

**Combined Liability,
Professional Indemnity,
Directors & Officers,
Employment Practices,
Fidelity**

Renewal Declaration



ansvar[®]
insurance

integrity and responsibility

Combined Liability, Professional Indemnity, Directors & Officers, Employment Practices, Fidelity Renewal Declaration

In order for us to consider renewal terms for your Combined Liability, Professional Indemnity, Directors & Officers, Employment Practices, Fidelity Insurance policies, please complete and return the form within 14 days.

Important Notices

Claims made

The cover provided under Professional Indemnity, Directors & Officers, Employment Practices Insurance is on a 'claims made' basis, which means you are covered for:

- Claims made against you and notified to us during the period of cover, provided you were not aware at any time prior to the commencement of such period, of any circumstances which could lead to a claim being made against you; and
- Circumstances you first became aware of during the period of insurance which may lead to future claims, provided you notify us during such period of those circumstances.

The cover provided under Professional Indemnity, Directors & Officers, Employment Practices Insurance is in respect of claims arising out of acts, errors, omissions or conduct that occurred after the retroactive date shown in the certificate of insurance. After expiry of the policy, no new claim can be made or circumstance notified under the policy even though the event giving rise to the claim may have occurred during the period of insurance, except where allowed by law.

Duty of disclosure

Before you enter into a contract of insurance with Ansvr Insurance Limited, you have a legal duty under the Insurance Contracts Act 1984 to disclose to us every matter you know is relevant to our decision whether to accept this application for insurance and if so, on what terms. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate your insurance contract.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- where compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters, we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984. It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act.

How we can be contacted

The registered office of Ansvr Insurance is
Level 12, 432 St Kilda Road, Melbourne, Victoria.

You can contact us by:

- Calling in person at any Ansvr Insurance office
- Telephoning 1300 650 540
- Facsimile on 03 9804 5001
- Writing to any office of Ansvr Insurance
- Email to insure@ansvar.com.au

How to fill out this application form

All questions must be answered in relation to the business entity/organisation to be insured and all its subsidiary and controlled entities (if any). Please tick the box in front of the correct answer and/or write the information requested in the space provided.

If there is inadequate space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document to this application.

Combined Liability, Professional Indemnity, Directors & Officers, Employment Practices, Fidelity Renewal Declaration

The Insured

Policy number

1. Policyholder Details

Name of the Applicant/business entity/organisation to be insured. This should include all entities that require cover under this policy including any subsidiary companies/entities:

2. The Business

<input type="checkbox"/> Partnership	<input type="checkbox"/> Company limited by guarantee	<input type="checkbox"/> Public company
<input type="checkbox"/> Incorporated associated	<input type="checkbox"/> Private company	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Other <i>Please specify:</i> 		

Do you have any subsidiaries/operations/activities outside Australia? *If yes, please provide details:* Yes No

Please divide the business activities into categories according to the type of work and indicate the approximate percentage of income derived from each category:

Type of Work	Percentage
	%
	%
	%
	%
	%
	%
	%
	%
Total	100 %

In the next 12 months are you contemplating (or have you completed within the last 12 months) any actual or proposed merger/acquisition/divestment/change in the board of directors? *If yes, please provide details:* Yes No

3. Key Financial Information

Particulars	For the NEXT 12 months	For the LAST 12 months
Total Assets		
Total Liabilities		
Total Revenue including grants, subsidies and fees		
Net Profit/Net Loss		

4. Staff Information

Number of employees/other persons engaged in the business:	For the NEXT 12 months	For the LAST 12 months
Directors/Executive Officers		
Full Time Employees		
Part-time/Temporary/Casual Workers		
Volunteers		
Total		

Do you engage the services of Labour Hire and/or Subcontractors to perform activities on your behalf?

Yes No

If yes, what is the estimated payment to labour hire staff/subcontractors for the upcoming 12 months?

\$

Note: This only includes subcontractors that perform your business activities on behalf of you, i.e where you outsource the activity to a third party. It does not include subcontractors performing maintenances services to your premises).

Description of the nature of work conducted by labour hire/subcontractors:

How many employees have left you over the past 12 months?

5. Client Information

Please provide details on the following:

- If you are a religious organisation, how many congregation members do you have?
- If your organisation provides Aged Care, how many beds do you have? High Care Low Care
- If your organisation is a Retirement Home, how many independent living units do you have?
- If your organisation provides Child Care, how many children is your centre licensed to care for?
- If your organisation provides Education, how many students are expected this year?

6. High Risk Activities

Do you organise/participate/provide any of the following activities?

Facility	Yes	No	Facility	Yes	No
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 2 rapids)		
White Water Rafting (up to class 2 rapids)			Horse Riding		

Facility	Yes	No	Facility	Yes	No
Giant Swings/Flying Foxes			Skate Boarding using Ramps		
Jet Skiing			Water Sports with Power Boats		
Paintball/Skirmish			Trail/Motor Bikes		
Fun Runs					

If you have answered yes to any of the above activities, are these activities run by appropriately qualified, accredited and insured third party contractors?

Yes No

If no,

1) do you have appropriately qualified and accredited employees who are running these activities?

Yes No

2) do you have risk management procedures in place for the prevention of accident/injury including incident reporting procedures?

Yes No

Do your premises have a Skate Board Ramp on site?

Yes No

If yes, was it erected by you or any members of your organisation?

Yes No

Does it meet engineering requirements and Australian Standards?

Yes No

Is the ramp available to members of the public for unsupervised use?

Yes No

Do your premises have a Swimming Pool?

Yes No

Do your premises have indoor/outdoor sporting courts?

Yes No

Are there any other activities of a hazardous nature not mentioned above that you organise which you wish to disclose for underwriting consideration? If yes, please provide details:

Yes No

Excluded activities include: Motor Races, Motor Rallies, Motor Speed Tests, Canyoning, Caving, Rifle/Firearms Shooting, Aircraft, Hang Gliding, Parachuting, Para Gliding, White Water Canoeing/Kayaking/Rafting (above class 2 rapids), Scuba Diving, Dune Buggies, Vertical & Horizontal Bungee Jumping, Hot Air Ballooning, Gladiator Games, Unsupported Rock Climbing, Go Karts, Motorcross, Martial Arts.

Do you provide any of these activities?

Yes No

Note: Underwriting consideration may be given in special circumstances.

Over the next 12 months, do you intend to organise any exhibitions or festivals held at premises NOT permanently occupied by you where the expected number of attendees would exceed 500? Eg: Carols by Candlelight in public venues, Religious Festivals, Music Festivals, Street Parties? If yes, please provide details:

Yes No

What is the expected number of participants/attendees?

Over the next 12 months, do you intend to organise any public demonstrations, rallies or protests?

Yes No

If yes, please provide details:

Over the next 12 months, will you be organising any events that involve the use of fireworks or pyrotechnics?

Yes No

If yes, is the provision of fireworks or pyrotechnics done by a third party and do you ensure they have their own Public Liability insurance in place?

Yes No

Note: Liability from the use of fireworks or pyrotechnics by You is a Policy Exclusion.

Over the next 12 months, will you be organising any events that involve the use of mechanical amusement rides or rides involving animals (eg. ponies/camels)?

Yes No

If yes, do you own or hire the rides/animals?

Yes No

If you hire the rides/animals, do you ensure the owner has a current Public Liability insurance policy?

Yes No

7. Your Locations

Please provide the following details for all properties owned and/or occupied by you:

Property Address	Owned by you	Occupied by you	Occupied by you	
			Yes	No

8. Your Products

Do you manufacture, import or export any Products? *If yes, please provide details:*

Yes No

Questions 9 to 13 refers to Fidelity Insurance cover, if you do not require this cover please proceed to Question 14.

9. Staffing / Personnel of all entities to be covered

Classification of Employees		Number
Class 1	Executives, Trustees, Directors, Senior management having some responsibility for money or negotiable instruments stock and / or accounts	
Class 2	Employees primarily engaged in duties as: i. Cashiers, treasures, paymasters ii. Accountants handling money or negotiable instruments iii. Stock and stores supervisors iv. Sales staff handling money or negotiable instruments	
Class 3	Employees who do not have any responsibility for money or negotiable instruments, stock and / or accounts	
Class 4	i. Voluntary / Temporary / Casual staff ii. Work experience students	

Do you undertake reference checks for all new employees?

Yes No

10. Audit Details

Is there an annual external audit of cash, accounts, inventory and stock at all locations operated by the insured?

Yes No

Was this last audit report from external auditors regarding your internal operations unqualified? *If no, please provide details of the qualifications and corrective actions taken:*

Yes No

11. Segregation of Duties

Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others?

- Issuing fund transfer instructions Yes No
- Refund of money or return of goods above \$ 2,000 Yes No

12. Bank Account Control

What is the maximum value of money at any one location? \$

Do all cheques require being countersigned? *If yes, by whom are they countersigned:* Yes No

Are your bank accounts reconciled by someone who is not authorised to deposit or withdraw from them? Yes No

Do you have policies and procedures in relation to issuing funds transfer instructions? Yes No

Is there sign off required prior to amending any funds transfer procedures? *If yes, by whom are they signed off:* Yes No

13. Computer Control

Is there controlled access/password protection to your computer systems? Yes No

Do persons other than employees have any access to computer facilities? Yes No

If you answered no to any of the above, please advise what are the alternative controls in place?

14. Prior History

Has the entity or any directors or officers:

- Ever been convicted of a criminal offence? Yes No
- Ever been declared bankrupt? Yes No
- Ever become insolvent or placed in liquidation or receivership? Yes No

If you have answered yes to any of the above, please provide details

15. Claims Information

Has any claim or circumstance been alleged or notified to you or any insurer which may give rise to a claim for a similar risk to that proposed for insurance? *If yes, please provide details:* Yes No

Insurer	Date of incident	Description of claim / circumstance	Amount Incurred (paid and outstanding)
	/ /		\$
	/ /		\$
	/ /		\$

Are you or any director or officer, after enquiry aware of any other incident or circumstance that has not been alleged or notified, but of which you know of and feel may give rise to a claim for a similar risk to that proposed for insurance?

Yes No

If yes, please provide details below:

Insurer	Date of incident	Description of incident / circumstance
	/ /	
	/ /	
	/ /	

Please advise what corrective action was undertaken to prevent repetition:

In the next 12 months are you contemplating (or have you completed within the last 12 months) any actual or proposed merger/acquisition/divestment/change in the board of directors? If yes, please provide details:

Yes No

Additional Information (if any)

Is there any other information which you think may affect your insurance or which we should be advised of? (See your 'Duty of Disclosure'). If yes, please provide details on a separate page and attach to this declaration.

Yes No

Stamp Duty

For the purposes of calculating stamp duty and GST charges, please provide a breakdown of the number of employees and split of income of the Proposer in each of the following locations:

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
Income	%	%	%	%	%	%	%	%	%

Declaration This section must be completed

I / we declare that the answers given and statements made within this Renewal Declaration are to the best of my / our knowledge, true and correct and that I / we have not withheld any information likely to affect the renewal terms and conditions offered by Ansvar Insurance Limited.

Please tick the box if you do not wish to receive any marketing material from us

Signed: Date:

Name: Position:

Checklist

Please provide the following documents:

- If you require Directors & Officers insurance cover, please provide a copy of the latest audited, consolidated annual report of the insured.
- Any other documentation which may assist us to gain a complete appreciation of the nature of your business and the risk proposed.

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