# ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES AND ORGANISATIONS



## Proposal Form

AIB AUSTRALIA

PARTICIPATING BROKER	
Participating Broker:	
A/C Exec:	
Phone:	Fax:
Email:	AFS Licence No.:

IMPORTANT FACTS: PI	lease read these notes before completing the proposal
Your duty of Disclosure:	Before you enter into a contract of general insurance with an Insurer, you have a duty under the INSURANCE CONTRACTS 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 on whether to accept the risk of the insurance and if so on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or re- instate a contract of general insurance.
,	Your duty however does not require disclosure of any matter:  That diminish the risk to be undertaken by the Insurer:
	That is of common knowledge;
	<ul> <li>That your Insurer knows of, or in the ordinary course of business ought to know;</li> <li>As to which compliance with your duty is waived by the Insurer.</li> </ul>
Non Disclosure:	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. If your non-disclosure, or disclosure, is fraudulent the Insurer may also have the option of avoiding the contract from its commencement.
Subrogation Rights:	If you have entered into an agreement which excludes or limits your right to recover part or all of any loss or damage from another party, we will not cover you for that loss or damage under the policy.
Third Party Interests:	You must inform us of the interests of all third parties (e.g. financiers, lessors) to be covered by this insurance. We will protect their interests only if you have informed us of them and they are noted on the Schedule.
Privacy Policy:	AlB Insurance Brokers complies with the Federal Privacy Act and its National Privacy Principles (NPPs), which set out standards for the collection, use, disclosure and handling of personal information. For further information relating to our NPPs please refer to http://www.aibinsurance.com.au/privacy.htm

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

Note: AIB Pty Ltd acts under a binder authority from QBE Insurance (Australia) Limited ABN 78 003 191 035, AFS Licence No. 239545. AIB holds Australian Financial Services Licence 246282

1. THE APPLICANT	
Full name of Organisation :	
A.B.N.:	Email:
Phone:	Fax:
Postal address	
Street:	Town:
State:	Post Code:
Street address	
Street:	Town:
State:	Post Code:
Chairperson:	
Accountant:	
Manager /Administrator :	
2. BUSINESS DESCRIPTION	
Description of the Organisations Functions and where Conducted:	
How Incorporated:	
Period of Insurance required: From:	То:

3. CLAIMS HISTORY Please show details of all claims made (any insured) in the last (5) five years				
Date	Details of Loss & Insurer	Amount Paid	Excess	s Applied
Has any Insi If YES, pleas	urer ever declined to insure this organisation or impose any see provide details	pecial conditions on it?	Yes	No
Please state	name of existing Insurer			

4. COVERS REQUIRED			
4.1 INDUSTRIAL SPECIAL RISKS		Buildings	Contents
ISR Section 1 – Material damage  NB: Please provide a list of all locations that include Full address incl Poc  Construction type, Year Build and Fire Protection. Attached is an information			
Dwellings		\$	\$
Commercial		\$	\$
Community		\$	\$
Other ( Loss of Rent etc)		\$	\$
	Total	\$	\$

4.1 INDUSTRIAL SPECIAL RISKS (continued)				
Is cover required for the following:				
Any known Expanded Polystyrene (EPS) construction where the total area of EPS (including internal storage rooms) exceeds 20% of the floor area?		Yes	No	
If Yes, what percentage of the total floor area of the building is EPS and how is it use	d (e.g. Cold Room)?			%
Medical Equipment exceeding \$5,000 any one item?		Yes	No	
If Yes, please describe item(s) and indicate their replacement value:				
Power Generating Units exceeding 30KVA?		Yes	No	
If Yes, please describe item(s) and indicate their replacement value:				
Any Electrical or Mechanical machines exceeding 8 KW or 10 HP?		Yes	No	
If "Yes" please describe the equipment, KW or HP and their replacement value:				
<b>\$</b>	KW			HP
Meat Works		Yes	No	
When ISR Section 1 Material Damage cover is taken the following sub-limits apply u	nless otherwise specifica	ally reques	ted in wr	iting.
Accidental (unspecified) Damage	\$1,000,000			
Theft or any attempt thereat	\$50,000			
Theft of Property in open air	\$25,000			
Money (Blanket Cover)	\$50,000			
Accidental breakage of fixed glass	Replacement Value			
Extra Cost of reinstatement	\$100,000			
Removal of debris	\$1,000,000			
Personal Property of Employees and others (per person)	\$5,000			
Personal Property of Employees and others (any one event)	\$20,000			
Accompanied Baggage in Australia (per person)	\$5,000			
Accompanied Baggage in Australia (any one event)	\$10,000			
Loss of land value	\$100,000			
Weather damage to certain property	\$25,000			

4.1 INDUSTRIAL SPECIAL RISKS (continued)			
Additional Extra Cost of Reinstatement	\$500,000		
Landscaping	\$25,000		
Legal Liability to make enquiries	\$25,000		
Statutory Inquiries	\$25,000		
Expediting Expenses	\$100,000		
Damage Diminution and Accidental Discharge costs	\$25,000		
Customers Goods	\$50,000		
Loss Minimisation	\$25,000		
Works of Art, Antiques and Curios	\$50,000		
Temporary Removal Exemption	\$100,000		
Abandoned Undamaged Portion of a Building	\$250,000		
Decorative Livestock (fire cover only)	\$10,000		
Cost of clearing blocked drains, pipes, filters and pumps	\$100,000		
Securities	\$20,000		
Unpacking Expenses	\$25,000		
Employee Dishonesty (Fidelity Guarantee) Policy Limit – \$100,000	Cover Required	Yes	No
Electrical/Mechanical Breakdown (Engineering) Policy Limited – \$20,000 (\$7,500 Deterioration of Stock)	Cover Required	Yes	No

**General Property** covers loss of or damage to specified property, normally of a portable nature, which may be taken away from the insured's premises in the normal course of business. If you require General Property cover above, please provide the following details (if insufficient space please attach a list):

Description	Make	Model	Serial Number	Value
				\$
				\$
				\$
				\$
	To	otal value of General Pro	perty cover required:	\$
MAXIMUM LIMITS:	• \$100,000 (limit a	ny one item unless speci	fied \$2,500)	
EXCLUDED RISKS:		s/Dwellings, Structures: (cess of 3 months, or when tenancy.)		
STANDARD EXCESS	As per quotation			

4.2 ISR Section 2 - Business Interruption	
Indemnity Period	months
1. Loss of Gross Profit	\$
2. Pay-Roll (if deducted from item 1)	\$
3. Additional Increased Cost of Working	\$
Claim Preparation Costs	\$250,000
Accounts Receivable	\$200,000
Vermin, Pests, or Defective Sanitary Arrangements; Food or Drink Poisoning; Murder and Suicide	\$250,000
Remote premises of Public Utilities	\$350,000
Other Contributing Properties	\$10,000
Premises in the Vicinity (prevention of access)	\$350,000
Contractual fines and penalties	\$100,000
Unspecified suppliers and/or Customers Premises (Single Limit)	\$250,000
Interdependency – Australia	\$100,000
Trade Exhibitions	\$100,000
ISR Section 1 & 2 - Combined Sub Limits	
Acquired Companies	\$2,000,000
Declarations of Aquired Property	\$2,000,000

4.3 PUBLIC & PRODUCTS LIAB	ILITY				
Limit of indemnity required?			\$20,000,000	\$50,00	0,000
How much is your payroll?	1) General Staff	\$	2) CDEP / IEC / JSA	\$	
Please provide an estimate of you	r annual turnover for the	e coming year		\$	
How many staff are employed?					
What is the insured value of all bui already declared in the ISR or Hou		ts which you own or	are responsible for (if not	\$	
What Function(s) does your organ	isation carry out?				
Native Title Trust only				Yes	No
If Native Title Trust only, please	state the land area in h	nectares			Hectares
What products are manufactured,	prepared or sold by you	ur organisation?			
The Policy Excludes Professional	Indemnity/Medical Mal	practice/ Directors a	and Officers Cover. Refer to All	3 if this co	ver is required.
Do you operate an airfield?				Yes	No
If YES, do you charge landing fees	s?			Yes	No
If YES, annual income received fro	om Landing fees?			\$	
Do you supply aircraft fuel/ Hange	r or any other service?			Yes	No
If YES, the annual income general	ted by the provision of t	hese services?		\$	
If YES, what is the most valuable a	aircraft normally in your	care?		\$	
If landing fees are charged comple	etion of an aviation liabi	ility proposal form w	ill be required.		

#### 4.4 Fire Abatement

Fire Abatement Involved Yes No

If, Yes please answer/provide the following:

### \*\*\*NO COVER IN PLACE UNTIL CONFIRMED IN WRITING FROM QBE/AIB \*\*\*

- 1) Copies of updated burn plan policies & procedures.
- 2) Experience of key personnel in undertaking such activities, and details of protection/mitigation equipment in use. (water carts, fire trucks etc.)
- 3) Number of rangers involved in fire abatement activities.
- 4) Estimated hectares to be burnt in this period of insurance.
- 5) How much of this is expected to be within proximity (<5km) of existing property; townsites, farms, public utilities / infrastructure etc.
- 6)Actual hectares burnt in the last two periods of insurance
- 7) Are burns done by ground or aerial (please provide a % split if both).
- 8) Does the client undertake any active fire suppression / fighting work (incl. for DFES); please provide details if so (incl. recent experiences, and responsibilities & equipment involved).
- 9) What portion of their work / funding is related to fire abatement activities?

#### 4.5 MOTOR VEHICLES & MOBILE PLANT

Individual vehicle value \$200,000

Third Party Limit - \$32,500,000

Hazardous Goods as defined in the policy \$1,000,000

Full cover unless Third Party Property damage requested. (TPPD)

Standard Excess - As per policy Schedule plus age excess

Excess Free Windscreen/Window Glass Cover – Allows for the removal of the windscreen excess by paying an additional premium (per vehicle).

Please attach your schedule of vehicles (or list below) and include current values of all vehicles / plant except sedans, 4WD, utilities, light commercial vehicles less than 5 tonne or box trailers.

If a bus is included in the schedule please indicate its passenger seating capacity.

Year Main D.O.B Garaging Vehicle Description Reg or Serial Value Financier No.	Excess Free Wind screen Cover
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4.6 VOLUNTARY WORKERS PERSONAL ACCIDENT INSURANCE	
1. Number of Board Members:	
2. Number of Voluntary Workers:	
Please select the level of Capital/Weekly benefits required (for items 1 & 2 above)	\$100,000 / \$1,000
	\$50,000 / \$500
	\$30,000 / \$300
3. Number of C.D.E.P. Workers Plus I.E.C. Workers or JSA Workers (CDEP = Community Development Employment Projects; IEC = Indigenous Employment Centre; JSA = Job Services Australia)	
Capital Benefits only (for item 3 above) – the amount of Capital Benefit required is stated in the Agreement between the Commonwealth Government and the "Community".	\$
4.7 JOURNEY COVER INSURANCE	
1. Number of Employees:	
Please select the level of Capital/Weekly benefits required	\$100,000 / \$1,000
	\$200,000 / \$2,000
4.8 SPORTS PARTICIPATION INSURANCE	
N.B. This cover relates to organisations and communities who organise knock out competitions, light festivals that include sports competitions and covers players and officials on the field.	ntning carnivals and cultural
In which Sport/Activities does your organisation participate?	
What is the location of the event / sports carnival?	
Date of Event / Sports Carnival	to

4.9 SPORTS PARTICIPATION INSURANCE (continued)				
Numbers Playing	Football	Netball	Other	
Juniors				
Seniors				
Coaches/Officials				
Total				
Are you, or have you previously been, insured against this risk to the insured?  Yes No				No
If YES, please provide details:				
5.0 DECLARATION	:			
Duty Of Disclosure: The Law requires you to tell us everything you know (or could reasonably be expected to know) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into the contract with us, that is before we accept your proposal and also each time before you alter or renew the policy. If you do not tell us everything necessary we may reduce or refuse to pay a claim, or cancel your policy. If you act dishonestly we may invalidate the Policy from its beginning and not be bound by it.				
I /We declare that the particulars are true and correct and I / We have not withheld information likely to affect the acceptance of this 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.				
Name (please print):				
Signature:		Date:		

AIB'S INDIGENOUS ORGANISATIONS INSURANCE PACKAGE CAN ALSO OFFER:

- TOURISM OPERATORS SPECIFIC INSURANCE
- DIRECTORS & OFFICERS INDEMNITY
- PROFESSIONAL INDEMNITY
- MEDICAL MALPRACTICE
- WORKERS COMPENSATION (in same States)

Ask your Broker for details