

ASSOCIATIONS AND NOT FOR PROFIT 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 an insurance contract, you have a duty to tell us 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 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.

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

Berkley Insurance Australia handles your personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth).

Consent

By requesting us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure of personal information you have provided to us for the purposes set out in our Privacy Policy.

How we collect your personal information

Generally we collect personal information from you or your agents. Personal information may also be collected by us from our agents and service providers; other insurers and insurance reference bureaus; third parties who may claim under your policies; service providers who assist us in investigating, processing and settling claims; third parties who may be arranging cover for a group that you are part of; statutory, regulatory and law enforcement bodies and from publicly available sources.

Why we collect personal information

The personal information we collect enables us to provide our products and services. This may include processing and settling claims; offering products and services that may be of interest to you and conducting market research for products and services that may be relevant to you.

You can choose not to receive product or service offering from us by calling (02) 92758500 Eastern Standard Time 9am to 5pm Monday to Friday inclusive. For further information, you can access our Privacy Policy at www.berkleyinaus.com.au

Who we disclose your personal information to

Your personal information may be disclosed to other parties with whom we have business arrangements for purposes set out in the paragraph above. These parties may include insurers, intermediaries, reinsurers, related companies, our advisers and parties involved in claims assessment, processing, investigation and settlement. Where required by law, we may also disclose information to government, law enforcement, dispute resolution and statutory or regulatory bodies.

Personal information about others

Where you provide personal information about others, you represent to us that you have made them aware that you will do so, the types of third parties we may disclose it to together with the purposes we and our third parties use it for, how they can access such information and how complaints can be made

Where you provide sensitive information about others, you represent to us that you have obtained their consent. If you have not, and will not do so, you must tell us before you provide the sensitive information.

Overseas Disclosure

Your personal information may be disclosed to other companies in the Berkley group, reinsurers and service providers that may be located in Australia and overseas. The countries this information may be disclosed may vary from time to time but may include the United States of America and other countries where the Berkley group has a presence.

Any information disclosed may only be used for the purposes detailed above.

Accessing your personal information and dealing with complaints

You may request access to the personal information we hold about you by calling us at any time.

Our Privacy Policy details how you can make a complaint about a breach of the privacy principles as set out in the Privacy Act 1988 (Cth) and our complaints process.

Our Privacy Policy is available at www.berkleyinaus.com.au

Contact Details

Berkley Insurance Australia

Level 7, 321 Kent Street

SYDNEY NSW 2000

Ph: 02 9275 8500

Fax: 02 9261 2773

PLEASE TYPE OF CLEARLY PRINT YOUR ANSWERS TO ASSIST THE INSURER'S CONSIDERATION OF THE PROPOSAL.

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

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 proposed entity 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 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?

No Yes If yes, please state:

a) The name of the Insurer(s)

b) The expiry date of the policy

12. Company Activity:

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

No Yes If yes, please provide details and attach examples

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

No Yes

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

No Yes

16. 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:

17. 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.

18. 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.

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

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

20. 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:

21. 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

22. 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

23. Is the proposed Insured 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

I declare that I am authorised to complete this Proposal Form (Proposal) on behalf of the Association and that to the best of my knowledge and belief the statements and particulars in this Proposal are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Proposal is entered into (up to and including the policy inception date).

By completing and signing this Proposal you acknowledge, accept and agree that in underwriting and issuing a policy (including replacement policies) BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

___ / ___ / 20___

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
brisbane@berkleyinaus.com.au

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perth@berkleyinaus.com.au

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adelaide@berkleyinaus.com.au