



Home and Community Care,  
Disability Care, In-Home Care

**Combined Liability**  
Application Form v0120

## IMPORTANT NOTICES

Please read these Important Notices before completing this application form.

### 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 and the Insurer handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom 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).

### 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).

# Combined Liability Application Form

## Home and Community Care | Disability Care | In-Home Care



### 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 in the additional information section.
- All attached documents form part of this Application Form.

**This Application is for**  New Business  Renewal : Policy Number (If Known): \_\_\_\_\_

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

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

.....

.....

Please indicate your legal status:

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

2. Are you registered for GST purposes? Yes  No

If **Yes**,

Please provide your ABN: .....

Please advise your Income Tax Credit: .....

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

If **Yes**, please ensure the Stamp Duty Exemption attached to this application form is complete.

4. Date 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 form, including attaching their Curricula Vitae.

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

If **Yes**, please provide details:

.....

.....

.....

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

If **Yes**,

Name of Company	Date of Merger Takeover/Acquisition	Did Merger Takeover/Acquisition include the liabilities
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

7. Does the Business envisage any changes in ownership in the next 12 months? Yes  No

If **Yes**, Please provide details:

.....

.....

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8. Period of Insurance: **From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to** \_\_\_\_/\_\_\_\_/\_\_\_\_

### 9. BUSINESS / PROFESSIONAL ACTIVITIES AND OTHER GENERAL INFORMATION

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

- (a) Accommodation or shared housing for people with disability Yes  No   
**If Yes to (a), please complete part 1 of the attached Addendum**
- (b) Assessment for support funding eligibility and support regarding funding options Yes  No
- (c) Assistance with household tasks Yes  No
- (d) Assistance with independent living Yes  No
- (e) Assistance regarding transportation Yes  No
- (f) At home respite care Yes  No
- (g) At home nursing care Yes  No
- (h) Consultancy to or advocacy for the care industry Yes  No
- (i) Centre based day care Yes  No
- (j) Home modification and maintenance Yes  No
- (k) Life choice improvement advice and or life coaching Yes  No
- (l) Massage therapy Yes  No
- (m) Maintenance therapy and exercise training for family or carers Yes  No
- (n) Nursing agency personnel placement Yes  No   
**If Yes to (n), please complete part 2 of the attached Addendum**
- (o) Physical wellbeing activities Yes  No
- (p) Preparation and delivery of meals Yes  No
- (q) Relationship counselling Yes  No
- (r) Rehabilitation support Yes  No
- (s) Support regarding community participation Yes  No
- (t) Support in finding and retaining employment for people with disability Yes  No
- (u) Support for the disabled persons with high medical needs Yes  No
- (v) Support in managing diet and wellbeing Yes  No
- (w) Sale of goods, equipment or aids for people with a disability Yes  No
- (x) Vacation and outside school hours care Yes  No
- (y) Vehicle modification Yes  No

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

- (a) Registered training (RTO) for carers in the aged care or community care industry Yes  No   
**If Yes to (a), please complete part 3 of the Attached addendum**
- (b) Social Enterprise Yes  No   
**If Yes to (b), please complete part 4 of the attached Addendum**
- (c) Behaviour counselling for difficult or troubled children, youth or adults Yes  No
- (d) Psychiatric hospital Yes  No
- (e) Provide care within a detention centre Yes  No
- (f) Foster Agency or operate a Foster Home Yes  No
- (g) Drug and Alcohol Treatment centre and home Yes  No
- (h) Personnel Placement agent for persons without a disability Yes  No
- (i) Clients requiring medical ventilation and or tracheotomy Yes  No
- (j) Treatment or therapy of severe disorders such as Arsonists or Sexual Offenders Yes  No
- (k) Adventure activities such as water sports, rock climbing, abseiling, and the like Yes  No   
**If Yes to (k), please complete part 5 of the attached Addendum**
- (l) Sports coaching Yes  No
- (m) Camps and vacation activities Yes  No   
**If yes to (m), please complete part 6 of the attached addendum**

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- (n) Financial intermediary and or financial advice other than NDIS administration for clients Yes  No
- (o) Early childhood intervention support Yes  No

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

**10. 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:	%

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

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

**12. Estimated annual payroll split as follows:**

	Number of Staff	Wages
Principals/Partners		\$
Office Staff		\$
Field Staff		\$
<b>Total</b>		\$

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

(a)

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"/>

- (b) 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:

.....

- 14. Do you anticipate or do you regularly use contractors or labour hire personnel?** Yes  No

If **Yes**, please provide annual contract value for:

Nursing or Attendant Care Workers	\$
Allied Health Professionals	\$
General Contractors such as Gardeners, Maintenance and the like	\$

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15. Do you operate a service company that hires staff and then on-hires them or places them in companies within the group of companies owned/operated by you? Yes  No

If **Yes**, please provide the name of the service company: .....

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

If **Yes**, please advise the number of children at any one time: .....

17. Do you ensure that, and record that, all contracted nursing or care personnel, have their own Malpractice Insurance / 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

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

19. 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:  
.....  
.....

**20. Contractual Liability**

(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 The Insurer 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 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 Physiotherapists, Podiatrists, Speech Therapists, and Occupational Therapists engaged in your business, are fully qualified, registered and licensed to perform such work as required by applicable legislation? Yes  No

21. 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, Occupational Health and Safety Act or any other statute? Yes  No

If **Yes**, please provide details:  
.....  
.....

22. Has any director or executive officer of the Proposed Insured:

(a) ever been declared bankrupt? Yes  No

(b) been a director or executive of an organisation placed in administration, receivership, liquidation or provisional liquidation? Yes  No

If **Yes**, Please provide details:  
.....  
.....

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23. Is the Business currently insured for Professional Indemnity Insurance? Yes  No

If **Yes**, how many years have you continuously held this insurance?.....

24. 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:

.....

.....

25.

(a) Do all employees, contractors and volunteers undergo formal interview processes including reference checks, working with children checks, working with vulnerable persons checks, criminal record checks and police checks prior to starting for you? Yes  No

(b) Do you have a formal policy in place which deals with the prevention of abuse including sexual abuse? Yes  No

If **Yes**, When was it last updated? .....

(c) Do you comply with all relevant state child and vulnerable person protection legislation? Yes  No

(d) Do you investigate and formally report on any and every suspected case of abuse? Yes  No

(e) If, after initial investigation, there are reasonable grounds that sexual abuse or other abuse may have taken place, do you have documented procedures in place which deal with the investigation, suspension of employment or service in the case of an employee, contractor or volunteer? Yes  No

(f) After initial investigation, are all matters in question (d) and (e) above referred to the appropriate authorities? Yes  No

(g) Do you prohibit individuals who have had prior convictions relating to theft, fraud or dishonesty, a sexual offence, abuse or related offences from working for you or doing volunteer work for or on behalf of your Business? Yes  No

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

.....

.....

(h) Do you administer antipsychotics or use other forms of restraint? Yes  No

(i) Do you have clients / residents on antipsychotics for longer than a 12 week duration? Yes  No

If **Yes**, to either (h) or (i) please provide details:

.....

.....

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

26. Do you require Directors and Officers Liability Insurance? Yes  No

If **Yes**,

(a) Do you presently carry Directors and Officers Liability Insurance? Yes  No

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

(c) Have you issued any prospectus in the last 3 years or publically disclosed an intention to make any public offering of securities within the past year? Yes  No

(d) Are the Financial accounts audited by an independent registered company auditor? Yes  No

If **Yes**,

How often: .....

Name of Audit Firm: .....

(e) Has there been any change in the financial position of the business, or any event which has occurred which is not detailed in the annual report submitted with this Application or information of a material nature which could affect the financial position, liability, operation or capital structure of the business? Yes  No

27. Have you:

(a) publically announced that you are currently considering acquisitions, tender offers or mergers? Yes  No

(b) been the subject of any attempted takeover bid/offer in the last 3 years or are you aware of any current proposals relating to a takeover bid for your business? Yes  No

(c) sold any companies in the last five years? Yes  No

If **Yes**, please provide details:

.....  
.....



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**Optional Extension of Cover for Directors and Officers Liability**

28. Please indicate whether any of the following additional covers are required. An additional premium will be charged.

(a) **Public Relations Expenses:** Yes  No

(b) **Internet Liability:** Yes  No

If Yes,

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

(ii) Do you make available medical and or health information pertaining to identifiable residents or clients? Yes  No

If Yes, please provide details:

.....  
 .....

(c) **Statutory Penalties:** Yes  No

If Yes,

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

(ii) In the past five years has the Company or a Director or Officer of the Company ever received a fine or penalty (other than for traffic offences) imposed by a Federal, State, Territory or local government or other regulatory authority? Yes  No

(iii) 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 (ii) and or (iii) please provide details:

.....  
 .....  
 .....

(d) **Tax Audit:** Yes  No

If Yes,

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

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

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

(iv) Has the corporation been fined or penalised in the last five years? Yes  No

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

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

If Yes to (iii), (iv) (v) or (vi) please provide details:

.....  
 .....  
 .....

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**ONLY COMPLETE THIS SECTION IF YOU REQUIRE CRIME INSURANCE**

29. Is the handling of cheques or cash limited to Principals and Accounts staff? Yes  No   
 If **Yes**, how many Principals and Accounts Staff are authorised to handle cheques and or cash? .....
30. What is the maximum amount of cash on the premises at any one time? .....
31. Are there at least two people required to authorise or countersign cheques? Yes  No
32. Are there at least two people required to authorise electronic funds transfers? Yes  No
33. Is there a separation of duties between persons handling money, including EFT? Yes  No
34. Is there a delegation of authority regarding the limit an employee can authorise payments? Yes  No
35. How often and by whom are entries in the cashbook checked with vouchers, reconciled bank statements and returned cheques?

Responsible Persons	Reconciliation Cycle

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

36. Do you currently carry Employment Practices Liability Insurance? Yes  No   
 If **Yes**, how many years have you continuously held Employment Practices Liability Insurance ..... years
37. Advise the number of employees and workers engaged by the Business over the past three years:

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

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

<b>Officers</b>	
<b>Employees</b>	

39. Do you have a written human resources manual or equivalent written management guideline? Yes  No
40. Have there been any closures, consolidations or retrenchments within the previous 24 months or do you anticipate any closures, consolidations or retrenchments within the last 24 months? Yes  No   
 If **Yes**, please provide details including how many employees will be affected:  
 .....

41. 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, bullying and harassment laws or any other statute or any action relating to a breach of contract? Yes  No

If **Yes**, Please provide details:  
 .....  
 .....

# Combined Liability Application Form

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### CLAIMS HISTORY

42. 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 incidents, accidents, matters or circumstances made or notified to previous insurers over the past 5 years.

If **Yes**, please provide details:

Date	Claimant	Particulars	Insurer	Value of Claim
				\$
				\$
				\$
				\$
				\$

43. Are there 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. Yes  No

If **Yes**,

Date	Claimant	Particulars	Insurer	\$ Estimate
				\$
				\$
				\$
				\$

44. Only answer this question if you are **not currently insured** via Pen.

Please provide the number of incidents that you have reported to previous insurers over the last 3 years

Class of Insurance	Total Number of incidents reported in last 3 years
General Liability	
Professional Indemnity	
Directors & Officers (incl. Employment Practices)	

### 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 Relation Expenses**
- Public Relation Expenses     \$50,000     \$100,000
- Statutory Penalties     \$1 million
- Tax Audit     \$20,000     \$50,000     \$100,000
- Internet Liability     \$1 million
- Crime     \$100,000     \$150,000     \$250,000
- Section 3 - Employment Practices Liability     \$1 million     \$2 million     \$5 million

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## DECLARATION

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

#### I/We declare that:

- 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:** .....

Home and Community Care Providers  
Addendum



**Additional Information**

If there is inadequate space to answer our Questions on this application form, please use this Additional Information section to answer the Questions. 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

# Home and Community Care Providers Addendum



## IMPORTANT NOTICE

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

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### Part One – Accommodation

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

1. Number of residents in each property: .....
2. How often is the premises staffed? .....
3. Is the premises used as: Full-Time Care  Part time Care
4. Construction and age of building? .....
5. Security and Fire Protection: .....
6. Is the premises mixed gender? Yes  No

If **Yes**, please advise your protocols and procedures in regard to resident abuse:

.....  
.....

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### Part Two – Placement Agencies

Placement agencies are those businesses which place people in permanent or part time / casual work.

1. In what types of occupation or professions are the candidates placed? .....
2. Number of people expected to be placed in work in any 12 month period: .....
3. Are all the usual checks such as qualifications, previous work history, police checks undertaken? Yes  No
4. If required, has or will the workplace be modified to accommodate candidates? Yes  No

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# Home and Community Care Providers Addendum



## Part Three – Registered Training Organisation

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

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

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## Part Four – Social Enterprise

1. Are all participants (temporary or permanent) employees of the Insured? Yes  No
2. Are any of the participants voluntary workers? Yes  No
3. Are there any contract workers or labour hire personnel Yes  No
4. Please provide details of the products manufactured or produced:  
.....  
.....
5. Turnover: .....
6. Wages: .....
7. What Quality Control or Australian Standard is adhered to:  
.....  
.....

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# Home and Community Care Providers Addendum



## Part Five – Adventure Activities

- 1. Are activities run on-site or off-site? On-Site  Off-Site
  
- 2. Please list the activities undertaken:  
.....  
.....  
.....
  
- 3. Number of Participants: .....
  
- 4. Ability of Participants:.....
  
- 5. What is the Participant to Supervisor ratio: .....
  
- 6. Qualifications of Supervisors: .....
  
- 7. Controls in place to prevent injury or damage:  
.....  
.....
  
- 8. Contractual Liability – Does the insured assume liability? Yes  No

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## Part Six – Camps, Vacations, Trips and Outings

- 1. What is the duration of the camp, vacation trip or outing? .....
  
- 2. What is the Participant to Supervisor ratio: .....
  
- 3. Is supervision provided around the clock? Yes  No
  
- 4. Are there adventure activities involved? Yes  No
  
- 5. Please advise sleeping arrangements (ie separate dorms for males and females):  
.....  
.....  
.....

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