



Associations and Not for Profit

Your Award Winning Insurer



IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL

Completing this Proposal Form

- Any references throughout this Proposal Form to “you”, “your” or “insured” are to be read as references to “the proposer”. Any reference to “we”, “us”, “our” or “BIA” are to be read as references to “Berkley Insurance Company (limited company incorporated in Delaware, USA) ABN 53 126 559 706 | AFSL 463129 t/as Berkley Insurance Australia”.
- Please answer all questions giving full and complete answers. If a question in the Proposal Form does not apply to the proposer, this should be marked as “Not Applicable” or “N/A”.
- If the space provided on the Proposal Form is insufficient, please use a separate signed dated sheet in order to provide a complete answer to any question.
- It is the duty of the proposer to provide all information that is requested in this Proposal Form as well as to disclose relevant facts. A relevant fact is a known fact or circumstances that may influence the evaluation of risk by the the insurer. If you are uncertain about what a relevant fact is, please contact your broker.

A. Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

B. Claims Made and Notified Policy

This Proposal Form is for insurance issued on a 'claims made and notified' basis. This means that the policy responds to:

- (a) claims first made against the insured during the policy period and notified to us during the policy period, provided that the insured was not aware at any time before policy inception of facts, matters or circumstances which would have put a reasonable person in the insured's position on notice that a claim may be made against the insured; and
- (b) written notification of facts pursuant to section 40(3) of *the Insurance Contracts Act 1984*. If the insured chooses to tell us in writing about facts which might give rise to a claim against the insured as soon as reasonably practicable after the insured becomes aware of these facts but before insurance cover provided by the policy expires, then we are not relieved of liability under the policy for the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the policy.

After the policy expires, no new notification of facts may be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period. An exception to this is where an extended reporting period applies to the policy. If an extended reporting period applies, then cover may be available for notifications of facts or claims made up to expiry of the extended reporting period.

When completing the proposal the insured is required to provide full details of all facts, matters and circumstances of which they are aware and which a reasonable person in the insured's position would consider may give rise to a claim. It is important that the insured make proper disclosure. Refer to the Duty of Disclosure above to understand the insured's disclosure obligations.

C. Retroactive Date

This policy does not provide cover for claims arising from or in connection with an act, error, omission or event occurring or alleged to have occurred before the policy's retroactive date, where such a date is specified in the schedule.

D. Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the insurance, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, we will not cover you under the insurance for such loss or damage.

E. Privacy Statement

We are a member of the W. R. Berkley Corporation, which we refer to as WRBC.

We take privacy seriously and are committed to handling and protecting your personal information in accordance with the Privacy Act 1988 (Cth) and Australian Privacy Principles (APPs). This Privacy Statement explains how we collect, hold, use and disclose your personal information and who we share it with. It should be read with our Privacy Policy which provides more information about our privacy practices.

Our Privacy Policy is available at <https://berkleyinaus.com.au>. Alternatively, you can use the details in Contact Us at the end of this Privacy Statement to request a copy of our Privacy Policy.

Consent

You agree to us collecting, holding, using and disclosing your personal information as set out in our Privacy Policy when you: (i) provide us with your personal information; or (ii) apply for, use or renew any of our products and services.

Personal information about others

If you provide us with personal information about another person, then you must: (i) have their consent to do so; and (ii) tell them that you are disclosing their personal information to us and provide them with a copy of this Privacy Statement.

How we collect your personal information

We collect your personal information directly from you, your agents and through others including the parties listed in our Privacy Policy. This includes our agents and service providers. We will use a variety of methods to collect your personal information from these parties, including written forms, telephone calls and electronic delivery.

Not giving us your personal information

You may choose not to give us your personal information. However, this may affect our ability to provide you with any, some or all of the features of our products or services, including processing a claim.

How we handle your personal information

We will use your personal information for the purposes we collected it. This usually includes: (i) providing you with assistance, a product or service you have requested; (ii) handling claims and complaints you have made; and (iii) facilitating our business functions and operations.

Your personal information may also be used for other purposes that are set out in our Privacy Policy.

We may disclose your personal information to other members of WRBC, agents or service providers (either yours or ours), other insurers, reinsurers, persons involved in a claim and other parties set out in our Privacy Policy. These disclosures will be for the same purposes described above or as otherwise permitted by law.

Overseas Disclosure

Sometimes we need to provide your personal information to, or get personal information about you from, persons or organisations located overseas. We will do this for the same purposes as in the 'How we handle your personal information' section above.

The complete list of countries is contained in our Privacy Policy.

From time to time, we may need to disclose your personal information to, and collect your personal information from, persons and organisations located in countries that are not on the list.

Marketing

Every now and then we might let you know – including via email, telephone or online - about news, products and services that we think may be of interest to you.

We will engage in marketing unless you tell us otherwise. We want you to be able to exercise your marketing preferences. Accordingly, you can contact us to update your marketing preferences by using the details in Contact Us below. Alternatively, you can simply follow the unsubscribe instructions in the relevant communication. More information about our marketing practices can be found in our Privacy Policy.

Access, correction and complaints

You have the right to request access and correct your personal information held by us. Our Privacy Policy provides information about how you can: (i) access your personal information; (ii) ask us to correct your personal information; and (iii) complain about a breach of the APPs and how we will deal with such a complaint.

Contact Us



www.berkleyinaus.com.au



02 9275 8566



privacy@berkleyapac.com



Berkley Privacy Officer, PO Box Q296, QVB NSW 1230

DETAILS OF THE PROPOSER

1. Full name of Association, Organisation or Company to be named as Insured:

Name of proposer(s) to be covered	ABN	Date established

2. Principal address of Association, Organisation or Company:

Principal address:

Telephone No:

Facsimile No:

3. Number of:

3.1 Qualified employees (including instructors)

3.2 All other employees

4. Please name the Principals, Trustees, Directors or Officers of the Association, Organisation or Company (hereinafter referred to as the proposers)

Name	Qualifications	Length of Service	Position

5. Is the Association, Organisation or Company a Not for Profit organisation?

No Yes

6. Please summarise the activities of the Association, Organisation or Company:

7. Type of Activity (please tick or complete):

- | | |
|--|---|
| <input type="checkbox"/> Aged Care Centre | <input type="checkbox"/> P&C Association |
| <input type="checkbox"/> Community Transport | <input type="checkbox"/> Information & Referral Centre |
| <input type="checkbox"/> Community Centre | <input type="checkbox"/> Youth/Community Group |
| <input type="checkbox"/> Neighbourhood Centre | <input type="checkbox"/> Community Action Group |
| <input type="checkbox"/> Family Support Centre | <input type="checkbox"/> Youth / Men's / Women's Refuge |
| <input type="checkbox"/> Unions | <input type="checkbox"/> Playgroup |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Trade Association |

Other – please give details:

Number of people attending daily:

Number of volunteer workers:

Age range attending:

8. In what year was the Association, Organisation or Company founded?

9. Does the Association, Organisation or Company perform any activities or have any assets or subsidiaries in the USA or Canada?

No Yes

10. If the proposer is an Association, please provide details of how the Association's investments are managed:

11. Has Professional Indemnity or Associations Liability Insurance been carried during the last three years?

No Yes If yes, please state:

a) The name of the Insurer(s)

b) The expiry date of the policy

12. Proposers Financial Details:

a) Turnover (including government grants) for the last financial year:

b) Net profit (or loss) for the last financial year:

c) Do you have your accounts audited every year?

No Yes

d) Total Assets (current + fixed) shown in the last audited accounts:

e) Net Assets (please use brackets if a negative value) shown in the last audited accounts:

13. Are there any facts or circumstances which may affect the ability of the Company to meet its debts as and when they fall due?

No Yes If yes, please provide full details:

14. Does the Association, Organisation or Company produce newsletters, journals or other publications?

No Yes If yes, please provide details and attach examples

15. Does the Association, Organisation or Company endorse any products?

No Yes

16. If the proposer is an Association, does it provide any advice for a fee?

No Yes

17. As far as is known and after reasonable enquiries, have the proposers, their predecessors, the Association, Organisation or Company ever been refused this type of Insurance or had similar Insurance cancelled?

No Yes If yes, please provide details:

18. During the last six years, have any claim(s) been made against the Association, Organisation or Company or against present or former Principals, Trustees, Directors, Officers or Employees for a breach of professional duty?

No Yes If yes, please advise full details on a separate sheet, including amounts involved and settlement dates where appropriate.

19. Are any of the proposers AFTER ENQUIRY aware of any circumstances which may give rise to a claim against the Association, Organisation or Company or against present or former Principals, Trustees, Directors, Officers or Employees?

No Yes If yes, please advise full details including amounts involved.

20. If the answer is **Yes** to Question 18 or 19, please provide a detailed description of the steps or changes the proposer have made to prevent similar claims from occurring. Please attach a separate piece of paper if necessary.

If the answer is **No** to Question 18 and 19, please state N/A.

21. Please indicate the Limit(s) of Indemnity for which you would like a quotation.

Limit: \$1 million \$2 million \$5 million \$10 million

22. Please give a **percentage split totalling 100%** of which state the Insured's employees are in:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S

If income is generated in NSW, please answer the following additional questions:

23. Is the proposer a Capital Gains Tax small business entity (within the meaning of section 152-10(1AA) of the *Income Tax Assessment Act 1997* (Cth))? No Yes

24. Is the proposer a small business individual, partnership, company and/or trust, which is carrying on a business, and the business has an aggregated turnover of less than \$2,000,000? (Aggregated turnover is your Australia wide annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you).

No Yes

25. Is the proposer exempt from Stamp Duty?

No Yes If yes, evidence of this must be provided – please attach a copy of such evidence to this proposal.

DECLARATION

This Declaration must be completed and signed on behalf of all persons making the application for insurance.

I declare that:

- I am authorised by each of the persons making the application for insurance to complete and sign this Proposal Form.
- after making inquiries, all facts, information and statements given in this Proposal Form and any supporting documents attached or otherwise supplied (“**representations**”) are true, correct, accurate and complete.
- no material representations have been omitted, misstated, withheld or suppressed which may affect the decision to accept the application for insurance or the terms and conditions on which any insurance is offered or provided.
- I undertake that, should there be any change to the representations after they have been provided to BIA, then I will immediately inform BIA about these changes before the relevant policy is entered into.
- I understand that BIA relies on the representations in forming its decision to offer any policy and that (except where otherwise indicated) BIA will treat the representations as being made by all persons to be insured.
- I understand that no insurance is in place until such time as BIA has confirmed acceptance of the application for insurance, and that if the application for insurance is accepted, the insurance cover will be subject to the terms, conditions and exclusions of the policy.
- I consent to BIA collecting, using, holding and disclosing personal information in accordance with the Privacy Statement contained in this Proposal Form, and that if I have provided or will provide information to BIA about any other individuals, I am authorised to disclose the other individual’s personal information to BIA and also to give the previously mentioned consent on both my and their behalf.
- I acknowledge receipt of the Important Information contained in this Proposal Form and that I have read and understood the content of them.

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

Sydney
Tel. (02) 9275 8500
sydney@berkleyinaus.com.au

Melbourne
Tel. (03) 8622 2000
melbourne@berkleyinaus.com.au

Brisbane
Tel. (07) 3220 9900
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Perth
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