes  No
- (f) Do you investigate and formally report on any and every suspected case of sexual or other abuse? Yes  No
- (g) Do you have documented procedures in place which deal with the investigation, suspension of employment or engagement of services in the case of a contractor, if after the initial investigation there are reasonable grounds that sexual abuse or other abuse may have taken place? Yes  No
- (h) Are all matters after initial investigation in question (f) above referred to the appropriate authorities? Yes  No
- (i) Do you prohibit people who have had prior convictions relating to theft, fraud dishonesty or related offences or violent or sexually related offences from working for or doing volunteer work for the Business? Yes  No   
If **'no'**, to any of the above please provide details:

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- 28.** Do you presently carry Malpractice Liability and /or Professional Indemnity Insurance? Yes  No   
If **'yes'**, how many years have you continuously held Malpractice and /or Professional Indemnity insurance? \_\_\_\_\_Years

- 29.** Will you be undertaking any demolition / construction / renovation / development activity during the next twelve months? Yes  No

If **'yes'**,  
(a) Estimated total aggregate contract value of any projects over \$500,000: \$ \_\_\_\_\_

(b) Please provide details of all contracts: \_\_\_\_\_

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- (c) Has the Insured obtained or will the Insured obtain written confirmation that all contractors and/or sub-contractors hold separate public liability Insurance noting the Insured's interest as principal? Yes  No   
If **'yes'**, has or does the Insured confirm coverage includes injury to any other contractor who may be on the same site? Yes  No

**DIRECTORS AND OFFICERS LIABILITY**

**ONLY COMPLETE THIS SECTION IF YOU REQUIRE DIRECTORS AND OFFICERS LIABILITY INSURANCE**

30. Does the Proposed Insured presently carry Directors and Officers Liability Insurance? Yes  No   
If 'yes', how many years has the Insured continuously held this Insurance? \_\_\_\_\_ Years

31. Are your financial accounts audited? Yes  No   
If 'yes', has the auditor placed a qualification to the accounts when signing off on the latest financials? Yes  No

If 'yes', please attach the qualification to this application.

32. (a) Is the Business (as proposed) solvent and can it meet its debts as and when they fall due? Yes  No

(b) Are any Directors aware of any facts or circumstances that might affect the ability of the Company or any of its subsidiaries to meet all debts as and when they fall due? Yes  No

If 'yes', please provide details:

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(c) Has there been any change, adverse or otherwise, 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 for insurance** or information of a material nature which could affect the financial position, capital structure or operation of the Business? Yes  No

If 'yes', please provide details:

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(d) Has the proposed Insured:

(1) Publicly announced that it is considering acquisitions, tender offers or mergers? Yes  No

(2) Made any acquisition, disposal, merger or takeover bids in the last 3 years? Yes  No

If 'yes', to above, did the purchase include assumption of liabilities? Yes  No

(3) Been the subject of any attempted takeover bid/offer in the last 3 years or is aware of any current proposals relating a takeover? Yes  No

(4) Have you sold any companies in the last five years? Yes  No

If 'yes', to any of the above please provide details:

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33. Has the proposed Insured issued any prospectus in the last 3 years or publicly disclosed its intention to make a public offering of securities within the next year? Yes  No

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34. Has there been or is there now pending any prosecution of the proposed Insured including subsidiaries under the Corporations Act, Trade Practices (Fair Trading) Act, or any other statute? Yes  No

If 'yes', please provide details:

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35. Has any director or executive officer of the proposed Insured ever been declared bankrupt or been a director or executive of an organisation placed in receivership, liquidation or provisional liquidation or has there been or is there now pending any prosecution under the Corporations Act, Trade Practices (Fair Trading) Act, Occupational Health and Safety Act or any other statute or convicted in a court of law relating to the Business? Yes  No

If 'yes', please provide details:

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**Optional Extensions for Directors and Officer Liability**

36. Please indicate whether any of the following additional covers are required, an additional premium may be charged.

(a) **Public Relations Expense** Yes  No

(b) **Internet Liability**

*If insurance for Internet Liability is required please answer the following questions:*

Do you have a privacy policy posted on all internet sites? Yes  No

Do you make available medical / health information pertaining to identifiable residents or clients? Yes  No

(c) **Statutory Penalties**

*If insurance is required please answer the following questions:*

Do you comply with all statutory requirements relating to your Business? Yes  No

In the past five years has the Company or a director or officer of the Company 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

In the past five years have there been any incident or circumstances which could give rise to a fine or penalty (other than for traffic offences) being imposed on the Company or a director or officer of the Company by a Federal, State, Territory or Local Government or other regulatory authority? Yes  No

(d) **Tax Audit**

*If insurance is required please answer the following questions:*

Does an independent external accountant prepare the company's financial statements? Yes  No

Does the Insured perform regular procedural reviews or internal audits? Yes  No

Has an Audit by a commissioner of Taxation been conducted? Yes  No

Has the corporation been fined or penalized in the last five years? Yes  No

Has the Company been notified of a pending or likely Tax Audit? Yes  No

Do you believe or have any reason to suspect you will be the subject of a Tax Audit? Yes  No

(e) **Crime**

*Only complete this section if you require crime insurance:*

Is the handling of cheques or cash limited to principals and accounts staff? Yes  No

If 'yes', how many principals and staff are authorised to handle cheques or cash: \_\_\_\_\_

What is the maximum amount of cash on the premises at any one time: \$ \_\_\_\_\_

Are the books audited by an independent registered company auditor? Yes  No

(i) If 'yes', how often: \_\_\_\_\_

(ii) Please provide name of Audit firm \_\_\_\_\_

Are there at least two people required to authorise or counter sign a cheque? Yes  No

Are there at least two people required to authorise an Electronic Transfer of Funds? Yes  No

Is the handling of cheques or cash limited to principals and accounts staff? Yes  No

If 'yes', how many principals and staff are authorised to handle cheques or cash: \_\_\_\_\_

Are there separation of duties between persons handling money which terms includes EFT? Yes  No

Is there a delegation of authority regarding the limit an employee can authorise payments? Yes  No

How often and by whom are the entries in the cashbook checked with vouchers and reconciled with the bank statements and returned cheques?

By Whom \_\_\_\_\_

How often: \_\_\_\_\_

**EMPLOYMENT PRACTICES LIABILITY**

**ONLY COMPLETE THIS SECTION IF YOU REQUIRE EMPLOYMENT PRACTICES LIABILITY INSURANCE**

37. Do you presently carry, Employment Practices Liability Insurance? Yes  No   
 If 'yes', how many years have you continuously held Employment Practices Liability insurance? \_\_\_\_\_ Years

38. Outline the number of employees and workers in the Insured's business for the past 3 years.

	Current Year	Last Year	Previous Year to Last Year
Full-Time Employees			
Part-Time Employees			
Temporary Workers / Contract Workers			

39. How many officers and other employees have resigned, been terminated (with or without cause) or have retired within the last 12 months: Officers: \_\_\_\_\_ Employees: \_\_\_\_\_

40. Do you have a written human resources manual or equivalent written management guideline? Yes  No

41. Have there been any closures, consolidations or retrenchments within the previous 24 months or do you anticipate any closures, consolidating or retrenchments within the next 24 months? Yes  No

If 'yes', please provide details including how many employees will be affected:

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42. 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 Trade Practices Act; Unfair Dismissal or Anti-Discrimination Legislation; Work Choices Legislation, Harassment Laws or any other statute or any action relating to a breach of contract? Yes  No

If 'yes', please provide details:

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**CLAIMS HISTORY**

43. Have any claims been made against any proposed Insured under a Public and Products Liability policy, Malpractice / Professional Indemnity Liability Policy, Fidelity &/or Crime, Directors & Officers Policy or Employment Practices Liability Policy or any optional extension in this application form during the past 5 years? Yes  No

*This information should also include claims made or notified to previous insurers over the past 5 years*

If 'yes', please provide details:

Name of Claimant	Particulars	Date of claim	Insurer	\$ Value of claim
				\$
				\$
				\$
				\$
				\$

44. The declaration at the end of this Application form asks you to notify any facts, incidents, accidents or circumstances that gave rise or may give rise to a claim of the type to be insured under the proposed Public and Products Liability Policy Section, Malpractice / Professional Indemnity Liability Policy Section or the Directors and Officers Policy Section (incl. Employment Practices Liability) or any optional extension requested other than those already notified to and are known to the Insurer.

If any, please provide details in the space provided below.

Name of Claimant	Particulars	Date of claim	Insurer	\$ Estimate
				\$
				\$
				\$
				\$
				\$

**VOLUNTARY WORKERS PERSONAL ACCIDENT INSURANCE (separate Insurance Policy will be issued)**

**ONLY COMPLETE THIS SECTION IF YOU REQUIRE VOLUNTARY WORKERS PERSONAL ACCIDENT INSURANCE**

45. Please advise number of volunteers who donate their time to the organisation? \_\_\_\_\_

46. Please advise the average number of hours worked per week by a volunteer? \_\_\_\_\_

47. Does the proposed Insured currently insure their volunteers for personal accident insurance? Yes  No

If 'yes', please advise the Insurer and premium paid.

Insurer: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

48. Has the proposed Insured lodged a personal accident claim in the last three (3) years? Yes  No

If 'yes', please provide details and/or claims experience

Name of Claimant	Particulars	Date of claim	Insurer	\$ Value of claim
				\$
				\$
				\$

**LIMITS OF LIABILITY**

**PLEASE INDICATE THE LIMITS OF LIABILITY REQUIRED BY TICKING THE APPROPRIATE BOX:**

**Section 1 - Public & Products Liability:**  \$5 million  \$10 million  \$20 million  Other, Specify \$ \_\_\_\_\_

**Section 2 - Malpractice Liability:**  \$2 million  \$5 million  \$10 million  Other, Specify \$ \_\_\_\_\_

**Section 3 - Directors & Officers Liability:**  \$2 million  \$5 million  \$10 million \_\_\_\_\_  
 Other, Specify \$ \_\_\_\_\_

*If Option taken:* **Public Relations Expense**  \$50,000  \$100,000

**Statutory Penalties**  \$1 million  \$2 million  \$5 million

**Tax Audit**  \$20,000  \$50,000  \$100,000

**Internet Liability**  \$1 million

**Crime:**  \$50,000  \$100,000  \$250,000  Other, Specify \$ \_\_\_\_\_

**Section 3 - Employment Practices Liability**  \$1,000,000  \$2 million

**DECLARATIONS AND SIGNATURE**

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

**I/We declare that:**

- I/We hereby declare that after enquiry of all staff, managers and contractors that the principals, partners or directors are not aware of any facts, incidents, accidents or circumstances that may give rise to a claim of the type to be insured under the proposed Public and Products Liability Policy Section, Malpractice / Professional Indemnity Liability Policy Section or the Directors and Officers Policy Section (incl. Employment Practices Liability) or any optional extension requested in this Application form other than those already notified to and are known to the Insurer all other matters that could lead to a claim under a Policy Section for which this Application for insurance applies are reported in question 44 of this Application form.
- I/We have never had an Insurer decline an Application, impose special terms or exclusions, decline to renew My/Our insurance or cancel an insurance policy held by Me/Us.
- I/We have read and understood the Important Notices on this Application.
- I/We am authorised by each of the Applicant(s) to sign this Application.
- The statements in this Application are true and complete and no material information has been withheld.
- I/We have diligently made all necessary enquiries in order to comply with the duty of disclosure.
- I/We have read the Pen Underwriting Privacy Statement on this Application and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement.
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement.
- I/We acknowledge that Pen Underwriting relies on the information and representations in this Application and otherwise made by me or on my behalf or by our insurance broker in relation to this insurance.
- Except where indicated to the contrary, I/We understand that any statement made in this Application will be treated as a statement made by all persons to be insured.
- I/We undertake to notify Pen Underwriting of any material alteration to the information contained in this Application prior to inception of the proposed insurance.
- I/We understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance.

**Proposer Signature:** ..... **Date:**.....

**Signature of this form does not bind the proposed Insured or the Insurers to complete the Insurance.**

