

ASSOCIATIONS & OTHER ORGANISATIONS PROPOSAL FORM

IMPORTANT INFORMATION

Please read the following information before completing this proposal

A. Obtaining a Quotation

To minimise delays in obtaining a quotation please provide complete answers to all questions in the proposal form and attach relevant brochures, CV's etc that you believe will help us understand your business.

B. Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim, or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

C. Claims Made and Notified Policy

This proposal form is for Professional Indemnity Insurance on a "Claims made and Notified" basis. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. It does not provide cover for:

- claims arising from an event which occurred before the policy's "retroactive date" where such a date is specified in the schedule;
- claims made after the period of cover expires (even where the event giving rise to the claim occurred during the period of cover);
- claims made, threatened or intimated before the period of cover commenced;
- claims arising from facts or circumstances of which you first became aware before commencement of the policy and which you knew or ought reasonably to have known, had the potential to give rise to a claim under the policy of any previous policy;
- claims arising from circumstances noted on the proposal form or any previous proposal form.

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, the Insurer will not cover you under the insurance for such loss or damage.

E. Privacy Statement

The Privacy Act 1988 (as amended) applies to this proposal and requires us to advise you that:

Purpose of collection

W.R. Berkley Insurance Australia collects personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of:

- providing insurance services to you;
- evaluating your application;
- evaluating any request for changes to any insurance provided;
- issuing administering and managing the insurance provided after acceptance of an application;
- investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for secondary purposes related to those purposes listed above, but only if you would expect us to use or disclose the information for such secondary purpose. However, for sensitive information the secondary purpose must be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above W.R. Berkley Insurance Australia may disclose your personal information to and/or receive information from other companies within the same group, your insurance broker or our agent, government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You may request access to the personal information we hold about you by contacting W.R. Berkley Insurance Australia at the address shown:

Contact Details

W. R. Berkley Insurance Australia
Tower 2, Level 21, Darling Park
201 Sussex Street
SYDNEY NSW 2000

Ph: 02 9006 1140
Fax: 02 9006 1010
Email: australia@wrberkley.com
Web site: www.wrbaustralia.com.au

ASSOCIATIONS & OTHER ORGANISATIONS PROPOSAL FORM

1. Full Name of Association or organisation to be named as Insured

2. Principal Address of Association or organisation

Postcode Tel. No. Fax No.

Website: Email address:

3. Number of Full Time employees: _____ Number of Part Time employees: _____
 Number of Volunteer Workers: _____

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

Name	Qualification	Length of Service	Position

5. Is the Association or Organisation a Not for Profit organisation **Yes / No**

6. Please summarise the activities of the Association or Organisation

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

- | | |
|---|--|
| <input type="checkbox"/> Sports or Leisure Group or representative body
<input type="checkbox"/> Community Transport
<input type="checkbox"/> Community or Support Centre
<input type="checkbox"/> Teaching Institute
<input type="checkbox"/> Information & Referral Centre
<input type="checkbox"/> Community Action Group | <input type="checkbox"/> Industry or Trade Group or representative body
<input type="checkbox"/> Aged or Respite Care Centre
<input type="checkbox"/> Neighbourhood Centre
<input type="checkbox"/> P&C (or P&F) Association
<input type="checkbox"/> Youth / Community Group
<input type="checkbox"/> Youth / Men's / Women's Refuge |
|---|--|

Other – please give details opposite

Period between meetings or events
(eg daily, weekly, monthly etc)

Number of people attending

8. In what year was the Association or organisation entity founded? _____

9. Does the Association or Organisation perform any activities or have any assets or subsidiaries in the USA or Canada? **Yes / No**

10. If the proposed Insured 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? **Yes / No**

If Yes, please state

a) The name of the Insurer(s)

b) The expiry date of the policy

12. Financial Activity (if possible please provide a copy of the associations or organisations financials):

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

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

d) Do you have your accounts audited every year: **Yes / No**

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

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

13. Does the Association or Organisation produce newsletters, journals or other publications? **Yes / No**
If Yes, please provide details and attach examples

14. Does the Association or Organisation endorse any products? **Yes / No**

15. Does the Association or organisation provide any advice for a fee? **Yes / No**

16.a) Is registration with the Insured needed in order to practice a member's profession? **Yes / No**

16.b) Is the Insured the sole or only body for registration in order for a member to practice their profession? **Yes / No**

17. As far as is known and after reasonable enquiries, have the Proposers, their predecessors, the Association or Organisation ever been refused this type of Insurance or had similar Insurance cancelled?
Yes / No
 If Yes, please provide details

18. During the last six years have any claims been made against the Association or Organisation or against present or former Principals, Trustees, Directors, Officers or Employees for a breach of professional duty?
Yes / No
 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 or Organisation or against present or former Principals, Trustees, Directors, Officers or Employees?
Yes / No
 If Yes, please advise full details including amounts involved

20. Please circle the Limit(s) of Indemnity for which you would like a quotation:
 Limit: \$1million \$2million \$5million \$10million

21. 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
%	%	%	%	%	%	%	%	%

Declaration

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/We undertake to inform W. R. Berkley Insurance Australia of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signature of Principal, Trustee or Director:

_____ Dated this day of 200
Signature

Printed name and office of person signing