

AUSTRALIAN EARLY LEARNING Insurance Application Form

AIB AUSTRALIA

PARTICIPATING BROKER

Name:

A/C Exec:

Phone:

Fax:

Email:

FSRA Licence No.:

YOUR DUTY OF DISCLOSURE

What you must tell us:

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.

Penalty for non-disclosure:

If you do not tell us everything necessary, we may:

- reduce or refuse to pay a claim, or
- cancel your Policy.

If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You do not need to tell us anything which:

- reduces the risk,
- is common knowledge,
- we already know, or ought to know in the ordinary course of our business,
- we indicate we do not want to know.

If you are not sure if something is relevant, it is best to disclose it anyway.

THE APPLICANTS

Name(s) of Organisation in full including trading name:

Date your Organisation first commenced operations

ABN or ACN or ARNM (one only)

Postal Address:

Street:

Town:

State:

Post Code:

Phone No. Private:

Phone No. Business:

Fax No.:

Mobile :

Email:

Website:

Other interested Persons (e.g. Mortgagees or Lessors):

Period of Insurance, From:

To: at 4 pm

GENERAL INFORMATION

Has the Organisation, or any director/partner/manager:

- | | | |
|---|-----|----|
| • ever had any insurance declined, cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? | Yes | No |
| • ever been declared bankrupt, or put into receivership or voluntary liquidation? | Yes | No |
| • ever been charged/convicted of any criminal offence in the last 5 years? | Yes | No |

| | | |
|--|-----|----|
| Are there any other matters you should disclose? (see "Your duty of Disclosure") | Yes | No |
|--|-----|----|

If you have indicated YES to any of the above questions please give details.

GENERAL INFORMATION (cont)

Has your Organisation held insurance in the last 5 years?

| Name of Current/Previous Insurer(s) | Policy Number | Start & Finish Dates |
|-------------------------------------|---------------|----------------------|
| | | to |
| | | to |
| | | to |
| | | to |

In the last 5 years have you ever claimed under a policy of insurance or is there now a claim pending against you or any other director/ official of the organisation applying for this insurance? If yes please provide details below.

| Insurer(s) | Date of incident | Description of loss/circumstance | Amount Paid/ Outstanding |
|------------|------------------|----------------------------------|-----------------------------|
| | | | |

Details of the Organisation/Premises

Is your business a:

| | | | |
|----|--|-----|----|
| a) | Childcare Centre, Licensed by your relevant State Government Department? | Yes | No |
| b) | Childcare Facility/Service that is not required to be Licensed in your State (Please note - we are unable to offer cover for unlicensed Child Care Facilities/Services other than before and/or after school care provided from the school premises). | Yes | No |
| c) | Property owner but not the operator of a Childcare Centre. | Yes | No |

Please provide your License Number applicable to (a) or (b) above:

Please advise the name of the Licensing Authority who you are licensed with in your state:

What is the maximum number of children this centre is licensed to care for by the Licensing Authority?

The year your business was established?

GENERAL INFORMATION (cont)

Employee and/or volunteer details

| | | |
|------------------------------------|-----------------------|------------------|
| Employees professionally qualified | Employees unqualified | Volunteers |
| Carers | Counsellors | Annual wage roll |

Risk location

State: Post Code

Type of Construction:

| | | |
|--|------------|---------------------------------------|
| Walls | Floors | Roof |
| No. of Storeys | Year Built | |
| If the building is over 30 years, has it been rewired? | | If yes year when it was last rewired? |

Fire & Theft protection:

| | | | |
|---------------------------------------|-------------------------|-----|----|
| Fire - are the premises protected by: | Fire Sprinkler System? | Yes | No |
| | Smoke or Heat detection | Yes | No |
| | Hose reels | Yes | No |
| | Fire extinguishers | Yes | No |
| | Mains water supply | Yes | No |

If no mains water please provide details of water supply

| | | | |
|---|----------------------------------|-----|----|
| Theft - How are the premises protected against entry: | Deadlocks on all external doors | Yes | No |
| | Window locks | Yes | No |
| | External Lighting | Yes | No |
| | Alarm system | Yes | No |
| | If protected by an alarm system: | | |
| | (a) is it Monitored? | Yes | No |
| | (b) by which security company | | |

If there are other tenants in the building, please list their occupations

COVER REQUIRED

PART A: PROPERTY AND INCOME PROTECTION

PROPERTY (sums insured should represent full rebuilding/replacement and extra cost of reinstatement and ancillary costs.)

1. Buildings including fixtures and/or fittings.
2. External equipment e.g. furniture, play equipment and the like.
3. Contents including Stock and property you are responsible for.

INCOME PROTECTION

Indemnity period months

Gross Income including all money paid or payable to you but excluding any rental income

Rental Income

Do you require the following Optional Extensions:

1. Additional Increase in Cost of Working
2. Accountant and other professional costs for claims preparation
3. Book Debts
4. Additional Severance Pay
5. Fines and Penalties
6. Specified Suppliers

MONEY

Do you require cover for Money (Blanket Limit \$10,000 - \$2,000 outside of business hours) Yes No

BURGLARY OR THEFT OF PROPERTY

Do you require cover for Burglary (Blanket Limit \$50,000 - \$15,000 property in the open air) Yes No

Do you require a higher limit? If yes, please show limit required and reason. Yes No

Limit

Reason

| COVER REQUIRED (cont) | | | |
|--|--|--------------|----|
| BREAKDOWN OF MECHANICAL AND ELECTRONIC EQUIPMENT | | | |
| Part A – Breakdown of Mechanical Equipment | Do you require cover for Mechanical Equipment (Blanket Limit \$10,000 and Deterioration of refrigerated goods \$10,000)? | Yes | No |
| Part B – Breakdown of Electronic Equipment | Do you require cover for Electronic Equipment (Blanket Limit \$10,000 and Data Media materials and records \$5,000)? | Yes | No |
| | Do you require cover for Increase in Cost of Working? | Yes | No |
| | Please state the amount | | |
| GENERAL PROPERTY | | | |
| Do you require General Property Insurance? | | Yes | No |
| Description of items to be insured i.e. Make, Model, Serial number for identification purposes | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| PART B: GENERAL LIABILITY | | | |
| Indemnity limit required | \$10,000,000 | \$20,000,000 | |
| | \$30,000,000 | \$50,000,000 | |
| Does this proposed insurance replace an existing policy? | | Yes | No |
| If your current expiring policy is written on a Claims Made wording do you wish to exercise the option of a Retroactive Liability Extension? | | Yes | No |
| If yes please provide: | The name of the Insurer | | |
| | Limit of Indemnity | | |
| | The Retroactive Date (the first date you continually held this insurance) | | |
| Does your premises have the following facilities? | | | |
| | Playgrounds | Yes | No |
| | Pool or Sporting Courts | Yes | No |
| | Op shop or similar income generating activity? | Yes | No |

COVER REQUIRED (cont)

Property Owners seeking Property Owners Liability cover only do not need to complete the remaining questions in this Section.

This policy automatically covers:

- Indemnifiable fines and penalties not otherwise insured - \$100,000
- Fetes or similar, outings, organised games, op shops, camps and excursions, fundraising.
- Over the next 12 months, will you be involved in off-site risks or high risk activities? If yes please complete the following.

| Activity | Number of times held per year | Estimated number of participants per activity | Are activities run by an external party? |
|----------|-------------------------------|---|--|
|----------|-------------------------------|---|--|

Hours of operation: From: To:

Do you provide a vacation care service? Yes No

If yes, please advise details of the activities or excursions which take place away from the business premises?

If yes, do you obtain parent consent forms for the above activities? Yes No

If yes, do you obtain an indemnity and release form signed by a parent or guardian? Yes No

Do you conduct or organise any fund raising activities or Fetes? Yes No

If yes, please provide details: (type of activities)

COVER REQUIRED (cont)

PART B: GENERAL LIABILITY (Cont) – Molestation / Sexual Abuse Cover

| | | |
|---|-----|----|
| a. Do you have a written Client Protection Policy to guard against abuse of your service users by any person either employed by you, contracted by you or volunteering for you? | Yes | No |
|---|-----|----|

If the answer is “NO” you will not be eligible for Sexual Abuse/Molestation cover.

| | | |
|---|-----|----|
| b. When was the policy first implemented? | | |
| c. When was the policy last reviewed and updated? | | |
| d. When is the policy scheduled for its next review and/or update? | | |
| e. Are all personnel (employers/volunteers/contractors) aware of the policy and do they have access to it? | Yes | No |
| f. Do you provide or facilitate formal training on the policy including formal refresher/procedure update training based upon current “best practice” and changes to legislation for all of your employees? | Yes | No |
| g. Do you also provide the same training to volunteers and contractors? | Yes | No |
| h. Do you comply with all relevant state child/vulnerable person protection legislation? | Yes | No |
| i. Does your organisation provide services to vulnerable people in an unsupervised environment? (i.e. One-to-one, closed room, no other persons involved) | Yes | No |

If YES please provide further details.

| | | |
|--|-----|----|
| j. Does your Client Protection Policy confirm that: | | |
| i) You undertake a formal interview of all candidates including any volunteers or contractors for positions involving work with children including analysis of past experience working with children? | Yes | No |
| ii) You enquire with at least two previous employers regarding suitability for position (if applicable)? | Yes | No |
| iii) You contact at least two referees supplied by the candidate, obtain a criminal record check and working with children check? | Yes | No |
| iv) You prohibit the employment or engagement of any person from working in your organisation if they have prior convictions relating to violent or sexually related offences? | Yes | No |
| v) You actively encourage the reporting of sexual abuse (i.e. You don't dismiss concerns when raised)? | Yes | No |
| vi) You are committed to being an environment where either a victim or employee/volunteer feels able to report sexual abuse? | Yes | No |

If you have answered NO to any of the above, please provide a full explanation.

| | | |
|---|-----|----|
| k. Does your Client Protection Policy confirm that there is a procedure for dealing with and Reporting complaints and/or reasonable suspicion* of sexual abuse which includes: | | |
| i) The appointment of an independent person to investigate any incident? | Yes | No |
| ii) A documented reporting process with escalating procedures including: | Yes | No |
| • The automatic suspension of an employee from work or other duties within your organisation, if they are under investigation (internally or by the police) for committing sexual abuse; and | | |
| • The automatic termination of their employment, or involvement with your organisation if found guilty of committing sexual abuse (either by an internal investigation or by a court). | | |
| iii) A policy for employees and/or volunteers to report reasonable suspicion of sexual abuse to the senior management of your organization and that police authorities and Ansvar Insurance will be notified. | Yes | No |

COVER REQUIRED (cont)

iv) A policy that assures the details of those reporting sexual abuse will be kept private and confidential. Yes No

***Reasonable suspicion** means fair and practical reason to believe an incident involving sexual abuse has occurred based on either verbal communication, hearsay, rumour or observance of behavior.

I. Past Incidents of Sexual Abuse

In respect of any of your activities, over the preceding period of ten years, have there been any incidents reported to you relating to alleged sexual abuse of persons in your care? Yes No

If YES, please provide full details and relevant dates including if any insurance claims or payouts were made.

PART C: ORGANISATION LIABILITY

PROFESSIONAL INDEMNITY INSURANCE

Please indicate the indemnity limit required

| | | | | |
|------------------|-------------|--------------|--------------|--------------|
| Childcare Centre | \$5,000,000 | \$10,000,000 | \$15,000,000 | \$20,000,000 |
|------------------|-------------|--------------|--------------|--------------|

Does this proposed insurance replace an existing policy? Yes No

If yes please provide:

The name of the Insurer

Limit of Indemnity

Retroactive date (the first date you continually held this insurance)

MANAGEMENT LIABILITY
DIRECTORS AND OFFICERS

Please indicate the indemnity limit required

| | | | |
|-------------|-------------|-------------|--------------|
| \$1,000,000 | \$2,000,000 | \$5,000,000 | \$10,000,000 |
|-------------|-------------|-------------|--------------|

This section of the policy covers Indemnifiable Fines and Penalties \$1,000,000

Does this proposed insurance replace an existing policy? Yes No

If yes please provide:

The name of the Insurer

Limit of Indemnity

Retroactive date (the first date you continually held this insurance)

If Directors & Officers cover is required please provide the most recent financial statements and/or reports (Balance Sheets, Profit & Loss Account and Cash Flow Statements and notes attaching thereto).

If the financial statements mentioned above are not immediately available please provide the following Key Financial Information:

| Particulars | Estimate for the NEXT 12 months | Actual for the LAST 12 months |
|--|---------------------------------|-------------------------------|
| Total Assets | | |
| Total Revenue including grants, subsidies and fees | | |
| Net Profit/Loss | | |

COVER REQUIRED (cont)

EMPLOYMENT PRACTICES LIABILITY

Please indicate the indemnity limit required: \$1,000,000 \$2,000,000

Number of Employees: This year Last Year Previous Year

Directors

Executive Officers

Full Time Employees

Part Time Employees

Temporary / Casual workers

Contracted in Labour

Fixed Term / Task
Employees

Independent Contractors

Dismissed by Employer

Made redundant

Resigned Voluntarily

Does the Organisation:

Require applicants for employment to complete a written application as part of the hiring process Yes No

Carry out required reference checks for all employees and contractors Yes No

Have well documented recruitment guidelines and procedures Yes No

Distribute an employee handbook to all its employees Yes No

Have a written policy on all types of discrimination and abuse Yes No

Have an internal documented incident/allegation/grievance/complaint procedure Yes No

Review or carry out exit interviews for all resignations Yes No

Require dismissals to be reviewed by a solicitor and/or industrial relations specialist Yes No

Comply with all statutory requirements concerning its employees Yes No

Post all notices required by law in places conspicuous to all employees Yes No

If No to any sub questions above, please give details:

COVER REQUIRED (cont)

EMPLOYMENT PRACTICES LIABILITY

Does this proposed insurance replace an existing policy? Yes No

If yes please provide:

The name of the Insurer

Limit of Indemnity

Retroactive date (the first date you continually held this insurance)

TAX AUDIT

Do you require Tax Audit cover (\$100,000)? Yes No

Have you been subject to any investigation or tax audit by any Commonwealth, State or Territory department in the last 12 months? Yes No

If Yes, please provide details.

FIDELITY GUARANTEE

Do you require cover for Theft by Officials (Limit \$5,000 per person and per policy period) Yes No

Do you require a higher limit? If yes, please indicate below:

\$25,000

\$50,000

If you have answered Yes please answer the following questions:

I. Are your accounts audited every 12 months? Yes No

II. Are employee reference checks conducted? Yes No

III. Are all cheques countersigned for transactions of \$5,000 and above? Yes No

IV. Do all electronic fund transfers of \$5,000 and above require dual authority? Yes No

COVER REQUIRED (cont)

PART D: PERSONAL ACCIDENT

VOLUNTEERS PERSONAL ACCIDENT

Do you require cover under this section Yes No

How many volunteers might you engage at any one time?

How many volunteers aged 18 and under or 75 and above?

What type of activities will they undertake for you?

Level of cover:

Capital Benefits Sum Insured – \$100,000

Weekly Benefits Sum Insured – \$1,000

CHILDRENS PERSONAL ACCIDENT

Do you require Personal Accident cover for children registered with you at the centre? Yes No

Please provide the number of children registered at the centre:

15. SIGNATURE AND DECLARATION

The Duty of Disclosure, Non-Disclosure, Co-Insurance and Inadequate Space to Answer notices set out above have been read by me/us.

All answers and statements made in connection with this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance. I acknowledge you reserve the right to decline any application.

I confirm I have checked all the information contained in this document, some of which may not be in my own handwriting, and hereby verify the truth and accuracy of this document.

Applicant's Signature:

Date:

Applicant's Title: