

<b>Duty of Disclosure</b>
<b>Your Duty of Disclosure</b>
<p>Before you enter into a contract of general insurance with an insurer, you have a duty, under the <i>Insurance Contracts Act 1984</i>, 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.</p> <p>You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.</p> <p>Your duty however does not require disclosure of matter -</p> <ul style="list-style-type: none"><li>• that diminishes the risk to be undertaken by the insurer;</li><li>• that is of common knowledge;</li><li>• that your insurer knows or, in the ordinary course of its business, ought to know;</li><li>• as to which compliance with your duty is waived by the insurer.</li></ul>
<b>Non-Disclosure</b>
<p>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.</p> <p>If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.</p>
<b>Claims Made Policy</b>
<p>This declaration is for a 'claims made and notified' policy of insurance.</p> <p>This means that the Insuring Clause responds to:</p> <ul style="list-style-type: none"><li>• claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and</li><li>• written notification of facts pursuant to Section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the policy's period of cover has expired. If you give written notification of such facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, Section 40(3) of the Insurance Contracts Act 1984 is set out below:</li></ul> <p><i>"S40(3) Where the insured gave notice in writing to the insurer of 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 but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of insurance cover provided by the contract."</i></p> <p>When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period.</p> <p>You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.</p>
<b>Subrogation</b>
<p>The policy contains a provision that has the effect of excluding or limited the insurer's liability in respect of a claim where the insured had foregone, excluded or limited a right of recovery or contribution.</p>
<b>Non-Renewable Policy</b>
<p>For the purposes of section 58 of the <i>Insurance Contracts Act 1984</i>, if a policy is issued, this policy is non-renewable and will expire at the conclusion of the policy period. Should the insured require coverage beyond the expiry of the policy period, the insured must complete a new proposal form and the insurer may provide a new contract, the terms and conditions of which will be negotiated at the time.</p>

**Guidelines to help you complete this Proposal Form**

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Proposal Form.
3. Reference to Proposer in this Proposal Form means:
  - the Association and all subsidiaries; and
  - the officer bearers of the Association and all subsidiaries.
4. Reference to "North America" in this Proposal Form means the USA and Canada and their respective territories and possessions.

**1. Details of the Association**

- a. Name of Association.....
- b. Principal address of the Association.....  
.....
- c. Location of all other offices.....  
.....  
.....
- d. Does the Association have any subsidiaries? Yes  No   
If yes, please give details.....  
.....
- e. Association's website address .....
- f. Date Association established .....
- g. Is the Association an incorporated body? Yes  No   
If Yes, under the provisions of what legislation is it incorporated?  
.....  
If No, what type of organisation is the Association? (e.g. unincorporated association proprietary limited company, company limited by guarantee, charity)  
.....

**2. Activities and services of the Association and its subsidiaries**

- a. Please give full details of the activities of the Association and its subsidiaries including all services provided to its members and to the public. Please enclose copies of any promotional material describing the Association's activities or services.  
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.....  
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# Association Liability Insurance Proposal Form

b. Please indicate if the Association or any of its subsidiaries provide the following services:

- |   |  |   |  |
|---|--|---|--|
| Legal aid services  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Financial services                                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Computer or information services  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Insurance services                                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Evaluation or setting standards for the qualification and performance of others or the quality of products manufactured or sold | Yes <input type="checkbox"/> No <input type="checkbox"/> | Research, development, experimentation or testing | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  | Other advisory services                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If Yes to any of the above, please provide details.

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.....

c. Does the Association intend to change its activities? Yes  No

d. Please state total number of members of the Association .....

### 3. Details of employees, locations, revenue and assets

a. Please state for Association and its subsidiaries: <i>For employees include all persons under a contract of service and volunteers.</i>	Number of employees	Number of locations	Total revenue derived	Total assets
In Australia				
Elsewhere excluding North America				
In North America				
Total				

b. Does the Association or any of its subsidiaries have any activities in North America? Yes  No

If Yes, please provide details. ....  
.....

### 4. Officer bearer' details

a. Please provide details of the officer bearers of the Association. If this information is fully contained in the most recent annual report and accounts of the Association then indicate here accordingly.  
Refer annual report

Name	Date appointed	Qualifications	Age

# Association Liability Insurance Proposal Form

- b. Has any former or current officer bearer of the Association or its subsidiaries (current or past) ever been declared bankrupt? Yes  No
- c. Has any former or current office bearer of the Association or its subsidiaries (current or past) ever been an officer bearer or director or officer of an organisation placed in receivership, liquidation or provisional liquidation? Yes  No
- d. Has any former or current office bearer of the Association or its subsidiaries (current or past) ever had a conviction for crimes involving dishonesty? Yes  No

If Yes to b, c or d above, please provide details.

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## 5. Financial position

- a. Since the last annual report and accounts was issued, has there been any significant change in the financial position, capital structure or operation of the Association or its subsidiaries which might materially affect the financial position in that annual report? Yes  No
- b. Are any of the officer bearers aware of facts or circumstances that might affect the ability of the Association or its subsidiaries to meet all its/their debts as and when they fall due? Yes  No

If Yes to a or b, please provide details.

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## 6. Claim history

- a. Has any claim ever been made or civil, criminal or regulatory proceedings brought against any officer bearer in their capacity as such (whether in relation to the activities of the Association, its past or current subsidiaries or any other entity in which the office bearers hold or have held office)? Yes  No
- b. Has any claim ever been made or civil, criminal or regulatory proceedings brought against the Association or its past or current subsidiaries? Yes  No
- c. Has any officer bearer ever been required to attend 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, its current and past subsidiaries or any other company in which the directors or officers hold or have held office? Yes  No

If Yes to a, b or c, please provide details.

Date of claim or proceeding	Details of each claim, proceedings or investigation including name of claimant, nature of allegation, details of determinations or judgments and any monetary damages, defence costs, settlements, fines or penalties	Cost (if any) incurred (whether insured or not)	
		Amount Paid	Estimated amount outstanding

# Association Liability Insurance Proposal Form

What action has been taken to prevent a recurrence of the situation that gave rise to each claim, proceeding or investigation?

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## 7. Known circumstances

**After enquiry**, are any of the Proposer's aware of any act, omission, conduct, fact, event, circumstance or matter:

- a. 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
- b. which might reasonably be expected to give rise to a claim or lead to civil, criminal or regulatory proceedings against the Association or its subsidiaries? Yes  No
- c. 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
- d. 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

If Yes to a, b, c or d, please provide details.

Fact, circumstance or situation	Current status	Date first became aware	Insurer to whom notified	Date of notification to Insurer

**It is agreed that if such facts, circumstances or situations exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.**

## 8. Details of Association Liability Insurance coverage requested

Limit of Liability	\$	\$	\$
Excess	\$	\$	\$

Please indicate if the following extensions are required.

### a. External Associations

Is an extension of Officer Bearer's Liability insurance cover and Association Liability insurance cover required for the Association's officer bearers or the Association in respect of any external associations? Yes  No

If Yes, please provide details of the office bearers and the external associations.

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# Association Liability Insurance Proposal Form

b. Is a Fidelity extension to errors and omissions cover required? Yes  No

If Yes, during the last three years has the Association or any of its subsidiaries sustained any loss of property caused by a dishonest or fraudulent act of any office bearer?

Yes  No

If Yes, please provide details. ....

c. Loss of Documents extension to error and omission cover required? Yes  No

If Yes, during the last three years have the Trustees incurred any costs and expenses in replacing or restoring lost or damaged documents?

Yes  No

If Yes, please provide details. ....

## 9. Current insurance

a. Does the Proposer currently hold any Association Liability Insurance, Directors and Officers Liability Insurance or Professional Indemnity Insurance? Yes  No

If Yes, please provide details

Insurer .....

Limit .....

Excess .....

Policy Period .....

b. Has any insurer, in respect of the risks to which this Proposal Form relates, ever:  
i. declined a proposal, refused renewal or terminated an insurance? Yes  No

ii. required an increased premium or imposed special conditions? Yes  No

iii. declined an insurance claim by the Proposer or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? Yes  No

If Yes to i, ii or iii, please provide details .....

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## Supporting information

Please enclose the following documents in support of this Proposal Form:

- The Proposer's latest full consolidated annual report and accounts. (If consolidated accounts are not available, enclose annual report and accounts for each company.)
- Copies of any promotional material describing the Association's activities or service
- Examples of any journal, newsletter or similar publication published or issued by the Association

## Declaration

I/We the undersigned duly authorised person(s) declare that:

- i. I am/we are authorised by each of the Proposers to sign this Supplementary Proposal; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Supplementary Proposal has been withheld; and
- iv. I/we have read the **important facts** which you have put before me/us and I/we understand the advice given in relation to the **duty of disclosure**; and
- v. I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- vi. I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal and otherwise made by me/us in relation to this insurance.

Signed .....

Signed .....

Title .....

Title .....

Date .....

Date .....

Association .....

**NB: To be signed by the Chairman/President and one other Officer Bearer**

We recommend that you keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this contract.

## Stamp Duty Declaration

Please provide a breakdown in the number of employees by location as follows.

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas

<b>PRIVACY STATEMENT</b>
<b>PURPOSE OF COLLECTION</b>
<p>Coverforce Underwriting Pty Ltd (<b>Coverforce</b>) collects personal information (<i>this is information or an opinion about an individual whose identity is apparent or can be reasonably ascertained and which relates to a natural living person</i>) for the purposes of providing insurance intermediary services to you. This includes the following activities:</p> <ol style="list-style-type: none"><li>1. Evaluating your proposal for insurance; and</li><li>2. Evaluating any request for a change to your insurance; and</li><li>3. Providing, administering and managing the insurance intermediary services and insurance product/s provided, following acceptance of your proposal; and</li><li>4. Assisting with the management of claims made in relation to any insurance you have arranged with Coverforce.</li></ol> <p>The personal information collected can be used or disclosed by us to underwriters, from whom we seek terms or policy changes on your behalf. It can also be used or disclosed by us for a secondary purpose related to those noted above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However, for sensitive information, the secondary purpose must be related to those purposes noted above.</p>
<b>DISCLOSURE</b>
<p>Coverforce may disclose your personal information, when necessary and in connection with the purposes listed above, to the following:</p> <ol style="list-style-type: none"><li>1. Insurers whom we approach on your behalf to seek terms or, if your proposal for insurance has come to us via another intermediary, to that intermediary.</li><li>2. Government bodies.</li><li>3. Loss assessors.</li><li>4. Claims investigators.</li><li>5. Claims reference providers.</li><li>6. Other services providers.</li><li>7. Medical and health professionals (life risk only).</li><li>8. Legal and other professional advisers.</li></ol>
<b>CONSEQUENCES IF INFORMATION IS NOT PROVIDED</b>
<p>If you do not provide us with the information we need we, or underwriters to whom we would normally send you proposal, will be unable to consider your proposal for insurance cover and or administer your policy and or assist with the management of any claim under your policy.</p>
<b>ACCESS</b>
<p>You can request access to your personal information by contacting our Privacy Officer on +61 2 8814 7777.</p>