



ASSOCIATION LIABILITY APPLICATION FORM

PLEASE ANSWER QUESTIONS FULLY, USE BLOCK LETTERS AND TICK APPROPRIATE BOXES

Details of the Association

Name of Association:			
Contact Name:			
Principal Address:			Postcode:
Telephone:		ABN:	
Facsimile:		Website:	
Tax Registered Business:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Input Tax Credit:	%
Does the Association have subsidiaries? If yes, please provide details:			
Is the Association an incorporated body? If Yes, please provide details of the legislation the Associations is incorporated under and date of incorporation:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the Association a subsidiary of any other entity?			
Please specify the nature of your Organisation (please tick):	Professional Association <input type="checkbox"/> Social Organisation <input type="checkbox"/> Peak Industry Body <input type="checkbox"/>	Charitable Organisation <input type="checkbox"/> Non Profit <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>	

Details of Association Activities and/or Services

Please provide details of activities and services provided by the Association or any of its subsidiaries to member businesses:

In addition to the above, please provide any additional details of advice or consultancy services in any of the following areas:

Accounting / Finance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Environmental	Yes <input type="checkbox"/> No <input type="checkbox"/>
Information Technology / Web hosting Services	Yes <input type="checkbox"/> No <input type="checkbox"/>	Entertainment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Third Party Property Management	Yes <input type="checkbox"/> No <input type="checkbox"/>
Research and Testing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Manufacture, Import, Sale or Distribution of any Product or Service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal Advice / Assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Real Estate Development	Yes <input type="checkbox"/> No <input type="checkbox"/>
Standard / Benchmarking Setting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Professional services*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Treatment/Advice	Yes <input type="checkbox"/> No <input type="checkbox"/>	*other than services provided to a member that are provided on a 'fee for service' basis	
Construction/Fabrication/Erection/Contracting	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If 'Yes', please provide further details:

Details of Current Insurance

Does the Association currently hold any Association Liability Insurance, Directors and Officers, Professional Indemnity or Errors and Omissions Insurance? Yes No

If 'Yes' please provide details:

Policy Type: _____
 Insurer: _____
 Policy Period: _____
 Limit: _____
 Excess: _____

Details of Employees

Please provide details of the Association and all subsidiaries (if applicable):

Number of Paid Employees: _____
 Number of Locations: _____
 Number of Volunteers: _____
 Number of Members: _____
 Number of Contractors: _____

Details of Revenues and Assets

Please provide details of the Association and all subsidiaries (if applicable)

Actual Total Revenue for last financial year:					
Estimated total gross revenue for current financial year:					
Total Assets:	\$	Total Liabilities:	\$	Financial year balance date:	

Stamp Duty

Is your organisation stamp duty exempt? (Only applies to NSW, ACT and QLD) Yes No

If no, please provide a percentage breakdown of the revenue by State or Territory

Overseas	NSW	VIC	QLD	SA	TAS	WA	NT	ACT
<input type="checkbox"/>	%	%	%	%	%	%	%	%

Claims History

In the last 5 years, have you either individually or in association with others ever:

- i) Had any insurance declined or cancelled, application/proposal rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer?
Yes No
- ii) Had any claim or commencement of legal proceedings ever been made against a current office bearer of the Association or any of its subsidiaries?
Yes No
- iii) Been charged with or convicted of any criminal offence (excluding traffic offences)?
Yes No
- iv) Has any present or past office bearer been required to give evidence or attend any form of investigation, legal proceedings or regulatory hearing with the Association or any of its subsidiaries?

Yes No

If 'Yes' to any of the above questions, please provide full details. For claims or uninsured losses, please detail the total cost of the claim, date of loss, how the loss occurred, the name of insurer and the policy number.

Notification Date: _____

Amount Paid: _____

Details: _____

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Known Circumstances
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Are any of the Proposer's aware of any act, error or omission, conduct, fact, event, circumstance or matter:

i) Which might reasonably be expected to give rise to a claim or lead to civil, criminal or regulatory proceedings against any officer bearer of the Association or its subsidiaries?

Yes No

ii) Which might reasonably be expected to result in an official investigation, examination, inquiry or other proceedings against the Association or its subsidiaries?

Yes No

iii) Which might reasonably be expected to result in an official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body or institution in connection with the affairs of the Association or its subsidiaries?

Yes No

iv) Which has been or should have been the subject of any written notice given under any policy of which this proposed Association Liability insurance is to be a direct or indirect renewal or replacement?

Yes No

v) Are you aware, **after enquiry**, of any circumstances which may result in any claims against the Office Bearers, Executive Staff, Sub-Committee Members, Employees or the Organisation?

Yes No

If 'Yes' to any of the above please provide details:

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Details of Director's & Officers
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i) Please list details of directors and officers of the Association or any of its subsidiaries:

Name	Qualifications	Age	Length of Service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ii) Is any current director, officer, principal, partner or employee of the Association or it subsidiaries currently at the request of the Association, a director, officer, secretary, trustee or equivalent position in any external association not related to the Association? If yes, please provide the following details:

Name	Name of External Association	Position Held at External Association
_____	_____	_____
_____	_____	_____
_____	_____	_____

iii) Has any former or current director or officer of the Association or its subsidiaries ever been declared personally bankrupt?

Yes No

iv) Has any former or current director or officer of the Association or its subsidiaries (current or past) ever been a director or officer of an organisation placed in receivership, liquidation or provisional liquidation?

Yes No

v) Has any former or current director or officer of the Association or its subsidiaries (current or past) ever had a conviction for crimes involving misconduct, dishonesty or failure to carry out duties?

Yes No

If 'Yes' to any of the above please provide details:

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Details of Financial Position

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Please provide current annual report and/or latest audited financial statements for the most recent financial year:

i) Since the last financial accounts were prepared, has there been any significant change in the capital structure, Financial position, performance or operation of the Association or any of its subsidiaries?

Yes

ii) Are the Office Bearers aware of any circumstances which may compromise the Associations or any of its subsidiaries to meet financial obligations as and when they fall due?

Yes No

If 'Yes' to any of the above please provide details:

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Supporting Documentation Required

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Please attach the following documents:

i) The Association's latest full annual report[s] and/or financial statements

ii) Copies of any publications and/or promotional material describing the Association's activities and services e.g. newsletters, brochures.

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Details of Coverage Required

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Please provide details of the insurance coverage requirements:

Limit of Liability:	\$
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Excess:	\$
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Optional Cover

Please indicate if any of the following extensions are required:

i) Employment Practices Liability

Please select the required Limit of Indemnity

\$250k \$500k \$1m

Please specify number of employees by salary range

Up to \$25k _____ \$25,001 to \$50k _____ \$50,001 to \$75k _____ over \$75k _____

Please detail terminations in the past 2 years

	Notification Date:	Reason for Termination
Full Time:	_____	_____
Part-time:	_____	_____

Does the Association have written policies in place for:

Occupational Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Equal Employment Opportunities	Yes <input type="checkbox"/> No <input type="checkbox"/>
Anti-discrimination	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disciplinary/dismissal procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>
Harassment incl sexual harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>		

ii) Run-off Cover

Please select the required Limit of Liability

\$250k \$500k \$1m

Declaration

This declaration must be completed and signed by or on behalf of all parties applying for insurance.

I/We declare that:

- i) the answers and information given by me/us in this proposal are true and correct in all respects and that no information has been withheld which would affect Calliden's decision about accepting this insurance and
- ii) where answers in this Proposal are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct
- iii) I/we have read and understood the clauses detailed under the Important Notices section at the front of this proposal
- iv) if there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required
- v) I/we authorise Calliden to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances
- vi) I/we understand that if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Calliden Professional Indemnity Insurance Policy wording
- vii) I/we further acknowledge that Calliden, their agents or employees reserve the right to decline this proposal.

Proposer's Signature: _____ Date: ____ / ____ / ____

Proposer's Title: _____

Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that;

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know, and
- We have indicated we do not want to know

If you do not comply with your duty of disclosure, we may be entitled to;

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

Privacy Statement

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348 MILSONS POINT NSW 1565

Goods and Services Tax

The amount of cover you choose excludes Goods and Services Tax (GST). If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay. The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you have paid, you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the premium. If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess. If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

Don't Prevent Our Right of Recovery

The Liability policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

Claims Made and Notified Policy

This proposal is for both a 'claims made' and occurrence based Policy.

The only part of the Policy that is claims made is the Professional Indemnity section of the Policy. Claims made means that the Professional Indemnity section covers you for claims made against you during the period of insurance specified in your Policy Schedule and notified to us during that period of insurance.

This means that the Professional Indemnity section does not provide cover in relation to;

- Events which occurred prior to the period of insurance or any earlier retroactive date stipulated in the Policy Schedule;
- Claims made against you after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
- Claims the possibility of which was intimated in any way prior to the commencement of the period of insurance;
- Claims rising from or attributable to any facts, circumstances or occurrences noted on the proposal for the current period of insurance or on any previous or of which notice had been given under any previous policy;
- Claims rising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have realised) prior to the commencement of the period of insurance may give rise to a claim.

For the purposes of the Professional Indemnity section, a claim means:

- A writ, statement of claim, summons, application or other originating legal or arbitral process, cross-claim, counter claim or third or similar party notice for compensation;
- A written assertion of a right to or a demand for compensation

As explained above, the Professional Indemnity section, by its terms, does not provide cover for claims made after the expiry of the period of insurance cover provided by the Policy.

Section 40(3) of the Insurance Contracts Act 1984 provides that an insurer is not relieved from liability under a contract of insurance in respect of a claim by reason only that the claim was made after the expiry of the period of insurance cover provided by the contract where the insured has;

Given notice in writing to the insurer,

- of the facts that might give rise to a claim against the insured
- as soon as was reasonably practicable after the insured became aware of those facts, and
- before the expiry of the period of insurance.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.