Care Combined Liability
Insurance

Proposal Form

IMPORTANT NOTICE

ABOUT PROBITAS PACIFIC
Probitas 1492 (Pacific) Pty Ltd (**Probitas Pacific**) ABN 82 663 993 244 AFSL 545082 has an authority from the **Insurer** to arrange, enter into, bind and administer this **policy** (including handling and settling claims) on behalf of the **Insurer** as if it were the **Insurer**. Probitas Pacific acts as an agent for the **Insurer** and not for the **Insured** (also referred to in these Important Notices as "you" and "your").

YOUR DUTY OF DISCLOSURE
Before you enter into an insurance contract, you have a duty to tell us of anything that you know, or could reasonably be expected to know, that 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, replace, or reinstate an insurance contract. If you have made a statement and this changes before the end of the above relevant time, you must tell us about this change before the time ends. You do not need to tell us anything that:

- reduces the risk we insure you for;
- is of common knowledge;
- 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 meet the duty, to the extent permitted by law, we may reject or not fully pay your claim. We may also, or as an alternative, cancel your insurance or if the failure to meet the duty was fraudulent, treat it as if it never existed.

CLAIMS MADE AND NOTIFIED
Policy 1 Communicable Disease extension (if taken), Policy Section 2 Abuse, Policy Section 3 and Policy Section 4 are issued on a 'claims made and notified' basis. This means that these policy sections cover Claims that are first made against you and notified to us during the Policy Period. Where the respective Policy Section has an extended reporting period, subject to the terms of the Policy, you may have an additional period to tell us about Claims first made against you during the Policy Period.

The Policy doesn't cover facts or circumstances of which you first became aware prior to the Policy Period, and which you knew or ought reasonably to have known had the potential to give rise to a Claim against you, subject to any 'Continuous Cover' extension which may, subject to its terms, provide an exception to this.

If a Retroactive Date is applied or shown on the Policy Schedule for Policy 1 Communicable Disease extension (if taken), Policy Sections 2 Abuse, Policy Section 3 breach of professional duty and Policy Sections 4, those Policy Sections do not cover Claims arising directly or indirectly from the Insured's conduct prior to the retroactive date.

If a Retroactive Date is applied or shown on the Policy Schedule for Policy Sections 4 Policy Section 4 does not cover Claims arising directly or indirectly from Wrongful Acts committed or alleged to have been committed prior to the retroactive date. This is only a high-level overview. You must refer to the Policy for full terms and conditions that apply to you.

WRITTEN NOTIFICATION OF FACTS
By reason only of the operation of section 40(3) of the Insurance Contracts Act 1984 (and not as a term of the Policy), if you give us notice in writing of facts that might give rise to a Claim against you as soon as reasonable after you became aware of those facts but before the insurance cover provided by the Policy expired, we are not relieved of liability under the policy in respect of the claim, when made, by reason only that it was made after the expiration of the Policy Period. Any such rights arise under the legislation only and not the Policy terms.

GENERAL INSURANCE CODE OF PRACTICE
The Insurance Council of Australia Limited has developed the General Insurance Code of Practice (Code), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry. Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia. For further information on the Code, please visit www.codeofpractice.com.au. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers compliance with the Code. For more information on the Code Governance Committee (CGC) go to https://insurancecode.org.au

COMPLAINTS AND DISPUTE RESOLUTION PROCESS
Internal Dispute Resolution process
We view seriously any complaint made about our products or services and will deal with it promptly and fairly. If you have a complaint, please first try to resolve it by contacting the relevant member of our staff. If the matter is still not resolved, please then contact our Internal Disputes Resolution Officer using the contact details on the back cover of this document. They will seek to resolve the matter in accordance with our Dispute Resolution procedures. If we cannot resolve your complaint to your satisfaction, we will (or you may) escalate your matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team:
Lloyd's Australia Limited
Level 16, Suite 1603, 1 Macquarie Place, Sydney, NSW 2000.
Telephone: (02) 8298 0783
Email: idraustralia@lloyds.com

If You are not satisfied with the final decision, you may wish to contact the Australian Financial Complaints Authority (AFCA) details below.

Australian Financial Complaints Authority (AFCA)
AFCA is a free independent external disputes resolution service provided to customers to review and resolve complaints subject to them falling within its rules. You may refer a complaint to the AFCA at any time. Time limits apply. For example, AFCA may not consider a complaint referred to AFCA more than 2 years after we provide a final IDR response to the Insured, unless AFCA considers special circumstances apply. If in doubt, contact AFCA.

For details You can visit their website at www.afca.org.au or contact them:
Australian Financial Complaints Authority
PO Box 3 Melbourne, VIC, 3001
Telephone: 1800 931 678
Email: info@afca.org.au

If AFCA tells you that under its Rules it cannot assist or consider the dispute, then you can seek independent legal advice. You can also access any other external dispute resolution (including in some cases the Financial Ombudsman Service (UK)) or other options that may be available to you. For more information on how we handle complaints request a copy of our procedures from us.

PRIVACY STATEMENT
In this Statement:

- "We", "Our" and "Us" means Probitas 1492 (Pacific) Pty Ltd and the Lloyd's Underwriters we act on behalf of.
- "You" and "Your" refers to anyone using Our services or providing Personal Information.

We are committed to protecting Your privacy in accordance with the requirements of the Privacy Act 1988 (Cth) ("Privacy Act") and the Australian Privacy Principles (APPs), as amended, replaced or superseded from time-to-time.

This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, hold, use and disclose Personal Information. Our Privacy Policy may change from time to time and where this occurs, the updated Privacy Policy will be posted to Our website at: https://probitas1492.com/privacy-policy-probitas-pacific/

Personal Information is information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- whether the information or opinion is true or not;
- whether the information or opinion is recorded in a material form or not.

It includes Sensitive Information as defined in the Privacy Act which includes, amongst other things, information about an individual's racial or ethnic origin, political opinions, membership of a political organisation, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual orientation or practices, criminal record, health information about an individual, genetic information, biometric information or templates.

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WHY WE COLLECT, HOLD, USE AND DISCLOSE YOUR PERSONAL INFORMATION
The primary purpose for collecting, holding, using and disclosing Your Personal Information is to enable Us to provide Our insurance services to You or where reasonably necessary for or directly related to one or more of our insurance functions and activities (including but not limited to deciding whether to issue a policy, determine the terms and conditions of the policy, compiling data to help develop and identify other products and services that may interest clients, and handling claims). Sometimes We may use Your Personal Information for Our marketing campaigns and research, in relation to new products, services or information that may be of interest to You.

If You do not provide the personal information requested and/or do not provide Us with Your consent to collecting, holding, using or disclosing Your Personal Information as set out in this Privacy Statement, We may not be able to provide our insurance services (for example, Your insurance proposal may not be accepted) or You may be in breach of Your duty regarding disclosure to insurer

HOW WE OBTAIN YOUR PERSONAL INFORMATION
We collect Your Personal Information at various points including, but not limited to, when You are applying for, changing, or renewing an insurance policy with Us or when We are processing a claim or handling any complaint. Personal Information is usually obtained directly from You, but sometimes via a third party such an insurance intermediary or your broker or Your employer (e.g., in the case of a group insurance policy). Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party, We use that information on the basis that You have consented or would reasonably expect Us to collect Your Personal Information in this way. We take reasonable steps to ensure that You have been made aware of how We handle Your Personal Information.

WHEN DO WE DISCLOSE YOUR PERSONAL INFORMATION?
We may disclose the information We collect to third parties where it is reasonably necessary for, or directly related to, the services we provide to You.

This can include the policyholder (where the insured person is not the policyholder, i.e. group policies) to joint policyholders, our related companies (and persons they rely on to provide their services), our agents or contractors, insurers, their agents and others they rely on to provide their services and products (e.g. reinsurers), premium funders, other insurance intermediaries, insurance reference bureaus, loss adjusters or assessors, medical service providers, credit agencies, lawyers and accountants, prospective purchasers of our business and our alliance and other business partners. They are prohibited from using Your Personal Information except for the specific purpose for which We supply it to them and We take such steps as are reasonable to ensure that they are aware of the provisions of Our Privacy Policy in relation to Your Personal Information.

These third parties which may be located outside of Australia (such as in the UK). These entities and their locations may change from time-to-time. Please contact Us, if You would like a full list of the countries in which these third parties are located. When we send information overseas, in some cases we may not be able to take reasonable steps to ensure that overseas providers do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas. If you do not agree to the transfer of your personal information outside Australia, please contact us.

WHEN YOU GIVE US PERSONAL INFORMATION ABOUT OTHER INDIVIDUALS
In such a case We rely on You to have made or make the individual aware that You will or may provide their personal information to Us and the types of other parties and service providers We may provide it to, the relevant purposes We and the other parties and service providers will use it for, and how they can access it. If You have not done or will not do either of these things, You must tell Us before You provide the relevant Personal Information to Us.

YOUR DECISION TO PROVIDE YOUR PERSONAL INFORMATION
In dealing with Us, You agree to Us collecting, using and disclosing Your Personal Information, which will be collected, stored, used and disclosed by Us as set out in this Privacy Statement and Our Privacy Policy.

ACCESS TO AND CORRECTION OF YOUR PERSONAL INFORMATION
Please contact Us if You would like:
- a copy of Our Privacy Policy, or
- to cease to receive marketing offers from Us or persons with whom We have an association.
- to seek access to, update or correct Your Personal Information held by Us.

HOW TO MAKE A COMPLAINT
If You have a complaint or would like more information about how We manage Your Personal Information, please review Our Privacy Policy for more details, or contact Us. We will notify You as soon as possible if Your personal information is involved in a data breach that is likely to result in serious harm to You.

GOVERNING LAW AND SUMMONS NOTICE OR PROCESS
We agree that:
- if a dispute arises under the policy, the Policy will be subject to Australian law and practice and we will submit to the jurisdiction of any competent Court in the Commonwealth of Australia within the State or Territory in which the policy was issued;
- any summons notice or process to be served upon us may be served upon:

Lloyd's Underwriters' General Representative in Australia, Suite 1603, Level 16, 1 Macquarie Place, Sydney NSW 2000,
who has authority to accept service on our behalf;
if a suit is instituted against any of us, all Lloyd's Underwriters participating in the Policy will abide by the final decision of such Court or any competent Appellate Court.

OUR RIGHTS ARE SUBJECT TO APPLICABLE LAW
Where we may refuse to pay or reduce the amount we pay under a Claim under the Policy, we may only do so to the extent permitted by applicable law. Any rights we have under are subject to the operation of the Insurance Contracts Act 1984 (Cth) and any other relevant statute or legislation. You should seek appropriate advice regarding your rights.

HOW TO COMPLETE THIS PROPOSAL FORM

1. Before completing this form, please save it to a location on your computer. Do not complete the form within a web browser as your data will **NOT** be saved.
2. Once you have saved the form to your computer, you are ready to complete the form.
3. Open the fillable form & complete including your digital signature.
4. After you have completed the form, save a final version of the file to your computer.
5. Return the form via email.

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PROPOSAL FORM

When completing this proposal, it is important that you answer all questions in full and tick the 'yes' (Y) or 'no' (N) box that best indicates your reply and provide further details as requested. All documents and correspondence pertaining to this insurance form part of this proposal form. If there is insufficient space provided for your answer the additional space at the end of the proposal can be used.

THIS SECTION OF THE PROPOSAL PROVIDES THE INSURER INFORMATION ABOUT THE PROPOSED INSURED SO THAT THE POLICY CAN BE ISSUED IN THE CORRECT NAME, PERIOD OF INSURANCE AND LIMIT OF LIABILITY.

1. The named Insured (also referred to throughout this proposal as "You", "Your", or "Corporation") - please provide names of all companies to be insured under this proposal:

2. Are you involved in a joint venture or partnership? ☐ Y ☐ N

   If yes, do you want your interests in the joint venture or partnership to be included in Policy Section 1 General and Products Liability and Policy Section 3 Professional Indemnity/Malpractice? ☐ Y ☐ N

   If yes, please provide name and details such as business activity, turnover, number of employees, use of contractors etc.

3. Have you ever been involved in a merger / takeover / acquisition? ☐ Y ☐ N

   If yes, please complete the table below:

Name of company / business you merged with, took over or acquired	Date of merger / takeover/ acquisition	Did you acquire the liabilities of the business / company	
		☐ Y	☐ N
		☐ Y	☐ N

4. Do you envisage a change in ownership of any company / business to be insured under this proposal? ☐ Y ☐ N

   If yes, please provide full details:

5. By ticking the appropriate box, please indicate your legal status:

   ☐ Public company (not listed)
   ☐ Company (limited by guarantee)
   ☐ Partnership
   ☐ Private company / privately held company
   ☐ Co-operative
   ☐ Mutual incorporated association
   ☐ Public company (ASX listed)
   ☐ Unincorporated association
   ☐ Other - please specify

6. Are you registered for GST purposes? ☐ Y ☐ N

   If yes, please provide your ABN:

   If yes, please provide your income tax credit percentage: %

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7. Are your insurance premiums stamp duties exempt? ☐ Y ☐ N

If yes, please ensure your current stamp duty exemption form for each state where you are exempt is attached to this proposal. (If forms are not attached stamp duty will be applied to your premium for this insurance).

8. For the calculation of stamp duty please indicate your turnover in percentage terms split as follows:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	**Total**
%	%	%	%	%	%	%	%	**%**

9. Period of insurance

From 4PM _____ to _____ 4PM

The time this policy will incept and expire, will be the time at the location of your Head Office.

The Head Office address is: _____

10. Please indicate the limits of liability required by ticking the appropriate box:

Section 1 - General and Products Liability and **Section 2** Abuse

☐ $5million ☐ $10million ☐ $20million ☐ Other $ _____

Section 3 – Professional Indemnity / Malpractice

☐ $5million ☐ $10million ☐ $20million ☐ Other _____

Optional Extension

Sections 1 and 3 Communicable Disease writeback ☐ Y ☐ N

The limit for Directors and Officers Liability insurance is dealt with on page 7 of this proposal.

THIS SECTION OF THE PROPOSAL PROVIDES THE INSURER WITH FULL DETAILS OF YOUR BUSINESS ACTIVITIES, AND THE CARE SERVICES YOU PROVIDE.

11. Please indicate in which sector or sectors of the care industry you participate including anticipated turnover for the upcoming 12 months and then only complete the subsequent questions for the sectors in which you participate:

Sector	Do you participate		Turnover
Residential Aged Care	☐ Y	☐ N	$
In Home Care for the Aged	☐ Y	☐ N	$
Retirement / Lifestyle Villages	☐ Y	☐ N	$
Non-Government Funded Supported Residential Care Service	☐ Y	☐ N	$
		Total Turnover	**$**

a. Are you involved in any other business activities or Care Services for which you require insurance under this proposed insurance? ☐ Y ☐ N

If yes, please provide details:

12. a. Do you currently hold a professional indemnity or medical malpractice insurance policy for the industry sectors and activities declared in question 11 above? ☐ Y ☐ N

If yes, how long have you continuously held this Insurance? _____ years

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12. b. In your current General Liability policy, is sexual abuse covered? ☐ Y ☐ N

If yes, please advise if cover is provided on a claims made and notified basis.

If yes, what is your current retroactive date: _____ ☐ Y ☐ N

ONLY COMPLETE QUESTIONS 13 - 15 IF YOU PROVIDE RESIDENTIAL AGED CARE SERVICES

13. How many residential aged care facilities do you own or operate? _____

Please provide the RACS Commission ID for each residential aged care facility you own/operate.

RACS Commission ID	RACS Commission ID	RACS Commission ID

a. Number of aged care beds/residents at 100% capacity _____

b. Number of serviced apartments / independent living units _____

c. Current percentage of beds occupied _____ %

d. Current number of residents requiring dementia care _____

e. Current number of beds allocated to non-geriatric care split:

i. convalescing or transitional care _____

ii. residents with physical/mental disability under the age of 65 _____

f. Do you operate a day care centre or other facilities for non-residents? ☐ Y ☐ N

g. Do you provide child minding or childcare services for employees, or workers' children? ☐ Y ☐ N

14. Are all residential aged care facilities operated by you currently accredited by the aged care quality and safety commission with no improvements required? ☐ Y ☐ N ☐ N/A

15. Has any residential aged care facility operated by you been issued with a notice to agree or had a sanction imposed? ☐ Y ☐ N

If yes, please provide details including anticipated date of full compliance. If you operate a non-government funded supported residential service, please provide a copy of the latest Department of Health certification and confirm there are no sanctions or outstanding requirements for you to operate the service at 100% compliance.

ONLY COMPLETE QUESTION 16 IF YOU PROVIDE IN-HOME CARE SERVICES

16. Please advise the number of in-home care clients split as follows:

Client	Number of Clients
Basic needs	
Low care needs	
Intermediate care needs	
High care needs	

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ONLY COMPLETE QUESTION 17 IF YOU OWN OR OPERATE A RETIREMENT VILLAGE OR AN OVER 55'S LIFESTYLE VILLAGE OR HAVE THE RECREATIONAL FACILITIES NOTED IN QUESTION 17B IN YOUR RESIDENTIAL AGED CARE FACILITY

17. a. Number of retirement villages or over 55 Lifestyle Units you own / operate _____

b. Please indicate if any of the above retirement or lifestyle villages have the following facilities:

Swimming / hydrotherapy spa	☐ Y	Lawn bowls	☐ Y
Men's shed	☐ Y	Gymnasium	☐ Y
Tennis courts	☐ Y	Club house	☐ Y
Reception facilities	☐ Y		

If yes, are any of these facilities hired out to, or used by non-residents? ☐ Y ☐ N

If yes, please provide details:

WORKFORCE AND OPERATIONS

THIS SECTION OF THE PROPOSAL PROVIDES THE INSURER WITH INFORMATION ABOUT YOUR WORKFORCE AND THE CONTROLS YOU HAVE IN PLACE REGARDING THE SAFETY OF STAFF, CONTRACTORS, RESIDENTS AND VISITORS.

18. Estimated annual employee payroll split as follows:

Category	Number of staff	Wages
Office Staff		$
Registered Nurses/Enrolled Nurses or Attendant Carers		$
Kitchen and Domestic Services Staff (including Maintenance)		$
Allied medical services personnel		$
Other (please describe)		$
Total		**$**

19. Do you operate a service company that employs staff and then on-hires them or places them in companies within the group of companies owned and or operated by you? If staff are on-hired within the business, then for the purpose of this insurance they are considered labour hire personnel or contractors. ☐ Y ☐ N

If yes, please provide details including name of service company:

20. Do you use or anticipate the use of contractors or labour hire personal? ☐ Y ☐ N

If yes, please provide estimated annual contract value for the following types of contractors/ labour hire personnel:

a. Nursing or attendant care workers under your direct supervision $

b. Nursing or attendant care workers not under your direct supervision (this is more likely when providing in-home care services) $

c. Contract allied medical service personnel providing physiotherapists / podiatrists / occupational therapy services or the like $

d. Personnel such as gardeners, maintenance, laundry or kitchen under your direct supervision $

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e. General contractors such as gardeners, maintenance, laundry or kitchen not under your direct supervision (this is more likely if you contract out the entire service, in which case please indicate if this service is performed onsite or offsite).
☐ Onsite ☐ Offsite

$ _____

21. Do you assume liability under contract or hold harmless agreement or assume a duty or obligation by way of contract, warranty, guarantee which exceeds your liability in the absence of such contract warranty or guarantee? ☐ Y ☐ N
If yes, please provide details:

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22. Are all contractors and labour hire personal required to provide proof of current general liability insurance and if medical services are provided, professional indemnity insurance? ☐ Y ☐ N
If yes, is evidence of insurance requested and secured prior to commencement of work? ☐ Y ☐ N
If no, please provide reasons:

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23. Prior to commencing work with your organisation do all employees, hired personnel, contractors and volunteers undergo a formal interview process either by you or your contracted employment agency which process includes reference checks? ☐ Y ☐ N
If yes, what is the minimum number of reference checks undertaken? _____

24. a. Is a right to work check undertaken confirming candidate employees are Australian citizens, permanent residents or have the appropriate visa? ☐ Y ☐ N
b. If the work involves use of a vehicle, is current driver's licence check undertaken? ☐ Y ☐ N ☐ N/A
c. For all employee candidates, do you undertake a NDIS check or national police check, if the candidate has lived overses in the past 10 years? ☐ Y ☐ N
d. Do you perform an international check before you hire a prospective employee? ☐ Y ☐ N
e. Please confirm you include the working with vulnerable persons option in the national police check. ☐ Confirmed
If no to any part of question 24 please provide reasons:

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25. a. Do you check the Register of Banning Orders to establish if an individual that you propose to employ or otherwise engage has had a banning order made against them? ☐ Y ☐ N

b. Do you ensure and record that all nursing, physiotherapists, podiatrists, speech therapists and the like employed by you, or who provide services to you or on your behalf (i.e., labour hire and contract personnel) are fully qualified, registered and licenced to perform the work for which they have been engaged and meet the requirements of the relevant legislation? ☐ Y ☐ N
If no to either, please provide reasons:

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26. Do you have a formal induction program for employees, labour hire personnel, contractors, and volunteers? ☐ Y ☐ N
If yes, do all attendees have to sign off on having attended the induction program? ☐ Y ☐ N

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27. Do you have a formal policy in place which deals with the prevention of abuse including sexual abuse? ☐ Y ☐ N

If yes, when where these policies and procedures last updated? _____

28. a. Do you comply with all relevant state vulnerable person protection legislation? ☐ Y ☐ N

b. Do you investigate and formally report on any and every suspected case of abuse? ☐ Y ☐ N

If yes, please state to whom is the report made internally and externally:

_____

c. How many of these reports have been made in the past 7 years? _____

29. If after initial investigation there are reasonable grounds that abuse or sexual abuse may have taken place, do you have documented procedures in place which deal with the investigation and suspension of employment of an employee, service provider or volunteer, and are those procedures followed in every case? ☐ Y ☐ N

30. a. Do you comply with the national guidelines for the prevention, control and public health management of outbreaks of acute respiratory infection (including COVID 19 and influenza) in residential aged care facilities operated by you? ☐ Y ☐ N

b. Do you comply with the latest jurisdictional requirements regarding vaccination for residents, staff and visitors? ☐ Y ☐ N

c. Who is the officer responsible for exercising clinical judgement in the event of an outbreak of an acute respiratory infection.

Name	Qualification

d. In the event of an infectious disease outbreak within a facility owned/ operated by you, will you comply with the notification procedures as issued by the Australian Government Department of Health and Aged Care? ☐ Y ☐ N

e. Do you administer antipsychotics or use other forms of restraint? ☐ Y ☐ N

If yes, please provide details:

_____

LOCATION AND PREMISES

THIS SECTION OF THE PROPOSAL PROVIDES THE INSURER WITH INFORMATION ABOUT THE LOCATIONS FROM WHICH YOU OPERATE YOUR BUSINESS AND OTHER PROPERTY HOLDINGS TO BE INSURED UNDER THE POLICY.

31. Please list location(s) of properties occupied by you for the purpose of conducting your business (if inadequate space please provide separate listing):

Address/ Location	Owned	Purpose Built
	☐ Y ☐ N	☐ Y ☐ N
	☐ Y ☐ N	☐ Y ☐ N

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32. Please list properties owned but not occupied by you (if land please indicate size)

Address/Location	Land or Building	Occupied as
	☐ Land ☐ Building	
	☐ Land ☐ Building	

33. Are all the buildings/properties noted in questions 31 and 32 in good repair and comply with local council and fire brigade regulations? ☐ Y ☐ N
If no, please provide details of upgrades required to comply:

34. Other than the usual maintenance works, are you currently or will you be undertaking any demolition, construction, renovation, or any development projects over the next 12 months? ☐ Y ☐ N

If yes, please provide a list of projects below:

Location	Project description	Contract Value
		$
		$
	Total Contract/s Value	**$**

If yes, have you obtained, or will you obtain written confirmation that all contractors and or sub-contractors hold separate public liability insurance noting your interest as principal? ☐ Y ☐ N

MANAGEMENT LIABILITY INSURANCE

COMPLETE THIS SECTION OF THE PROPOSAL IF YOU REQUIRE MANAGEMENT LIABILITY INSURANCE INCLUDING EMPLOYMENT PRACTICES LIABILITY

Please indicate the limits of liability required by ticking the appropriate box:

Directors and Officers Liability ☐ $5 million ☐ $10 million

Employment Practices Liability ☐ $1 million ☐ $2 million ☐ $5 million

35. Do you currently hold a directors and officers or management liability policy for all entities to be insured under this policy? ☐ Y ☐ N
If yes, for how long has the Corporation continuously held this insurance? _____ years

36. Is the Corporation solvent and can it meet its debts as and when they fall due? ☐ Y ☐ N

37. Are the Corporation's financial accounts audited by an independent registered company auditor? ☐ Y ☐ N
If yes, how often and by whom:

38. Between the date of this proposal for insurance and the date the last audited financial report was signed off by the directors, has there been any change in the financial position of the Corporation, or is there any information of a material nature which could affect the financial position, liability, operation or capital structure of the Corporation? ☐ Y ☐ N
If yes, please provide details:

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39. Please advise if the Corporation is currently considering acquisitions, tender offers, or mergers or if the Corporation is contemplating the sale of part of or the entire business? ☐ Y ☐ N
If yes, please provide details:

40. Is the Corporation under investigation or the subject of a pending prosecution or has the Corporation been prosecuted under the Corporations Act, Trade Practices (Fair Trading) Act, Occupational Health and Safety Act, the Aged Care Act 1997 or any laws relating to care for the aged or in-home care, the Disability Services Act 1986 (amended) or any other laws relating to care for the disabled or any other statute? ☐ Y ☐ N
If yes, please provide details:

41. Has any director or executive officer of the Corporation:
a. ever been declared bankrupt? ☐ Y ☐ N
b. been a director or executive of the Corporation that has been placed in administration, receivership, liquidation or provisional liquidation? ☐ Y ☐ N
If yes, please provide details:

COMPLETE QUESTION 42 IF YOU REQUIRE EMPLOYMENT PRACTICES LIABILITY

42. a. Do you currently carry employment practices liability insurance for all entities for which insurance is required under this proposal form? ☐ Y ☐ N
If yes, how many years have you continuously held this insurance? _____ years

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

Officers	Employees

c. Do you have a written human resources manual or equivalent management guideline? ☐ Y ☐ N

d. Have there been any closures, consolidations or retrenchments within the previous 24 months, or do you anticipate any closures, consolidations or retrenchments in the next 12 months? ☐ Y ☐ N
If yes, how many employees were/will be affected:

e. Has there been or is there now pending any prosecution or legal action against the Corporation including subsidiaries 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? ☐ Y ☐ N
If yes, please provide details:

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OPTIONAL EXTENSIONS FOR MANAGEMENT LIABILITY

PLEASE TICK THE YES BOX NEXT TO THE REQUIRED EXTENSION AND ANSWER THE QUESTIONS PERTAINING TO THE POLICY EXTENSION

43. **Crises Management**
Do you want to increase the standard crises limit of $50,000 to $250,000? ☐ Y ☐ N

44. **Statutory Penalties** ☐ Y ☐ N

If yes, limit required: ☐ $1 million ☐ $2 million ☐ $5 million

a. Does the Corporation currently carry statutory penalties insurance? ☐ Y ☐ N
If yes, how many years have you continuously held this insurance? _____ years

b. Does the Corporation comply with all statutory requirements relating to the Business and Care Services? ☐ Y ☐ N

c. In the past five years has the Corporation or a director or officer of the Corporation 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? ☐ Y ☐ N

d. Was the Corporation or any director, officer or employee of the Corporation called to give evidence before the royal commission into aged care quality and safety? ☐ Y ☐ N
If yes, have you received information from the commission suggesting it will refer any matter to authorities to take further action? ☐ Y ☐ N

e. In the past 5 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 Corporation or a director or officer of the Corporation by a federal, state, territory or local government or other regulatory authority? ☐ Y ☐ N
If yes, please provide details:

_____

45. **Tax Audit**
Do you want to increase the standard tax audit limit of $20,000? ☐ Y ☐ N
If yes, limit required: ☐ $50,000 ☐ $100,000

a. Do you currently carry tax audit insurance? ☐ Y ☐ N
If yes, how many years have you continuously held this insurance?
_____ years

b. Does an independent external accountant prepare the company's financial statements? ☐ Y ☐ N

c. Does the Insured perform regular procedural financial reviews or internal audits? ☐ Y ☐ N

d. Has an audit by a commissioner of taxation ever been conducted? ☐ Y ☐ N

e. Has the Corporation been fined or had a penalty imposed by the ATO in the last 5 years? ☐ Y ☐ N

f. Has the Corporation been notified of a pending or likely tax audit? ☐ Y ☐ N

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g. Do you believe or have any reason to suspect a director or office of the Corporation, or the Corporation will be the subject of a tax audit? ☐ Y ☐ N

If yes to d, e, f, or g please provide details:

46. **Crime** ☐ Y ☐ N

If yes, limit required:

☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ Other _____

a. Do you currently carry crime insurance? ☐ Y ☐ N
If yes, how many years have you continuously held this insurance? _____ years

b. Is the handling of cheques/cash limited to principals/accounts staff? ☐ Y ☐ N
If yes, how many Principals and staff are authorised to handle cheques and or cash? _____

c. The maximum amount of cash on the premises at any one time is: $ _____

d. Are the financial accounts audited by an independent registered company auditor? ☐ Y ☐ N

e. Are there at least two people required to authorise or countersign cheques? ☐ Y ☐ N

f. Are there at least two people required to authorise Electronic Funds Transfers (EFT)? ☐ Y ☐ N

g. Is there separation of duties between persons handling money, including EFT? ☐ Y ☐ N

h. Is there a delegation of authority regarding the limit an employee can authorise payments? ☐ Y ☐ N
If yes, what is the maximum limit: $ _____

i. How often and by whom are entries in the cashbook checked with vouchers, bank statements and returned cheques reconciled? Please complete the table below:

Responsible persons	Reconciliation Cycle

47. **Outside Directorship** ☐ Y ☐ N

Are any outside directorships held?
If yes, and you want to include cover under this policy, please state the name of the company in which the outside directorship is held - underwriting considerations will apply.

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CLAIMS HISTORY

48. **Past claims experience**

Have any claims been made against a general and products liability policy, malpractice/professional indemnity policy, or against the Corporation or its directors and officers under a directors and officers liability policy or employment practices liability policy, crime insurance or any of the other optional extensions requested in this proposal during the past 7 years? ☐ Y ☐ N

Please confirm that you have made enquiries of insurers that have held your liability insurance in the past 7 years, and they have confirmed your answer to this question as your previous insurer may have increased reserves or had late notifications which affect your claims history. ☐ Confirmed

If yes, please provide details:

Date	Claimant	Particulars	Insurer	Value of Claim
				$
				$

49. **Current claims history**

a. 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 this proposed general and products liability policy, malpractice/professional indemnity policy or management liability policy (incl. employment practices liability, crime optional extension or any other optional extension insurance requested in this proposal) other than those already declared to the Insurer? ☐ Y ☐ N

b. Have you made any incident reports to the Aged Care Quality and Safety Commission (ACQSC) in relation an incident happening at one of your facilities or in relation to a in home care client? ☐ Y ☐ N

If yes, are any of these incidents likely to develop into a claim under a previous or current insurance policy, they should be notified to your current insurer and noted below.

Date	Third Party Name	Particulars of Incident

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DECLARATION

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

I declare on behalf of the Insured/Corporation:

- I have never had an insurer decline any proposal, impose special terms or exclusions, decline to renew an insurance policy, or cancel an insurance policy held by the Insured or Corporation
- I have read and understood the important notices on this proposal
- I am authorised by each of the applicant(s) to sign this proposal
- The statements in this proposal are true and complete and no material information has been withheld
- I have diligently made all necessary enquiries to comply with the duty of disclosure
- I have read the privacy statement on this proposal and consent to the use, disclosure and obtaining of personal information about the Insured or Corporation for the purposes within it
- Where I have provided information about another individual, that individual has been made aware of that fact and of the privacy statement
- I acknowledge that Probitas 1492 relies on the information and representations in this proposal 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 understand that any statement made in this proposal will be treated as a statement made by all persons to be insured
- I undertake to notify Probitas 1492 of any material alteration to the information contained in this proposal prior to inception of the proposed insurance
- I understand that no insurance is in place until such time as Probitas 1492 has confirmed acceptance of the proposed insurance.

Name: _____

Title: _____

Signature: _____

Date: _____

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ADDITIONAL INFORMATION

If there is inadequate space to answer our questions on this proposal form, please use this additional information section to answer the questions.

Please also attach any brochures, promotional pamphlets or other publications relevant to this proposal for insurance.

This information forms part of the proposal and is subject to the above declaration.

Section / Question	Answer

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