

AUSTRALIAN EARLY LEARNING Insurance Application Form

AIB AUSTRALIA

PARTICIPATING BROKER

Brokerage:	<input type="text"/>		
Account Exec:	<input type="text"/>		
Phone:	<input type="text"/>	AFSL No:	<input type="text"/>
Email:	<input type="text"/>		

YOUR DUTY OF DISCLOSURE

What you must tell us:	<p>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.</p>
Penalty for non-disclosure:	<p>If you do not tell us everything necessary, we may:</p> <ul style="list-style-type: none"> • reduce or refuse to pay a claim, or • cancel your Policy. <p>If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.</p> <p>You do not need to tell us anything which:</p> <ul style="list-style-type: none"> • 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. <p>If you are not sure if something is relevant, it is best to disclose it anyway.</p>

AIB Insurance Brokers – Level 1, 78 Primary School Court, Maroochydore QLD 4558
Phone 07 5409 4600

THE APPLICANT

Full name(s) of Organisation including trading name:

Phone:

ABN:

Email:

Website:

Postal Address:

Street:

Town:

State:

Post Code:

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

Current Insurer:

Period of Insurance:

to

GENERAL INFORMATION

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

- 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
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Childcare 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:

Date your Organisation first commenced operations:

Employee and/or volunteer details:

Employees professionally qualified	<input type="text"/>	Employees unqualified	<input type="text"/>	Volunteers	<input type="text"/>
Carers	<input type="text"/>	Counsellors	<input type="text"/>	Annual wage roll	<input type="text"/>

GENERAL INFORMATION (cont)

Business situation: (if more than one location, please provide all details for each location)

Risk location

State:

Post Code

Type of Construction:

Walls

Floors

Roof

No. of Storeys

Year Built

Lifts / Elevators

If the building is over 30 years, has it been rewired?

If yes year when it was last rewired?

If any building is timber construction, please advise the percentage

%

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

CCTV - Internal

 Yes No

CCTV - External

 Yes No

Bollards installed in front of glass

 Yes No

Perimeter fencing (at least 2 metres high)

 Yes No

Security patrol (non-business hours)

 Yes No

Alarm system

 Yes No

If protected by an alarm system:

(a) is it Monitored

 Yes No

(b) by which security company

GENERAL INFORMATION (cont)

Commercial Kitchen:
(only complete this section if the premises has a commercial kitchen)

- Is the ducting cleaned professionally under contract, at least every 6 months? Yes No
- Are filters cleaned under contract at least every 2 weeks? Yes No
- Are there wet chemical and/or dry chemical B(E) fire extinguishers and fire blankets in place and serviced every 6 months? Yes No
- Is there Deep Frying or Wok Frying at the Premises? Yes No
- If yes;
Does the capacity of single vat or twin vat deep fryers or woks exceed 10 litres? Yes No
- Total Capacity (L)
- Do deep fryers have an automatic cut out switch and/or are they thermostatically controlled and limited to 215°C? Yes No

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

COVER REQUIRED

INDUSTRIAL SPECIAL RISKS

SECTION 1 - MATERIAL LOSS OR DAMAGE

1. Buildings including External Equipment (furniture, play equipment and the like)
2. Tenants Improvements
3. Contents including Stock

The following sub-limits apply unless otherwise specifically requested in writing

Damage Diminution and Accidental Discharge Costs (B)		\$25,000
Loss Minimisation (B)		\$25,000
Personal Property of Employees and Others (B)	per person	\$50,000
	in the aggregate	\$50,000
Accompanied Baggage in Australia (C)	per person	\$5,000
	any one event	\$10,000
Liability to Make Enquiries (A)		\$25,000
Statutory Inquiries		\$25,000
Unpacking Expenses		\$25,000
Liability for Duty		\$50,000
Landscaping (C)		\$100,000
Cost of Clearing Blocked Drains, Pipes, Filters and Pumps (B)		\$100,000
Expediting Expenses		\$100,000
Loss of Land Value (B)		\$100,000
Customers' Goods		\$50,000

Securities (A)		\$20,000
Abandoned Undamaged Portion of a Building		\$250,000
Extra Cost of Reinstatement		20% of the building values at location
Additional Extra Cost of Reinstatement (B)		\$500,000
Removal of Debris		\$500,000
Theft, or any attempt thereat		\$50,000
Theft of Property in Open Air		\$25,000
Money		\$50,000
Weather Damage to Certain Property (in respect of Property Exclusion 13)		\$25,000
Playing Surfaces		\$100,000
Festivals/Exhibitions/Events		\$10,000
Decorative Livestock (Fire Cover Only)		\$10,000
General Property	maximum per item	\$2,000
	any one event	\$5,000
Temporary Removal Exemption (B)		\$100,000
Glass		Replacement Value
Locks & Keys		\$10,000
Works of Art, Antiques and Curios		\$25,000
Unspecified Damage		\$1,000,000
Other – please specify		\$

STANDARD EXCESS As per quotation

SECTION 2 - CONSEQUENTIAL LOSS

Indemnity period (Select from 12 / 18 / 24) – Please advise if a higher period is required	<input type="text"/>	months
Gross Profit (excluding any rental income)	<input type="text"/>	
Gross Rental Income	<input type="text"/>	
1. Additional Increase in Cost of Working	<input type="text"/>	
2. Claims preparation costs	<input type="text"/>	

The following sub-limits apply unless otherwise specifically requested in writing

Claims Preparation Costs and Professional Fees	\$100,000
(Additional) Increased Cost of Working	\$150,000
Premises in the Vicinity (Prevention of Access)	\$350,000
Contractual Fines and Penalties (B)	\$100,000
Interdependency – Australia	\$100,000
Unspecified Suppliers' and/or Customers' Premises (Australia & New Zealand) (Single Limit) (B)	\$250,000
Unspecified Suppliers' and/or Customers' Premises (Worldwide) (B)	\$100,000
Remote Premises of Public Utilities (B)	\$350,000
Other Contributing Properties (A)	\$10,000
Royalties Receivable (B)	\$100,000
Accounts Receivable (B)	\$200,000
Trade Exhibitions (A)	\$100,000
Loss of Attraction	\$350,000

Infectious or Contagious Diseases; Vermin, Pests or Defective Sanitary Arrangements; Food or Drink Poisoning; Murder, Suicide (B) - in the annual aggregate	\$250,000
Other – please specify	\$

Section 1 and 2 – Combined Sub-Limits

Flood - Any one event and in the annual aggregate	\$5,000,000
Acquired Companies (D)	\$500,000
Acquired Companies where property is located above 25th Parallel	\$10,000
Declarations of Acquired Property (B)	\$500,000
Acquired Property where property is located above 25th Parallel	\$10,000
Machinery Breakdown	\$100,000
Deterioration of Stock in Cold Storage	\$50,000
Electronic Equipment Breakdown	\$100,000
Data Media – as a result of Machinery/Electronic Equipment Breakdown	\$5,000

COVER REQUIRED (cont)

GENERAL LIABILITY

Indemnity limit required \$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	<input style="width: 80%;" type="text"/>
Limit of Indemnity	<input style="width: 80%;" type="text"/>
The Retroactive Date (the first date you continually held this insurance)	<input style="width: 80%;" type="text"/>

Does your premises have the following facilities?

Playgrounds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool or Sporting Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Op shop or similar income generating activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

This policy automatically covers:

- Contract Works Liability - \$500,000
- Property in Care Custody or Control - \$250,000
- Counsellor's Liability - \$1,000,000
- Indemnifiable fines and penalties not otherwise insured - \$100,000

Over the next 12 months, will you be involved in off-site risks or high-risk activities? If yes, please complete the following.

Abseiling, Rock Climbing with Ropes, Climbing Walls, Ropes Courses, Leap of Faith/Pamper Pole, Snow Skiing/Boarding, Archery, Surfing, Sea Kayaking, Canoeing/Kayaking (up to class two rapids), White Water Rafting (up to class two rapids), Horse Riding, Giant Swings/Flying Foxes, Skate Boarding using Ramps, Jet Skiing, Water Activities Sports with Power Boats, Paintball/Skirmish, Trail/Motor Bikes, Fun Runs, or Animal Farms.

Activity	Number of times held per year	Estimated number of participants per activity	Are activities run by an external party?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

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:
- 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
- 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.

l. 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.

COVER REQUIRED (cont)

ORGANISATION LIABILITY

PROFESSIONAL INDEMNITY INSURANCE

Please indicate the indemnity limit required

- \$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)

DIRECTORS AND OFFICERS

Please indicate the indemnity limit required

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

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

Particulars	Estimate for the NEXT 12 months	Actual for the LAST 12 months
Total Assets	<input type="text"/>	<input type="text"/>
Total Revenue including grants, subsidies and fees	<input type="text"/>	<input type="text"/>
Net Profit/Loss	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Officers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Time Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part Time Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary / Casual workers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contracted in Labour	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fixed Term / Task Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Contractors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dismissed by Employer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Made redundant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Resigned Voluntarily	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

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.

EMPLOYEE AND THIRD-PARTY FIDELITY

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 and electronic fund transfers, for transactions of \$5,000 and above, cross checked and countersigned?

Yes No

COVER REQUIRED (cont)

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:

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: