



**Community Care Providers
Combined Liability
Application Form**
v0218

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.

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.

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.

IMPORTANT NOTICE

- Please answer all questions in full. Where appropriate, select the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please utilise the additional information section.
- All attached documents and any other information provided by you shall be subject to the Declarations.

This Application is for: New Business Renewal - Policy Number (if known) is:

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

Please provide details of the Proposed Insured including trusts and/or trading names.

(Please note: 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 of the companies below)

You are however required to declare all business activities and turnover (refer questions 5 and 7) for your entire business including all subsidiaries for which coverage is proposed.

Please indicate your legal status:

(a) Private Company (b) Public Company (c) Not for Profit Organisation

2. Are you registered for GST purpose? Yes No

If 'yes', what is your ABN _____ Please provide your Income Tax Credit _____%

3. Are your insurance premiums stamp duties exempt? Yes No

If 'yes', please provide a copy of the Certificate

4. When was your Business established? _____/_____/_____

If less than 3 years please indicate the working experience of the Directors on the Additional Information section at the end of this Application including their Curricula Vitae.

5. PERIOD OF INSURANCE

From: _____/_____/_____ to _____/_____/_____

6. BUSINESS / PROFESSIONAL ACTIVITIES AND OTHER GENERAL INFORMATION

Please indicate if you are involved in any of the Activities listed below:

- Accommodation and shared housing for people with disability Yes No
- Assessment for support funding eligibility and support regarding funding options Yes No
- Assistance with household tasks Yes No
- Assistance for independent living Yes No
- Assistance regarding transportation Yes No
- At home respite care Yes No
- At home nursing care Yes No
- Consultancy to or advocacy for the care industry Yes No
- Centre based day care Yes No
- Home modification and maintenance Yes No
- Life choice improvement advice and or life coaching Yes No
- Massage therapy Yes No

- Maintenance therapy and exercise training for family or carers Yes No
- Nursing agency personnel placement Yes No
- Physical wellbeing activities Yes No
- Preparation and delivery of meals Yes No
- Relationship counselling Yes No
- Rehabilitation support Yes No
- Support regarding community participation Yes No
- Support in finding and retaining employment for people with disability Yes No
- Support for the disabled persons with high medical needs Yes No
- Support in managing diet and wellbeing Yes No
- Sale of goods and equipment and aids for people with a disability Yes No
- Vacation and outside schools hours care Yes No
- Vehicle modification Yes No

Please indicate whether you are or will become involved in any of the following:

- Registered training (RTO) for carers in the aged care or community care industry Yes No
- Sheltered workshop Yes No
- Behaviour counselling for difficult or troubled children, youth or adults Yes No
- Psychiatric hospital Yes No
- Provide care within a detention centre Yes No
- Foster Agency or operate a Foster Home Yes No
- Drug and Alcohol Treatment centre and home Yes No
- Personnel Placement agent for persons without a disability Yes No
- Clients requiring medical ventilation and /or tracheotomy Yes No
- Treatment or therapy of severe disorders such as Arsonists or Sexual Offenders Yes No
- Adventure activities such as water sports, rock climbing, abseiling, and the like Yes No
- Sports coaching Yes No
- Camps and vacation activities Yes No
- Financial intermediary and or financial advice Yes No
- Early childhood intervention support Yes No

If you are involved in any other Business and or Profession not included in any of the listings in this question for which you require coverage under this proposed insurance, please provide details for the Insurer's consideration in the Additional Information section.

7. Please indicate by way of percentage to which care sector your services are provided:

- Geriatric _____%
- Youth with Physical and or Intellectual Disabilities _____%
- Adults with Physical and or Intellectual Disabilities _____%
- Other – Please provide details _____%

8. Please provide details of the Turnover (Revenue) for all business operations to be insured by this proposed insurance:

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

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

| State | NSW | VIC | QLD | SA | WA | TAS | NT | ACT |
|------------|-----|-----|-----|----|----|-----|----|-----|
| Percentage | | | | | | | | |

9. Estimated annual payroll split as follows:

- Principals/Partners No. _____ Wages \$ _____
 - Office Staff No. of staff _____ Wages \$ _____
 - Field Staff No. of staff _____ Wages \$ _____
- Total** _____ **Total** \$ _____

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

| 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"/> |

Are all buildings in good repair and comply with Council and Fire Brigade Regulations? Yes No
 If 'no', please provide details of upgrades required to comply.

11. Do you anticipate or do you regularly use contractors or labour hire personnel? Yes No

If 'yes', please provide annual contract value for:

- (a) Nursing or attendant care workers via a labour hire agency: \$ _____
- (b) Contract nursing or attendant care workers hired directly: \$ _____
- (c) General contractors such as gardeners, maintenance, and the like: \$ _____

12. Do you offer child minding arrangements for staff working in your business? Yes No

If 'yes', please advise number of children at any one time _____

13. Do you ensure and record that all contracted nursing or care personal personnel, have their own Malpractice Insurance and or Professional Indemnity Insurance and Public and Products Liability Insurance or that they are covered by such insurance policies held by the Employment Agency used to source their services? Yes No

14. Are you familiar with and comply with all the relevant guidelines or expected outcomes applicable to the Care Sector in which you operate regarding the health and safety of those in your care such as The current Home & Community Care Guidelines and or the new Australian Aged Care Quality Agency Guidelines or any other guidelines issued by a Government Department such as the Department of Social Services or Department of Health or the like? Yes No

15. Do each of your clients have a documented and signed care plan detailing services agreed? Yes No

16. Do you currently or do you intend to provide care services to a member of your family or a relative? Yes No

If 'yes', please provide details:

17. (a) Do you assume liability under contract, agreement or assume a duty or obligation by way of warranty or guarantee which exceeds your liability in the absence of such contract, warranty or guarantee? Yes No

If 'yes', and you would like Insurers to consider offering you coverage, please provide details and a copy of the contract(s):

(b) If you use the services of sub-contractors or contract any work to others do you impose the same contractual obligations to those parties as you have accepted from the parties for whom you perform work? Yes No

If 'no' please advise why not:

(c) Do you ensure and record that, nursing and allied health staff such as Physiotherapist, Podiatrist, Speech Therapist Occupational therapist engaged in the Proposed Insured's Business are fully qualified and registered and licensed to perform such work as required by applicable legislation? Yes No

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

If 'yes', please provide details:

19. Has the Business ever been involved in any Merger/Takeover/Acquisition? Yes No

If 'yes', please provide details:

20. Does the business envisage any changes in ownership? Yes No

If 'yes', please provide details:

21. Has any director or executive officer of the Proposed Insured ever been declared bankrupt or has a director or executive of an organisation placed in administration, 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 the Magistrates, Supreme / County or High court relating to the Business? Yes No

If 'yes', please provide details:

22. Does the Proposed Insured presently carry Professional Indemnity Insurance?

If 'yes', how many years have you continuously held this Insurance? _____ Years

23. 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:

24. (a) Are employees, contractors and volunteers required to undergo a formal interview including at least two referees, a criminal record check, police check and working with children check prior to starting work 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, contractors and volunteers 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) Do you investigate and formally report on any and every suspected case of sexual or other abuse? Yes No

(f) If after the 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 of services in the case of a contractor or volunteer? Yes No

(g) Do you have documented procedures in place which deal with the investigation, suspension of employment or 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 (e), (f) and (g) above referred to the appropriate authorities? Yes No

(i) 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 on behalf of your Business or doing volunteer work for the business? Yes No

If 'no' to any of the above please provide details:

DIRECTORS AND OFFICERS LIABILITY

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

25. Does the Proposed Insured presently carry Directors and Officers Liability Insurance? Yes No

If 'yes', how many years has the Proposed Insured continuously held this Insurance? _____ Years

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

27. Have you issued any prospectus in the last 3 years or publicly disclosed an intention to make any public offering of securities within the next year? Yes No

28. Are your latest set of financial accounts audited? Yes No

If 'yes', has the Auditor signed them off without qualification? Yes No

29. Has there been any change, in the financial position of the Proposed Insured, or any event which has occurred which is not detailed in the annual report submitted with the Application for insurance or information of a material nature which could affect the financial position, liability, operation or capital structure of the Proposed Insured? Yes No

If 'yes', please provide details in the Additional Information section.

30. Have you:

- (a) Publicly announced that you are currently considering acquisitions, tender offers or mergers? Yes No
- (b) Made any acquisition, disposal, merger or takeover in the last 3 years? Yes No
 If 'yes', to above, did the purchase include assumption of liabilities? Yes No
- (a) Have you been the subject of any attempted takeover bid/offer in the last 3 years or are you aware of any current proposals relating to a takeover bid for your business? Yes No
- (b) Have you sold any companies in the last five years? Yes No
 If 'yes', please provide details:
-

Optional Endorsements for Directors and Officer Liability

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

- (a) **Public Relations Expenses** Yes No
- (b) **Internet Liability** Yes No
 If 'yes', please answer the following questions:
- (1). Do you have a privacy policy posted on all internet sites Yes No
- (2). Do you make available medical / health information pertaining to identifiable residents or clients Yes No
- If 'yes', to question (2b) please provide details:
-

- (c) **Statutory Penalties** Yes No
 If 'yes', please answer the following questions:
- (1). Do you comply with all statutory requirements relating to your Business Yes No
- (2). 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
- (3). 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 Company or a director or officer of the Company by a Federal, State, Territory or Local Government or other regulatory authority? Yes No
- If 'yes', to either questions (2) or (3) above please provide details:
-

- (d) **Tax Audit** Yes No
 If 'yes', please answer the following questions:
- (1). Does an independent external accountant prepare the company's financial statements? Yes No
- (2). Does the Insured perform regular procedural reviews or internal audits? Yes No
- (3). Has an Audit by a commissioner of Taxation been conducted? Yes No
- (4). Has the corporation been fined or penalised in the last five years? Yes No
- (5). Has the Company been notified of a pending or likely Tax Audit? Yes No
- (6). Do you believe or have any reason to suspect you will be the subject of a Tax Audit? Yes No
- If 'yes', to either Questions (3), (4), (5) or (6) of the above questions please provide full details:
-

CRIME

ONLY COMPLETE THIS SECTION IF YOU REQUIRE CRIME INSURANCE

32. 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 _____
33. What is the maximum amount of cash on the premises at any one time \$ _____
34. Are the books audited by an independent registered company auditor? Yes No
 If 'yes', how often: _____
 Please provide name of Audit firm _____
35. Are there at least two people required to authorise or counter sign a cheque? Yes No
36. Are there at least two people required to authorise an Electronic Transfer of Funds? Yes No
37. Are there separation of duties between persons handling money which term includes EFT? Yes No
38. Is there a delegation of authority regarding the limit an employee can authorise payments? Yes No
39. 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

40. Do you presently carry, Employment Practices Liability Insurance? Yes No
 If 'yes', how many years have you continuously held Employment Practices Liability insurance? _____ Years
41. Outline the number of employees and workers engaged by the business over the past 3 years.

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

42. How many officers and other employees have resigned, been terminated (with or without cause) or have retired within the last 12 months?
 Officers: _____ Employees: _____
43. Do you have a written human resources manual or equivalent written management guideline? Yes No
44. Have there been any closures, consolidations or retrenchments within the previous 24 months or do you anticipate any closures, consolidations or retrenchments within the next 24 months? Yes No
 If 'yes', please provide details including how many employees will be affected:

45. 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

46. Have any claims been made against any Proposed Insured under a Public and Products Liability policy, Malpractice / Professional Indemnity Liability Policy, Crime insurance, Directors & Officers Policy or Employment Practices Liability Policy or any optional extension in this Application 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 |
|------------------|-------------|---------------|---------|-------------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

47. The declaration at the end of this Application asks you to notify any facts, incidents, accidents, matters 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 and Crime insurance) or any optional extension requested other than those already declared to the Insurer.

If any, please provide details

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

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

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

Internet Liability \$1 million

Crime \$50,000 \$100,000 \$150,000

Section 3 - Employment Practices Liability \$1 million \$2 million \$5 million



Declaration:

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 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.

Signature/s: **Date:**.....

Name/s: **Title:**.....



Additional Information

If there is inadequate space to answer our Questions on this application form, please use this Additional Information section. Please also attach any brochures, promotional pamphlets or other publications relevant to this application for Insurance. **This information forms part of the application and is subject to the above declaration.**

| QUESTION | ANSWER |
|----------|--------|
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