

**Training Consultants
Proposal Form**

Training Consultants Proposal Form

Brooklyn Underwriting Pty Limited (ABN 11 123 406 922) (ARN 311687), an Authorised Representative of General Security Australia Insurance Brokers Pty Limited (ABN 34 087 437 196) arranges the insurance. Vero Insurance Limited (ABN 48 005 297 807) issues the insurance.

Important Facts Relating to this Proposal Form

You should read the following advice before proceeding to complete this proposal form.

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have 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 whether to accept the risk of insurance, and if so, on what terms.

Your duty however does not require disclosure of any 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 this business, ought to know;
- As to which compliance with your duty is waived by the insurer.

Claims Made and Notified Basis of Coverage

The professional Indemnity Insurance Policy is issued on a 'Claims made and notified' basis.

- a) 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
- b) 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 policy's period of cover has expired. If you give written notification of 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, S40(3) of the Insurance Contracts Act 1984 is set out below;
"S40 (3) Where the insured gave notice in writing to the insurer of facts that might give rise to 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 relieved of liability under the contract in respect of the claim when 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 period expires, no new notification of facts can be made on expired policy even though the event giving rise to the 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 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.

Subrogation Waiver

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the insured entering into a deed or agreement excluding, limiting or delaying the legal rights or of recovery against another.

Privacy Statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

Purpose of collection

We collect personal information (*this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person*) for the purposes of providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us or other companies within the same group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed 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 directly related to the purposes listed above.

Disclosure

We may disclose your personal information (and receive some personal information from), when necessary and in connection with the purposes listed above, to other companies within the same group, your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover.

Access

You can request access to the personal information by contacting a Vero office at the address shown on the last page of this proposal form.

Privacy Statement issued

Vero Insurance Limited,
465 Victoria Avenue
Chatswood, NSW 2067.

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 the Proposer in this Proposal Form means:
 - The entity and all subsidiary entities for whom cover is required
 - The past and/or present employees or principals of the entity; and
 - The director of the entity and all subsidiary entities for whom cover is required.

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

1. Name of Proposer and ABN (include all subsidiary companies, trading names & trustees for whom cover is required)

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2. Telephone Number: Fax Number:

Email Address

Website Address

3. Address of Principal Office

Suburb: State: Postcode:

4. Total Number of Principals and Staff?

5. Date Proposer commenced business operations:

6. Please state the fee income derived from each of the following services within Australia and NZ?

Training Services	Past 12 months	Next 12 months
Accredited Training	\$	\$
Non Accredited Training	\$	\$
Other Professional Services	\$	\$

7. Do you require cover for other professional services from question 6 above? Yes No

If "Yes," please complete please provide details of other professional services together with details of your experience and qualifications in respect of these professional services

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8. Stamp Duty Declaration – Please provide a breakdown of percentages in fee income by location as follows.

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S
%	%	%	%	%	%	%	%	%

9. Do you perform any overseas work or activities? Yes No

If yes, please complete the following

Country	Fees	Year	Services

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

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11. Proposer's NTIS Registration No. in respect of accredited training

12. Is the Proposer a member of a professional association? Yes No

If "Yes," please provide details

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13. 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) (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.</p>	%
<p>CLASS B – Class Room Training (minor physical training) (e.g. training consultants in arts and crafts such as painting, calligraphy, knitting, origami, music teachers, sculpture, pottery, card marking) etc. Any use of machinery should not be classed in this category.</p>	%
<p>CLASS C – Indoor Training (physical training) (e.g. yoga, dance instructors, woodwork, tai chi, fitness instructor, hairdressing) Please describe the types of training provided and how the training is conducted.</p>	%
<p>CLASS D – Outdoor Training (minor to severe physical training) (e.g. driver training, snorkeling, martial arts instructors, weapons instructors, operation of machinery or equipment, aviation training, construction training, marine training, abseiling instructor etc) Please describe the types of training provided and how the training is conducted.</p> <p>Please note for the following industries a full Bodily Injury/Property Damage Exclusion will apply for the following activities:</p> <ol style="list-style-type: none"> a. Extreme Sports Training such as abseiling, parachuting, skydiving training, bungee jumping or paragliding b. Aviation Industry training including flight training c. Marine Industry Training such as underwater diving or snorkeling, marine vehicle driver training d. Security Industry Training where training involves any Weapons and Firearms training e. Weapons and Firearms 	%
<p>TOTAL</p>	100%

14. Do you require cover for placing students in the workforce to gain practical work experience as a pre-requisite to the students obtaining their qualifications/certificate? Yes No

a) If yes, please advise what professional services are being performed by your placed students

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Important Note:

Note where we provide cover for these risks, insurance is restricted to services performed whilst under the supervision of a qualified employee of the host company (where these services are offered and arranged by you). An additional premium may be applicable in these circumstances.

15. Has the Proposer any other Professional Indemnity Insurance in force? Yes No

Name of the insurer Renewal Date

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

- a) Decline a proposal, refused renewal or terminated any insurance? Yes No
b) Decline 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:

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17. Please state Limit of Indemnity required under this insurance:

\$1,000,000 \$2,000,000 \$5,000,000 Other \$.....

18. 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

- 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.

19. 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

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 Proposal Form; and
- ii. The above statement are correct, true and complete; and
- iii. No information material to this Proposal Form 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 t necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- v. I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- vi. I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- vii. I / we acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me / us in relation to this insurance.

Signature: Date:/...../.....

Name of Partner(s) or Director(s):

On Behalf of: * Insert Name of Firm

Do you require a Business Insurance or a Public & Products Liability Policy? Yes No

If "Yes", please continue over page

Public & Products Liability Insurance forms part of the RTO package when Professional Indemnity insurance is purchased. Public & Products Liability Insurance cannot be purchased as a standalone product.

Trainers Business Insurance and Public & Products Liability Proposal Form

For Business Pack

√ **please tick**

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 up to \$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 up to \$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):

√ **please tick**

Glass (Replacement Value)

\$100*

Computer and Electronic Breakdown \$10,000

\$200*

Money \$10,000

\$125*

Personal Property in Transit \$10,000

\$175*

Tax Audit \$10,000

\$160*

Liability \$20,000,000

\$200*

For Public and Products Liability Only

√ **please tick**

\$10,000,000

\$350*

\$20,000,000

\$550*

* All premiums are exclusive of charges.

These premiums are indicative and non-binding subject to written approval from Brooklyn Underwriting Pty Ltd

SECURITY INFORMATION

Not applicable if Public and Products Liability Insurance is only required

✓ **please tick**

If your business is a **Small/Home Office**, does the building have:

Deadlocks on entrance doors?

Yes No

Window locks on **all** windows?

Yes No

If your business is a **Medium/Home Office**, does the building have:

Deadlocks on entrance doors?

Yes No

Window locks on **all** windows?

Yes No

Please Answers all the questions below

✓ **please tick**

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

Had a claim in the last 5 years?

Yes No

Had Insurance cancelled or refused?

Yes No

Had the renewal of a policy declined?

Yes No

Been convicted of a criminal offence or is currently charged with a criminal offence?

Yes No

Been declared bankruptcy proceedings, or been placed into receivership (companies only),
or was a director of a company placed into receivership?

Yes No

Are you an Australian resident?

Yes No

Do you engage any contractors/Sub Contractors

Yes No

Please state you estimated gross annual turnover for the next 12 months \$

Please state the total amount of employees

Do you import, Manufacturer, re-brand & or Repackage any products?

Yes No

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 Proposal Form; and
- ii. The above statement are correct, true and complete; and
- iii. No information material to this Proposal Form 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 t necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- v. I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- vi. I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- vii. I / we acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me / us in relation to this insurance.

Signature: Date:/...../.....

Name of Partner(s) or Director(s):

On Behalf of: * Insert Name of Firm