

Registered Training Organisations

Proposal

Important Notice Relating to this Proposal

PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM.

Your Professional Indemnity policy section of this cover is issued on a CLAIMS MADE basis.

This means that this policy responds to:

- (1) Claims first made against you during the policy period and notified to the Insurer during that policy period, providing 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 you; and
- (2) Pursuant to Section 40, sub-section 3 of the INSURANCE CONTRACT ACT 1984 which states:

“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”

When the policy expires, no new notification generally can be made on the expired policy even though the event giving rise to a Claim against you may have occurred during the policy period.

You will not be entitled to indemnity under your new policy in respect of any Claim arising out of circumstances of which you were aware at any time prior to policy inception which would have put a reasonable person in your position on notice that a Claim may be made against you.

When completing your proposal you are obliged to report and provide full details of all circumstances which have become known to you and which would put a reasonable person in your position on notice that a Claim may be made against you.

This is important to ensure that you make proper disclosure (refer to notice pursuant to the INSURANCE CONTRACT ACT 1984) in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

In accordance with the provisions of the INSURANCE CONTRACT ACT 1984, your broker is required to advise you of your responsibilities in relation to the disclosure of relevant information.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the INSURANCE CONTRACT 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 the insurance and, if so, upon 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 matter:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of his business, ought to know;
- As to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

Non – Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their 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. It is therefore vital that you make sufficient enquiries BEFORE you complete your proposal form and BEFORE you sign any declaration that there has been no change in the information proposed.

Please take notice of the following statements pursuant to the provisions of the INSURANCE CONTRACT ACT 1984.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

Notice of Occurrences or Events

If during the period of this policy, the Insured shall become aware of any occurrence which may give rise to a Claim under the policy and shall during the period of this insurance given written notice to the Insurer of such occurrence, any Claim which may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a Claim made during the period of this policy whenever such Claim may actually be made.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

When completing this Proposal Form...

- Please answer all questions giving full and complete answers.
- A relevant fact is such know fact and/or circumstance that may influence in the evaluation of the risk by the insurer.
- If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker for further explanation.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Professional Indemnity insurance for the firm who acts as a Proposer.

This proposal form does NOT BIND the Proposer to complete the insurance but will form part of any insurance

By completing this proposal you have NOT automatically set up your insurance contract to begin.

You must give an instruction to proceed and have this confirmed back in writing to have cover in force.

If you agree to the above terms click **Submit**. (Online forms only)

Please initial that you understand the above: initials

Insured's Business Name: _____
(Referred to as "the proposer" within this application)

Address of Principal Office:

Post Code:

Your Name:

Business ABN:

Contact Phone:

Web Address:

Email Address:

1.1) Are you or any subsidiary company applying for this insurance **registered** in any country **outside of Australia and New Zealand**? Yes No

1.2) Has the proposer earned or are they expected to earn any fee (including fees paid to Contractors) outside of Australia & New Zealand? Yes No

1.3) Actual Gross Revenue **for the Previous Financial Year** (Australia & New Zealand only)
Please include any fees paid to Contractors

\$0 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000

\$500,001 - \$1,000,000 \$1,000,000 + Actual Revenue \$

Number of staff including principals, employees and contractors:

Please indicate the approximate percentages of where your income is derived:

NSW VIC QLD SA WA NT ACT TAS Overseas

NSW % VIC % QLD % SA % WA % TAS % ACT % NT %

Overseas %

1.4) Please state fee income earned outside of Australia & New Zealand:

Last Year \$

Current Year \$

1.5) List countries where income earned: _____

1.6) Do you export any products to North America, USA or any connected states or territories or provide services within these states? Yes No

1.7) List Products Exported: _____

BUSINESS ACTIVITIES OF THE PROPOSER

2.1) Please state the percentage of fee income derived from each of the following services:

- (a) Accredited Training %
(b) Non Accredited Training %
(c) Other Professional Services %
(d) Do you require cover for other professional services? Yes No

If No, your Professional Services will be:

ACCREDITED & NON ACCREDITED TRAINING CONSULTANTS or RTO AUDITORS

Please provide details of other professional services provided together with details of your experience and qualifications in respect of these professional services as an attachment to this application.

2.2) Please provide details of the types of Accredited and Non Accredited training provided.

2.3) Proposer's NTIS Registration No. in respect of accredited training:

2.4) Do you place students on Vocational Workplace Training? Yes No

2.5) Do you place "work experience" students into Workplace Training? Yes No

If Yes to 2.4 or 2.5 above, please state the services/activities which they engage in:

How many students and for what length of time:

2.6) Do you engage any contractors/subcontractors? Yes No

If "Yes", do you check that they carry their own Insurances? Yes No

Please state the estimated annual fees paid to contractors/subcontractors: \$_____

Please state the services/activities which they provide to you:

2.7) Please detail the approximate percentage of the Proposer's fee income derived from the following classes of training

<p>CLASS A – Class Room & on-line/distance education training (non physical) <i>e.g. trainer provides training in a traditional classroom environment i.e. one in which uses a black board, white board, power point presentations, overhead projector training, reading or language teaching, computer training.</i></p>	%
<p>CLASS B – Class Room Training (minor physical training) <i>e.g. training consultants in arts and crafts such as painting, calligraphy, knitting, origami, music teachers, sculpture, pottery, card marking etc. <u>ANY USE OF MACHINERY SHOULD NOT BE CLASSED IN THIS CATEGORY.</u></i></p>	%
<p>CLASS C – Indoor Training (physical training) <i>(e.g. yoga, dance instructors, woodwork, tai chi)</i> Please describe the types of training provided and how the training is conducted:</p>	%
<p>CLASS D – Outdoor Training (minor to severe physical training) <i>e.g. driver training, snorkeling, martial arts instructors, weapons instructors, etc.</i> Please describe the types of training provided and how the training is conducted:</p>	%
<p>CLASS E – Other Training (not fitting into the above classes) Please describe the types of training provided and how the training is conducted:</p>	%
<p>TOTAL</p>	100%

2.8) Is the Proposer a member of a professional association? Yes No

If yes please state:

.....
.....

Limits of Indemnity Required

Professional Indemnity Limit

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

Public and Products Liability Limits

\$10,000,000 \$20,000,000

2.9) Has any insurer, in respect of the risks to which this proposal relates, ever:

Declined a proposal, refused renewal or terminated any insurance? Yes No

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 in either case, please provide details:

.....
.....

2.10) Do you require a Public and Products Liability Cover Section? Yes No

2.11) Do you require a Business Pack to cover your office contents? Yes No

If "Yes" to 2.10 or 2.11 above, please complete the **RTO Vetab Office & Homeworker Proposal Form** attached further on in this application.

PAST CLAIMS

3.1 a) Has any claim been made against the Proposer or any principal, partner, director, consultant or employee in respect of the risks to which this proposal relates? Yes No

3.1 b) Has the Proposer or any principal/partner/director/ consultant or employee incurred any other loss or expense which might be within the terms of cover? Yes No

If yes in either case, please attach separate sheet providing full details including what action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss.

3.2) Is any principal, director, partner, consultant, or employee, after enquiry, aware of any circumstances which might:

A) Give rise to a claim against the Proposer or his/her predecessors in business or any of the present or former partners, principals, directors, consultants or employees? Yes No

B) Result in Proposer or his/her predecessors in business or any of the present or former partners, directors, consultants employees, or principals incurring any losses or expenses which might be within the terms of this cover? Yes No

C) Otherwise affect the Company's consideration of this insurance? Yes No

If 'yes' in any case, please attach separate sheet providing full details.

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

3.3) Are you currently insured for Professional Indemnity? Yes No

If YES, who is your current insurer?

If known, who is your current Insurance Broker/Agent?

Expiry Date of your current policy if known / /

It is important that THE UNDERSIGNED OF THE DECLARED INFORMATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY

IF IN DOUBT PLEASE CONTACT YOUR BROKER FOR MORE ASSISTANCE

NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY

DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon. **TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR**

If you agree to the above terms click **Submit**. (online forms only)

I/we confirm that the above information is accurate at the date and time of signature below. I/we also confirm that I/we are authorized to disclose that the particulars and statements within this document are true, correct and complete and contain all the information known to me/us at this time.

Signature of applicants(s)

.....

.....

.....

Date / /

RTO Vetab Office & Homeworker Proposal Form

For Public and Products Liability Only - Limits Required

✓ **please tick one only**

\$10,000,000

\$350 *

\$20,000,000

\$550 *

Details of your Operational Activities

Is Public &/or Product liability cover required for countries other than Australia & New Zealand? Yes No

If "Yes", please state countries and provide details why cover is required

Do you import, manufacture, re-brand &/or repackage any products? Yes No

If "Yes", please provide full details and specify if the product is imported, manufactured, re-branded and/or repackaged.

Do you at any time in the course of your business have property of others in your care, custody, or control or in respect of which there is an "assumed" responsibility? Yes No

If "Yes", please advise:

- (a) The maximum value at any one time \$ _____
- (b) A full description of the property and, if applicable, the nature of work to be carried out

Please supply full details of any contracts or agreements (e.g. lease or maintenance agreements) the terms of which require you to "indemnify" or "hold harmless" another party or which restrict our recovery rights.

(Please note that cover will only apply to these contracts/agreements where the Insurer has specifically agreed to extend the policy.)

Not applicable if Public and Products Liability Insurance is only required

Go directly to [page 14](#) for sign off

For Business Pack

√ please tick one only

Annual Gross Turnover **up to \$100,000**

\$700 *

Covers:

Property Damage - \$10,000
Business Interruption - \$50,000
Public and Products Liability - \$10,000,000
Laptop Computer - \$3,000
Theft - \$10,000

Annual Gross Turnover **\$100,000 to \$250,000**

\$825 *

Covers:

Property Damage - \$50,000
Business Interruption - \$175,000
Public and Products Liability - \$10,000,000
Laptop Computer - \$3,000
Theft - \$50,000

Annual Gross Turnover **\$250,000 to \$2,500,000**

\$1,105 *

Covers:

Property Damage - \$250,000
Business Interruption - \$250,000
Public and Products Liability - \$10,000,000
Laptop Computer - \$3,000
Theft - \$250,000

Optional Covers (this is in addition to the premiums above):

Glass (Replacement Value)		<input type="checkbox"/> \$110*
Computer and Electronic Breakdown	\$10,000	<input type="checkbox"/> \$200*
Money	\$10,000	<input type="checkbox"/> \$125*
Personal Property in Transit	\$10,000	<input type="checkbox"/> \$175*
Tax Audit	\$10,000	<input type="checkbox"/> \$160*
Liability	\$20,000,000 limit	<input type="checkbox"/> \$200*

* All premiums are **exclusive** of GST / Stamps Duty / Broker fees and charges.

SECURITY & ADDITIONAL BUSINESS PACK INFORMATION

Please complete the following table about the premises you occupy (including the type of materials of which they are constructed). Please use a separate sheet if necessary.

Item Occupied As Floor Roof Walls Storeys Year Built
Location 1

Item	Occupied As	Construction of Floor	Construction of Roof	Construction of Walls	No. of Storeys	Approx Year Built
Location 1						
Location 2						
Location 3						

Do you own the building/s from which you conduct your business? Yes No

If "Yes", are there tenants in the building/s that are not owned or operated by you ? Yes No

Please briefly describe the occupancy of the neighbouring properties &/or tenants including unoccupied areas:

Do you have commercial cooking facilities? Yes No

If "Yes", please state the type of cooking:

Is the property on town or tank water? Town Water Tank Water Only

If not on town or tank water, how far is the nearest accessible & sustainable water supply? _____ km

Please provide details of security equipment and devices used to secure your property:

Deadlocks on external doors: Yes No Local Alarm system only: Yes No
 Key locks fitted to external windows: Yes No Back-to-base alarm system: Yes No
 Bars/Grills on all windows and doors: Yes No Securitel Alarm with GSM backup: Yes No

Please provide details of fire protection equipment used to protect your premises:

Fire Extinguishers: Yes No Sprinkler systems: Yes No
Fire hydrants (internal): Yes No Fire hydrants (external): Yes No
Battery-operated smoke detectors: Yes No

How many years ago were your premises last: Re-wired? _____ Had the electrical wiring inspected? _____

Hard-wired smoke detectors: Yes No Are they monitored? Yes No
Heat detectors: Yes No Are they monitored? Yes No

Please provide details of any other security and/or protection measures:

Please Answers all the questions below, if you must answer "Yes" to any of these please provide more details in an attachment.

Have you or any person to be covered under this policy ever:

1. Had a claim in the last 5 years? Yes No
2. Had Insurance cancelled or refused? Yes No
3. Had the renewal of a policy declined? Yes No
4. Been convicted of a criminal offence or is currently charged with a criminal offence? Yes No
5. Been declared bankruptcy proceedings, or been placed into receivership (companies only),
or was a director of a company placed into receivership? Yes No
6. Are you an Australian resident? Yes No

If you have a laptop computer:

7. What is the make and model of your laptop computer?

If yes to any of the claims, criminal convictions, bankruptcy or policy coverage questions, please attach separate sheet providing full details including what action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss, and/or supply more detail around your answers. This will help speed up the assessment of your application.

DECLARATION

I/we confirm that the above information, after enquiry, is accurate at the date and time of signature below. I/we also confirm that I/we are authorised to disclose that the particulars and statements within this document are true, correct and complete and contain all the information known to me/us at this time.

Signature of applicants(s)

.....

.....
Print Name:

.....
Print Position Held:

.....
Dated / /