

AUSTRALIAN CHILDCARE Insurance Application Form

AIB AUSTRALIA

PARTICIPATING BROKER			
Name:	<input type="text"/>		
A/C Exec:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>	FSRA Licence No.:	<input type="text"/>

YOUR DUTY OF DISCLOSURE	
What you must tell us:	<p>The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.</p>
Penalty for non-disclosure:	<p>If you do not tell us everything necessary, we may:</p> <ul style="list-style-type: none"> • reduce or refuse to pay a claim, or • cancel your Policy. <p>If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.</p> <p>You do not need to tell us anything which:</p> <ul style="list-style-type: none"> • reduces the risk, • is common knowledge, • we already know, or ought to know in the ordinary course of our business, • we indicate we do not want to know. <p>If you are not sure if something is relevant, it is best to disclose it anyway.</p>

AIB Insurance Brokers – Level 1, 78 Primary School Court, Maroochydore QLD 4558
Phone 07 5409 4600

THE APPLICANTS

Name(s) of Organisation in full including trading name:

Date your Organisation first commenced operations

ABN or ACN or ARNM (one only)

Postal Address:

Street:

Town:

State:

Post Code:

Phone No. Private:

Phone No. Business:

Fax No.:

Mobile :

Email:

Website:

Other interested Persons (e.g. Mortgagees or Lessors):

Period of Insurance, From:

To: at 4 pm

GENERAL INFORMATION

Has the Organisation, or any director/partner/manager:

• ever had any insurance declined, cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? Yes No

• ever been declared bankrupt, or put into receivership or voluntary liquidation? Yes No

• ever been charged/convicted of any criminal offence in the last 5 years? Yes No

Are there any other matters you should disclose? (see "Your duty of Disclosure") Yes No

If you have indicated YES to any of the above questions please give details.

GENERAL INFORMATION (cont)

Has your Organisation held insurance in the last 5 years?

Name of Current/Previous Insurer(s)	Policy Number	Start & Finish Dates
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>

In the last 5 years have you ever claimed under a policy of insurance or is there now a claim pending against you or any other director/ official of the organisation applying for this insurance? If yes please provide details below.

Insurer(s)	Date of incident	Description of loss/circumstance	Amount Paid/ Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Details of the Organisation/Premises

Is your business a:

- a) Childcare Centre, Licensed by your relevant State Government Department? Yes No
- b) Childcare Facility/Service that is not required to be Licensed in your State
(Please note - we are unable to offer cover for unlicensed Child Care Facilities/Services other than before and/or after school care provided from the school premises). Yes No
- c) Property owner but not the operator of a Childcare Centre.
If Yes, please complete the COVER REQUIRED Sections 1, 2, 3, 4 (Theft), 5, 6 and 8 as necessary. Yes No

Please provide your License Number applicable to (a) or (b) above:

Please advise the name of the Licensing Authority who you are licensed with in your state:

What is the maximum number of children this centre is licensed to care for by the Licensing Authority?

The year your business was established?

GENERAL INFORMATION (cont)

Employee and/or volunteer details

Employees professionally qualified	<input type="text"/>	Employees unqualified	<input type="text"/>	Volunteers	<input type="text"/>
Carers	<input type="text"/>	Counsellors	<input type="text"/>	Annual wage roll	<input type="text" value="\$"/>
Risk location	<input type="text"/>				
State:	<input type="text"/>	Post Code	<input type="text"/>		

Type of Construction:

Walls	<input type="text"/>	Floors	<input type="text"/>	Roof	<input type="text"/>
No. of Storeys	<input type="text"/>	Year Built	<input type="text"/>		
If the building is over 30 years, has it been rewired?	<input type="text"/>	If yes year when it was last rewired?	<input type="text"/>		

Fire & Theft protection:

Fire - are the premises protected by:	Fire Sprinkler System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Smoke or Heat detection	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hose reels	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mains water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no mains water please provide details of water supply	<input type="text"/>
Theft - How are the premises protected against entry:	Deadlocks on all external doors	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Window locks	<input type="checkbox"/> Yes <input type="checkbox"/> No
	External Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Alarm system	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If protected by an alarm system:	
	(a) is it Monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) by which security company	<input type="text"/>
If there are other tenants in the building, please list their occupations	<input type="text"/>	

COVER REQUIRED

SECTION 1 PROPERTY (sums insured should represent full rebuilding/replacement and extra cost of reinstatement and ancillary costs.)

- 1. Buildings including fixtures and/or fittings.
- 2. External equipment e.g. furniture, play equipment and the like.
- 3. Contents including Stock and property you are responsible for.

SECTION 2 INTERRUPTION INSURANCE

- Indemnity period months
- Gross Income including all money paid or payable to you but excluding any rental income
- Rental Income
- Do you require the following Optional Extensions:
- 1. Additional Increase in Cost of Working
 - 2. Accountant and other professional costs for claims preparation
 - 3. Book Debts

SECTION 3 TAX AUDIT

- Do you require Tax Audit cover (\$20,000)? Yes No
- Have you been subject to any investigation or tax audit by any Commonwealth, State or Territory department in the last 12 months? Yes No
- If Yes, please provide details.

SECTION 4 CRIME

Part A – Money

- Do you require cover for Money (Blanket Limit \$10,000 - \$500 outside of business hours) Yes No

Part B – Burglary or Theft of Property

- Do you require cover for Burglary (Blanket Limit \$50,000 - \$10,000 property in the open air) Yes No
- Do you require a higher limit? If yes, please show limit required and reason. Yes No

Limit

Reason

COVER REQUIRED (cont)

Part C – Theft by Officials

Do you require cover for Theft by Officials (Limit \$5,000 per person and per policy period) Yes No

If you have answered Yes please answer the following questions:

I. Are your accounts audited every 12 months? Yes No

II. Are employee reference checks conducted? Yes No

III. Are all cheques countersigned for transactions of \$5,000 and above? Yes No

IV. Do all electronic fund transfers of \$5,000 and above require dual authority? Yes No

SECTION 5 GLASS BREAKAGE

Do you wish to insure internal and external glass? Yes No

Do you wish to increase the standard limits for:

Frames & Signs \$2,000 Yes No If Yes please indicate the increased amount here \$

Temporary shuttering, sign writing \$2,000 Yes No If Yes please indicate the increased amount here \$

Destruction of Contents \$5,000 Yes No If Yes please indicate the increased amount here \$

SECTION 6 BREAKDOWN OF MECHANICAL AND ELECTRONIC EQUIPMENT

Part A – Breakdown of Mechanical Equipment Do you require cover for Mechanical Equipment (Blanket Limit \$10,000 and Deterioration of refrigerated goods \$3,000)? Yes No

Part B – Breakdown of Electronic Equipment Do you require cover for Electronic Equipment (Blanket Limit \$10,000 and Data Media materials and records \$2,000)? Yes No

Do you require cover for Increase in Cost of Working? Yes No

Please state the amount \$

SECTION 7 GENERAL PROPERTY

Do you require General Property Insurance? Yes No

Description of items to be insured i.e. Make, Model, Serial number for identification purposes

1 \$

2 \$

3 \$

4 \$

SECTION 8 LIABILITY INSURANCE

Indemnity limit required \$10,000,000 \$15,000,000

\$20,000,000 \$50,000,000

Does this proposed insurance replace an existing policy? Yes No

COVER REQUIRED (cont)

If your current expiring policy is written on a Claims Made wording do you wish to exercise the option of a Retroactive Liability Extension? Yes No

If yes please provide:

The name of the Insurer

Limit of Indemnity \$

The Retroactive Date (the first date you continually held this insurance)

Does your premises have the following facilities?

Playgrounds Yes No

Pool or Sporting Courts Yes No

Op shop or similar income generating activity? Yes No

Property Owners seeking Property Owners Liability cover only do not need to complete the remaining questions in this Section.

This policy automatically covers:

- Indemnifiable fines and penalties not otherwise insured - \$100,000
- Fetes or similar, outings, organised games, op shops, camps and excursions, fundraising.
- Over the next 12 months, will you be involved in off-site risks or high risk activities? If yes please complete the following.

Activity	Number of times held per year	Estimated number of participants per activity	Are activities run by an external party?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hours of operation: From: To:

Do you provide a vacation care service? Yes No

If yes, please advise details of the activities or excursions which take place away from the business premises?

If yes, do you obtain parent consent forms for the above activities? Yes No

If yes, do you obtain an indemnity and release form signed by a parent or guardian? Yes No

Do you conduct or organise any fund raising activities or Fetes? Yes No

If yes, please provide details: (type of activities)

COVER REQUIRED (cont)

SECTION 8 LIABILITY INSURANCE (Cont) – Molestation / Sexual Abuse Cover

a. Do you have a written Client Protection Policy to guard against abuse of your service users by any person either employed by you, contracted by you or volunteering for you? Yes No

If the answer is "NO" you will not be eligible for Sexual Abuse/Molestation cover.

b. When was the policy first implemented?

c. When was the policy last reviewed and updated?

d. When is the policy scheduled for its next review and/or update?

e. Are all personnel (employers/volunteers/contractors) aware of the policy and do they have access to it? Yes No

f. Do you provide or facilitate formal training on the policy including formal refresher/procedure update training based upon current "best practice" and changes to legislation for all of your employees? Yes No

g. Do you also provide the same training to volunteers and contractors? Yes No

h. Do you comply with all relevant state child/vulnerable person protection legislation? Yes No

i. Does your organisation provide services to vulnerable people in an unsupervised environment? (i.e. One-to-one, closed room, no other persons involved) Yes No

If YES please provide further details.

j. Does your Client Protection Policy confirm that:

i) You undertake a formal interview of all candidates including any volunteers or contractors for positions **involving work with children** including analysis of past experience working with children? Yes No

ii) You enquire with at least two previous employers regarding suitability for position (if applicable)? Yes No

iii) You contact at least two referees supplied by the candidate, obtain a criminal record check and working with children check? Yes No

iv) You prohibit the employment or engagement of any person from working in your organisation if they have prior convictions relating to violent or sexually related offences? Yes No

v) You actively encourage the reporting of sexual abuse (i.e. You don't dismiss concerns when raised)? Yes No

vi) You are committed to being an environment where either a victim or employee/volunteer feels able to report sexual abuse? Yes No

If you have answered NO to any of the above, please provide a full explanation.

k. Does your Client Protection Policy confirm that there is a procedure for dealing with and Reporting complaints and/or **reasonable suspicion*** of sexual abuse which includes:

i) The appointment of an independent person to investigate any incident? Yes No

ii) A documented reporting process with escalating procedures including: Yes No

- The automatic suspension of an employee from work or other duties within your organisation, if they are under investigation (internally or by the police) for committing sexual abuse; and
- The automatic termination of their employment, or involvement with your organisation if found guilty of committing sexual abuse (either by an internal investigation or by a court).

iii) A policy for employees and/or volunteers to report reasonable suspicion of sexual abuse to the senior management of your organization and that police authorities and Ansvar Insurance will be notified. Yes No

COVER REQUIRED (cont)

iv) A policy that assures the details of those reporting sexual abuse will be kept private and confidential. Yes No

***Reasonable suspicion** means fair and practical reason to believe an incident involving sexual abuse has occurred based on either verbal communication, hearsay, rumour or observance of behavior.

I. Past Incidents of Sexual Abuse

In respect of any of your activities, over the preceding period of ten years, have there been any incidents reported to you relating to alleged sexual abuse of persons in your care? Yes No

If YES, please provide full details and relevant dates including if any insurance claims or payouts were made.

SECTION 9 PROFESSIONAL INDEMNITY INSURANCE

Please indicate the indemnity limit required

Childcare Centre \$5,000,000 \$10,000,000 \$15,000,000 \$20,000,000

Does this proposed insurance replace an existing policy? Yes No

If yes please provide:

The name of the Insurer

Limit of Indemnity \$

Retroactive date (the first date you continually held this insurance)

SECTION 10 LIABILITY OF OFFICIALS

Please indicate the indemnity limit required

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000

If Directors & Officers cover is required please provide the most recent financial statements and/or reports (Balance Sheets, Profit & Loss Account and Cash Flow Statements and notes attaching thereto).

This section of the policy covers Indemnifiable Fines and Penalties \$1,000,000

Does this proposed insurance replace an existing policy? Yes No

If yes please provide: The name of the Insurer

Limit of Indemnity \$

Retroactive date (the first date you continually held this insurance)

If Directors & Officers cover is required please provide the most recent financial statements and/or reports (Balance Sheets, Profit & Loss Account and Cash Flow Statements and notes attaching thereto).

If the financial statements mentioned above are not immediately available please provide the following Key Financial Information:

Particulars	Estimate for the NEXT 12 months	Actual for the LAST 12 months
Total Assets	\$ <input type="text"/>	\$ <input type="text"/>
Total Revenue including grants, subsidies and fees	\$ <input type="text"/>	\$ <input type="text"/>
Net Profit/Loss	\$ <input type="text"/>	\$ <input type="text"/>

COVER REQUIRED (cont)

SECTION 11 EMPLOYMENT PRACTICES LIABILITY

Please indicate the indemnity limit required:

\$1,000,000

\$2,000,000

Number of Employees:	This year	Last Year	Previous Year
Directors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Officers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Time Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part Time Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary / Casual workers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contracted in Labour	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fixed Term / Task Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Contractors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dismissed by Employer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Made redundant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Resigned Voluntarily	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the Organisation:

- Require applicants for employment to complete a written application as part of the hiring process Yes No
- Carry out required reference checks for all employees and contractors Yes No
- Have well documented recruitment guidelines and procedures Yes No
- Distribute an employee handbook to all its employees Yes No
- Have a written policy on all types of discrimination and abuse Yes No
- Have an internal documented incident/allegation/grievance/complaint procedure Yes No
- Review or carry out exit interviews for all resignations Yes No
- Require dismissals to be reviewed by a solicitor and/or industrial relations specialist Yes No
- Comply with all statutory requirements concerning its employees Yes No
- Post all notices required by law in places conspicuous to all employees Yes No

If No to any sub questions above, please give details:

COVER REQUIRED (cont)

SECTION 11 EMPLOYMENT PRACTICES LIABILITY

Does this proposed insurance replace an existing policy?

Yes No

If yes please provide:

The name of the Insurer

Limit of Indemnity

\$

Retroactive date (the first date you continually held this insurance)

SECTION 12 VOLUNTEERS PERSONAL ACCIDENT

Do you require cover under this section

Yes No

How many volunteers might you engage at any one time?

How many volunteers aged 75 or above?

What type of activities will they undertake for you?

Please indicate the level of Benefits required (Weekly/ Capital):

- | | |
|---|--|
| <input type="checkbox"/> \$100/\$10,000 | <input type="checkbox"/> \$600/\$60,000 |
| <input type="checkbox"/> \$200/\$20,000 | <input type="checkbox"/> \$700/\$70,000 |
| <input type="checkbox"/> \$300/\$30,000 | <input type="checkbox"/> \$800/\$80,000 |
| <input type="checkbox"/> \$400/\$40,000 | <input type="checkbox"/> \$900/\$90,000 |
| <input type="checkbox"/> \$500/\$50,000 | <input type="checkbox"/> \$1,000/\$100,000 |

SECTION 13 PERSONAL ACCIDENT & ILLNESS FOR CARE PROVIDERS

Do you require cover under this section

Yes No

Please provide the names of care providers to be insured.

Please indicate the level of Benefits required (Weekly/ Capital):

- | | |
|---|--|
| <input type="checkbox"/> \$100/\$10,000 | <input type="checkbox"/> \$600/\$60,000 |
| <input type="checkbox"/> \$200/\$20,000 | <input type="checkbox"/> \$700/\$70,000 |
| <input type="checkbox"/> \$300/\$30,000 | <input type="checkbox"/> \$800/\$80,000 |
| <input type="checkbox"/> \$400/\$40,000 | <input type="checkbox"/> \$900/\$90,000 |
| <input type="checkbox"/> \$500/\$50,000 | <input type="checkbox"/> \$1,000/\$100,000 |

COVER REQUIRED (cont)

If illness cover is required, please complete the following for all persons requiring cover.

Are you now in good health?

Yes No

Are you currently aware of anything which may at any time render necessary a surgical operation? If yes, please provide details.

Yes No

During the last six weeks, have you been exposed to any infectious diseases? If yes, please provide details.

Yes No

Give particulars of illnesses during the last five years which have disabled you for more than one week. Please provide dates and duration of such disablement.

Yes No

Have you ever had any of the following:

Any blood disease

Yes No

Asthma

Yes No

Hepatitis

Yes No

Any cancer

Yes No

Fistula

Yes No

Kidney Disease

Yes No

Any lung condition

Yes No

Haemorrhoids

Yes No

Pleurisy

Yes No

Any central nervous system disease

Yes No

Heart Disease

Yes No

Pneumonia

Yes No

Rheumatic Fever

Yes No

HIV/AIDS

Yes No

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

SECTION 14 CHILDRENS PERSONAL ACCIDENT

Do you require Personal Accident cover for children registered with you at the centre?

Yes No

Please provide the number of children registered at the centre:

15. SIGNATURE AND DECLARATION

The Duty of Disclosure, Non-Disclosure, Co-Insurance and Inadequate Space to Answer notices set out above have been read by me/us.

All answers and statements made in connection with this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance. I acknowledge you reserve the right to decline any application.

I confirm I have checked all the information contained in this document, some of which may not be in my own handwriting, and hereby verify the truth and accuracy of this document.

Applicant's Signature:

Date:

Applicant's Title: