



**Care Providers
Combined Liability
Renewal Application Form**
v1117

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.

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.

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.

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.

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.

Privacy

Pen Underwriting and Vero Insurance 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 and in the Vero Privacy Statement and 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 and other overseas countries as listed in the Vero List of Overseas Countries. 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 and in the Vero Privacy Statement. 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 the Vero Privacy Statement 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. You can access the Vero Insurance Privacy Statement, Policy and List of Overseas Countries by visiting www.vero.com.au/privacy or by telephoning 1300 888 073.

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 or Vero Insurance 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.

General Insurance Code of Practice

Pen Underwriting, Vero Insurance and Lloyd's Underwriters proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from www.codeofpractice.com.au or from us upon request.

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.
- **It is recommended that last year's application and the current Policy Schedule be reviewed when considering your answers to this application.**
- 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.

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

We will renew this Insurance in the name of the current Company / Companies as listed in the respective current Policy Sections, however if you have added any companies in your business over the past twelve months for which cover is required under this proposed insurance please note the new name(s) below and then provide details of any change in the overall Business Activity (if applicable) in question 3.

Please list any company (ies) for which cover is no longer required under this proposed insurance?

Over the past twelve months have you entered into a new Joint Venture or Partnership? Yes No

If **'yes'**, and you want your interests in the Joint Venture or partnership included in General and Product Liability and the Professional Indemnity / Malpractice Liability Sections 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:

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:

2. THE PERIOD OF INSURANCE

From: ___/___/___ to ___/___/___

3. BUSINESS / PROFESSIONAL ACTIVITIES

The intention of this question is to make sure we have a full description of your current and proposed business activities so, after reviewing your last year's application and other relevant information you have already sent to us, have or do you intend to make changes to your business from what you have previously advised to us. If you have or intended to make changes to your business please tick the appropriate box below and answer the corresponding questions.

We made the following changes during the year or intend to make the following changes to our business:

- Offered or will offer in home care and or community care or any change in you offering - if yes complete Question 5
- Increased or will increase the bed numbers by _____, date this increase effective _____
- Offered or will offer Non Geriatric Care such as convalescing care, please indicate number of beds _____
- Built or will build a new aged care facility, completion date _____ additional bed numbers _____
- Built or will build retirement units, please advise number of additional units _____ completion date _____
- Offered or will offer a day care service for non-residents such as Physiotherapy, Podiatry, Occupational or Speech Therapy.
- Increased or will increase land holdings by purchasing land or property – please advise date of purchase and provide details:-

- Please advise any other changes to your business not previously advised or that you are likely to undertake in the next twelve months.

4. Please provide details of Turnover (Revenue) for all Business Activities to which this proposed insurance applies.

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 Estimated Turnover (Revenue) by percentage split by state:

STATE	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
PERCENTAGE								

ONLY COMPLETE QUESTION 5 IF YOU HAVE TICKED THE HOME CARE/COMMUNITY CARE BOX IN QUESTION 3

5. Please tick the appropriate box if you are involved in any of the following activities indicating if it is an existing or anticipated new activity:

	Existing Activity	New Activity
<input type="checkbox"/> Support people with basic care needs – Level 1	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Support people with low level care needs – Level 2	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Support people with intermediate care needs – Level 3	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Support people with high care needs – Level 4	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Home Modification and Maintenance not forming part of the above services	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Meals & other Food Services not forming part of the above services	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> At home Respite Care	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Assessment of clients for eligibility to access HACC, NDIS or similar services	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Consultancy to or advocacy for the care industry	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Physiotherapy, Podiatry, Speech Therapy, Occupational Therapy	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Centre based day care / group activities	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Vocational training / support	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Accommodation or shared housing please advise number of beds _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="checkbox"/> Community nursing	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

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

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

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.

6. In the next twelve months do you anticipate the use of contractors or labour hire personal? 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 **not** 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 **not** under your direct supervision. \$ _____

7. Will you or the residents association be involved in fundraising activities such as community fairs, car boot sales, farmers market, carols by candlelight, dinner dance, ball, walkathon, fun run, bike rides or the like? Yes No
 If 'yes', please provide details:

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

8. If you indicated in Question 3 that you will be conducting building works or demolition, activity during the next twelve months please answer the following:-

(a) Estimated total aggregate contract value of any project(s) over \$500,000 \$ _____

(b) Please provide details of the above works: _____

(c) Do you obtain written confirmation that all contractors and/or sub-contractors working on site hold separate public liability Insurance noting your interests in the project Yes No

If 'yes', do you confirm coverage includes injury to all workers and contractors on site Yes No

FEATURES OF YOUR BUSINESS THAT INFLUENCE OUR DECISION TO ACCEPT THIS INSURANCE APPLICATION

PLEASE INDICATE WHETHER STATEMENTS IN THIS SECTION OF THE APPLICATION ARE TRUE OR NOT TRUE, IF NOT TRUE PLEASE GO TO THE ADDITIONAL INFORMATION SECTION AND ADVISE AS TO WHY THE STATEMENT IS NOT TRUE.

9. You are currently accredited by the respective controlling body which regulates your industry sector and you continue to comply with all required standards and guidelines set out by the responsible government body or standards association responsible for the accreditation of your business. True Not true

10. Your clients have a documented & signed care plan detailing services agreed. True Not true

11. You confirm all contracted allied medical services providers, nursing and care personal have their own Malpractice Insurance and General Liability Insurance or alternatively you confirm they are covered by these types of policies held by the Employment Agency used to source their services. True Not true

12. You ensure that, and record 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 all relevant activities as required by the relevant legislation. True Not true

13. All buildings owned by you or in which you operate your business comply with Local Council and Fire Brigade Regulations and are all in a good state of repair. True Not true

14. Your recreational facilities are for the exclusive use of your residents and their guests and you do not hire out your facilities to third parties other than for use by the local Rotary Club, charity or the like. True Not true

15. We do not envisage any changes in ownership during the next twelve months. True Not true

16. The follow employment practices are in place;

- (a) All new employees required to present references on applying to work for the Business;
- (b) Background police checks are undertaken for all new employees, contractors or volunteers;
- (c) Policies and procedures are in place to comply with Work Safe and Occupational Health and Safety Regulations;
- (d) You prohibit people (including volunteers) who have had prior convictions relating to violent or sexually related offences from working (including voluntary work) for or in the business and;
- (e) You have policies and procedures in place for reporting sexual abuse or other abuse, and these policies include the standing down of an employee suspected or actually involved in such abuse. True Not true

If any of the above statements are **not true** please provide detailed information regarding the statement not being true in the additional information section.

DIRECTORS AND OFFICERS LIABILITY

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

17. Are any Directors aware of any facts or circumstances that might affect the ability of the Insured to pay debts as and when they fall due? Yes No

If 'yes', please provide details:

18. 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 Proposed Insured. Yes No

If 'yes', please provide details:

19. Has the Named Insured

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

(ii) Made any acquisition, disposal, merger or takeovers in the last 3 years? Yes No

(iii) 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

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

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

20. 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

Has any director or executive officer of the proposed Insured ever been declared bankrupt or been a director or executive of an organization placed in receivership, liquidation or provisional liquidation? Yes No

If 'yes', please provide details:

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

If 'yes', please provide details:

Optional Extensions for Directors and Officer Liability

22. 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

(a) If 'yes', how often: _____

(b) 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

23. Do you presently carry Employment Practices Liability Insurance? Yes No

If 'yes', how many years have you continuously held Employment Practices Liability insurance? _____ Years

24. Outline the number of employees and workers in the Insured's business:

	Current Year
Full-Time Employees	
Part-Time Employees	
Temporary Workers / Contract Workers	

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

Officers: _____ Employees: _____

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

27. Have there been any facilities 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:

28. 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:

CLAIMS HISTORY

29. 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
				\$
				\$
				\$
				\$
				\$

30. 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

31. Please advise number of volunteers who donate their time to the organisation: _____

32. Please advise the average number of hours worked per week by a volunteer? _____

33. 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: \$ _____

34. 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 AUTHORORISED 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 30 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.

