

Allied Health Insurance

PROPOSAL FORM



— PROTECTING THOSE WHO CARE FOR AND SERVE OUR COMMUNITES

Important notices

Your duty of disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984. If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate an insurance contract. If you do not tell us everything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Change to circumstances

You should advise Ansvar as soon as practicable of any material change to the organisation insured and any of its subsidiaries and controlled entities as disclosed in this proposal form.

Waiver of rights

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability which would have been covered by this policy, we will not cover you under this policy for that loss, damage or liability other than to the extent provided under any Section of this policy or agreed by us in writing.

Privacy Statement

Ansvar places the highest priority on providing prompt, efficient and friendly service including the protection of your privacy.

We collect your personal information to provide you with insurance products. The information we collect is used to assist us to provide you with our general insurance products, to manage our relationship with you and to assess and process claims. We will not be able to supply you our policy if you do not provide us with your personal information. The information is generally collected from you when you are applying for or enquiring about our insurance products or when making a claim. You may access your personal information by contacting any of our offices.

At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities. They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act 1988 (Cth) and the General Insurance Code of Practice. We are unlikely to provide your personal information to overseas recipients.

Our Privacy Policy includes further information about how we handle your personal information including how you can access and correct your information or make a privacy related complaint. For more information please visit our website: www.ansvar.com.au/privacy/ or you can contact one of our offices.

Code of Practice

As a signatory to the General Insurance Code of Practice (the "Code"), we are committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you. You can obtain more information on the Code and how it assists you by contacting us.

Contact Us

The registered office of Ansvar is Level 5, 1 Southbank Boulevard, Southbank, Victoria.

Our contact details are:
Ansvar Insurance Limited

Phone: 1300 650 540

Post: GPO Box 1655, Melbourne, Victoria 3001

Email: insure@ansvar.com.au

Website: www.ansvar.com.au.

ABN 21 007 216 506 AFSL 237826

Complaints and Disputes

If you are not satisfied with our products, services or handling of your personal information, you can lodge your complaint with us using one of the following options:

Phone: 1300 650 540

Email: info@ansvar.com.au

Ansvar Insurance will acknowledge receipt of your complaint within 1 business day of us receiving notice of your complaint. Your complaint will be reviewed and a response provided to you. Please ensure you provide a valid contact details for us to reach you.

If you are not satisfied with our response, you may ask us to refer your complaint to our Internal Dispute Resolution Committee. The committee is made up of representatives from across our organisation that have the appropriate knowledge and authority to deal with your complaint. The committee will review your complaint and provide their decision in writing to you within 30 days from the date of receiving notice of your complaint.

If you feel your complaint is not resolved, you may wish to take further action by lodging your complaint with the Australian Financial Complaints Authority (AFCA). AFCA is an independent service to deal with complaints from consumers and small business about financial services and products.

Contact the Australian Financial Complaints Authority

Website: www.afca.org.au

Phone: 1800 931 678

Email: info@afca.org.au

Post: GPO Box 3, Melbourne, Victoria 3001

How to fill out this proposal form

All questions must be answered in relation to the organisation to be insured and all its subsidiaries and controlled entities (if any). Please tick the box next to the correct answer and/or write the information requested in the space provided.

If you require more space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document(s) to this proposal.

It is critical that you refer to the Product Disclosure Statement for full terms and conditions of the policy.

Please ensure this form is signed and dated by an authorised person.

Please select the sections of cover you require

PART A: PROPERTY AND INCOME PROTECTION		
Property Protection Section	Yes	No
Breakdown of Mechanical and Electronic Equipment Section		
Cover A – Breakdown of Mechanical Equipment	Yes	No
Cover B – Breakdown of Electronic Equipment	Yes	No
Money Section	Yes	No
Theft Section	Yes	No
General Property Section	Yes	No
Income Protection Section	Yes	No
PART B: GENERAL LIABILITY		
General Public and Products Liability Section	Yes	No
Sexual Abuse Extension	Yes	No
PART C: ORGANISATION LIABILITY		
Professional Indemnity Section	Yes	No
Management Liability Section	Yes	No
PART B: PERSONAL ACCIDENT		
Personal Accident Section	Yes	No

Policyholder details

THIS SECTION MUST BE COMPLETED

Name of organisation to be insured (include any subsidiaries)	
Trading Name (s) past and present (if applicable)	
ABN / ACN / ARBN	Date organisation first commenced operations

Period of Insurance

THIS SECTION MUST BE COMPLETED

Required period of insurance	Commencement date	
	Expiry date	

Business Activities / Occupation

THIS SECTION MUST BE COMPLETED

Please provide a full list of the business activities of all entities to be insured by this policy.

Please categorise these business activities based on their respective types, along with any advice provided.

Indicate the approximate percentage of income derived from each category.

TYPE OF WORK	PERCENTAGE
	%
	%
	%
	%
	%
Total	100 %

People

THIS SECTION MUST BE COMPLETED

NUMBER OF EMPLOYEES / OTHER PERSONS ENGAGED IN THE ORGANISATION	THIS YEAR	LAST YEAR
Directors / Partners / Supervisory / Management:		
Full-time employees:		
Part-time / Casual employees:		
Contract workers / temporary employees:		
Total Volunteers		

Financials

THIS SECTION MUST BE COMPLETED

PARTICULARS	CURRENT YEAR	PREVIOUS YEAR
Current assets		
Current liabilities		
Total assets		
Total liabilities		
Total income/turnover (including grants, subsidies, fees):		
Net profit (loss) after tax:		

Estimated total income/turnover (including grants, subsidies, fees, donations) for the next 12 months	
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TURNOVER % SPLIT PER STATE							
VIC %	NSW %	QLD %	SA %	WA %	TAS %	ACT %	NT %

Do you have a current stamp duty exemption for general insurance?	Yes	No
If yes, which State(s) or Territory does it apply for?		

A copy of your exemption certificate must be provided with this proposal form, otherwise Stamp Duty will be applied to your premium

History

Previous Claims or Losses

THIS SECTION MUST BE COMPLETED

In the past five years, has your entity or any partner or director made any insurance claims (including any that were rejected) under a policy of insurance that this insurance is proposed to replace?	Yes	No
In the past five years, has your entity or any partner or director suffered any loss (including uninsured losses) as a result of any dishonest or fraudulent act of any employee, partner or director?	Yes	No
In the past five years, has your entity or any partner or director suffered any other uninsured loss?	Yes	No
If yes, provide details:		

Are there any claims pending or are you aware of any circumstances that may give rise to a claim against you or any other director or officer of the entity applying for this insurance?	Yes	No
If yes, provide details:		

INSURER	DATE OF INCIDENT	DESCRIPTION OF LOSS CIRCUMSTANCES	AMOUNT PAID / OUTSTANDING

Duty of Disclosure

THIS SECTION MUST BE COMPLETED

The following questions relate to all Sections of cover being requested under this proposal for insurance.

HAS YOUR ORGANISATION OR ANY OF ITS DIRECTORS / OFFICERS / EXECUTIVE MANAGERS / TRUSTEES:	
In the past five years, been convicted of a criminal offence?	Yes No
In the past five years, been insolvent, declared bankrupt or placed into liquidation or receivership?	Yes No
In the past five years, had an insurance policy declined or cancelled or any other conditions imposed?	Yes No
If yes, please provide further details and dates:	

Information about your organisation

The following questions relate to all Sections of cover being requested under this proposal for insurance.

How is your organisation structured?

ASX Listed Company

Cooperative / Mutual

Government owned enterprises

Incorporated associations

Partnership

Private Company

Public Company

Sole trader

Trust

Unincorporated association

Other:

Is your organisation a subsidiary of another entity?	Yes	No
If yes, please provide the name of the ultimate holding organisation, its country of incorporation and its website:		
Name of subsidiaries and controlled entities required to be insured (if any):		
Please provide details of any companies or businesses acquired or disposed of by the business entity or any mergers, consolidation or staff reduction during the last twelve months or any such proposed changes over the next twelve months:		

Part A: Property

Only complete this section if Property and Income Protection is required.

LOCATION INFORMATION		
Please advise the locations for which you require buildings and/or contents cover: <i>*Note if you have multiple standalone buildings at the same location, please complete the details for each building.</i>		
Location One Address	State	Postcode
Location Two Address	State	Postcode
Location Three Address	State	Postcode

If you have more than three locations, please provide details on a separate page.

	LOCATION ONE	LOCATION TWO	LOCATION THREE
Is the building: Owned by you Occupied by you			
Occupation or building use at this location			
Year Built			
When was the building last rewired if it is more than 40 years old?			

Construction – external walls			
Brick Veneer			
Double Brick			
Masonry Reinforced			
Masonry Unknown			

	LOCATION ONE	LOCATION TWO	LOCATION THREE
Construction – external walls			
Masonry Unreinforced (stone)			
Reinforced Concrete			
Steel			
Timber			
Other – Specify			
Construction – floor			
Concrete			
Timber			
Other – Specify			
Construction – roof			
Concrete			
Metal			
Reinforced concrete			
Slate			
Tile			
Unreinforced concrete			

Building use?	Commercial Domestic	Commercial Domestic	Commercial Domestic
Heritage listed?	Yes No	Yes No	Yes No
Do you require flood cover?'	Yes No	Yes No	Yes No
Vacant or unoccupied?	Yes No	Yes No	Yes No
If yes, how long has it been unoccupied and when is it expected to be occupied?			

	LOCATION ONE	LOCATION TWO	LOCATION THREE
Contains Asbestos?	Yes No	Yes No	Yes No
If so: What % of construction contains asbestos?			
Where is it e.g. floors, ceiling?			
What type of asbestos and what condition is it in?			

**If required, we may request an asbestos report*

Contains EPS	Yes No	Yes No	Yes No
What % of construction contains EPS?			
What type of EPS? <i>Note: EPS = Expanded Polystyrene (EPS), Extruded Polystyrene (XPS) or Polyisocyanurate (ISO) construction material, including wall cladding, panels and roofing applications</i>			

Fire Protection:			
Fire extinguishers only			
Fire extinguishers & fire hose reels			
Smoke detection (local)			
Smoke detection (monitored)			
Sprinklers – single water supply			
Sprinklers – dual water supply			

	LOCATION ONE	LOCATION TWO	LOCATION THREE
Security			
No protection			
Deadlocks only			
Local alarm (siren only)			
Deadlocks and key window locks to all external exits			
Back to base monitored alarm (no dedicated line to watching)			
Back to base monitored alarm (dedicated time to watching)			

Policy Coverage

Property Protection Section

Only complete this section if Property Protection Section is required.

	LOCATION ONE	LOCATION TWO	LOCATION THREE
Sum Insured – Building, Contents & Stock	Replacement Value	Replacement Value	Replacement Value
Buildings including fixtures and fittings			
Contents			
Stock			

Business Interruption

Only complete this section if Income Protection Section is required.

TOTAL SUM INSURED – ANNUAL BUSINESS INTERRUPTION	
Auto split of sum insured across all locations?	Yes No

*Note: Select 'Yes' to evenly distribute the annual business interruption sum insured across all locations
Select 'No' if you wish to manually allocate the annual business interruption sum insured per location*

	LOCATION ONE	LOCATION TWO	LOCATION THREE
Gross income including all money paid or payable to you:			

Note: The total value needs to match the declared total income advised for the next 12 months.

Indemnity period	12 months	18 months	24 months	Other
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Money Section

Only complete this section if Money Section is required.

If different limits are required at each location, please specify below. Otherwise the standard limits will apply to each location.

		STANDARD LIMIT	LOCATION ONE	LOCATION TWO	LOCATION THREE
			Required limit	Required limit	Required limit
Limit required for Money	Yes No	\$5,000			
Money outside business hours		\$5,000			
Increased limit for fundraising events		\$5,000			

Breakdown of Mechanical and Electronic Equipment Section

Cover A – Breakdown of Mechanical Equipment

If different limits are required at each location, please specify below. Otherwise the standard limits will apply to each location.

EXTENSION		STANDARD LIMIT	LOCATION ONE	LOCATION TWO	LOCATION THREE
			Required limit per item	Required limit per item	Required limit per item
Mechanical equipment	Yes No	\$5,000 any one machine			

If you have any mechanical equipment with a replacement value exceeding \$10,000, please list below:

ITEM	LOCATION ONE	LOCATION TWO	LOCATION THREE

OPTIONAL EXTENSION	STANDARD LIMIT	LOCATION ONE	LOCATION TWO	LOCATION THREE
Do you require cover for deterioration of refrigerated goods?	Limit of cover is \$10,000 only	Yes No	Yes No	Yes No

Cover B – Breakdown of Electronic Equipment

Only complete this section if Breakdown of Electronic Equipment Section is required.

If different limits are required at each location, please specify below. Otherwise the standard limits will apply to each location.

EXTENSION		STANDARD LIMIT	LOCATION ONE	LOCATION TWO	LOCATION THREE
			Required limit per item	Required limit per item	Required limit per item
Electronic equipment	Yes No	\$5,000 any one item			

If you have any mechanical equipment with a replacement value exceeding \$10,000, please list below:

ITEM	LOCATION ONE	LOCATION TWO	LOCATION THREE

OPTIONAL EXTENSIONS		STANDARD LIMIT	LOCATION ONE	LOCATION TWO	LOCATION THREE
Do you require cover for data media material and records?	Yes No	Limit of cover is \$5,000 only			
Do you require cover for increase in cost of working?	Yes No	\$5,000			

Theft Section

Only complete this section if Theft Section is required.

If different limits are required at each location, please specify below. Otherwise the standard limits will apply to each location.

		STANDARD LIMIT	LOCATION ONE	LOCATION TWO	LOCATION THREE
			Required limit	Required limit	Required limit
Limit Required for Theft	Yes No	\$5,000			

General Property Section

Only complete this section if General Property Section is required.

Cover is available for unspecified items up to a value of \$10,000 per item. If a higher limit is required per item, please note below.

		STANDARD LIMIT	REQUIRED LIMIT
Maximum allowance – any one unspecified item	Yes No	\$1,000	

If you have any items with a replacement value exceeding \$10,000 please list below:

	NUMBER OF ITEMS	VALUE PER ITEM	OWNED BY YOU
			Yes No
			Yes No
			Yes No

Part B: General Liability

Only complete this section if Part B: General Liability is required.

Labour Hire/Subcontractors

Do you engage the services of Labour Hire and/or Subcontractors to perform activities on your behalf?	Yes	No
If yes, what is the estimated payment to labour hire staff/subcontractors for the upcoming 12 months?	\$	

Note: This only includes subcontractors that perform your business activities on behalf of you, i.e. where you outsource the activity to a third party. It does not include subcontractors performing maintenances services to your premises.

Description of the nature of work conducted by labour hire/subcontractors:		
Do you ensure all subcontractors / contractors / labour hire personnel have their own Public Liability insurance?	Yes	No

Events

Do you intend to organise any exhibitions or festivals held at premises NOT permanently occupied by you where the expected number of attendees would exceed 500? Eg: Carols by Candlelight in public venues, Religious Festivals, Music Festivals, Street Parties?	Yes	No
If yes, please provide details:		

If yes, please complete our festival and event questionnaire,

MANUFACTURING		
Do you manufacture, import or export any Products?	Yes	No
If yes, please provide details:		

Policy Coverage

General Public and Products Liability Section

Only complete this section if General Public and Products Liability Section is required.

Limit Required:

\$5,000,000 \$10,000,000 \$20,000,000 Other

OPTIONAL EXTENSIONS	REQUIRED?	
<p>1. Sexual Abuse: <i>Note: a quotation may be provided however cover will not be confirmed until a satisfactory "Sexual abuse supplementary Questionnaire" Questionnaire is received. Please contact Ansvar for this form if required.</i></p> <p>Limit Required: \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other</p>	Yes	No
<p>2. Replacement Wages of Stood Down Staff: (\$20,000) <i>Note: this extension is only available if we agree to provide cover for Sexual Abuse under Optional Extension 1.</i></p>	Yes	No
<p>3. Retroactive Liability (Prior Claims Made) Prior to insuring with Ansvar, was your previous liability cover on a "Claims Made" basis? <i>If yes, please provide a copy of your most recent policy schedule so we can tailor this extension appropriately.</i></p> <p>Limit Required: \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other</p>	Yes	No
<p>4. Member to Member Liability (\$10,000,000): <i>Note: this extension will provide cover to your members, guests or visitors for their own personal liability if they cause bodily injury or property damage to other members of the general public whilst participating in an activity organised by you, subject to the policy terms and conditions.</i></p>	Yes	No
<p>5. Trauma Counselling Costs (\$10,000):</p>	Yes	No
<p>6. Contractual Liability (\$10,000,000)</p>	Yes	No

Professional Indemnity Section

Only complete this section if Professional Indemnity Section is required.

Limit required for any one claim:

\$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other

Do you require reinstatement cover?	Yes	No
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Activities

Please provide details of any medical examinations, treatments, medications that you or your professionally qualified staff might provide:		
Are all persons who provide treatment registered, qualified and employed by you?	Yes	No
If no, please provide details:		
Do you own in whole or part any clinic, hospital, sanatorium etc.?	Yes	No
If yes, please provide details:		

Prior Insurance

PRIOR PROFESSIONAL INDEMNITY INSURANCE		
If you are selecting Professional Indemnity cover to replace an existing policy, please advise:	Current insurer: Current policy number: Current expiry date: Current retroactive date: Continuous cover in place since:	

Policy Coverage

Only complete this section if Management Liability Section is required.

Management Liability Section

Are work, health and safety procedures in place in accordance with legislation?	Yes	No
In the past two years, has the entity had any employment practice matters including wrongful dismissal claims or matters taken to Fair Work Australia?	Yes	No
If yes, please specify		
In the past five years, has the entity been the subject of any investigation or audit or been issued with any improvement notices by any regulatory or government body?	Yes	No
If yes, please specify		

INSURING CLAUSE

Organisation Liability	Yes	No
Directors and Officers Liability	Yes	No
Limit Required:		
\$500,000 \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other		
Entity Reimbursement: (cover is mandatory when directors and officers taken) Limits: Limits will be the same as directors and officers		
Entity Liability	Yes	No
Limit Required:		
\$500,000 \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other		
Employment Practices Liability	Yes	No
Limit Required:		
\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other		
What is your staff turnover the last two years? How many resigned voluntarily, how many were dismissed by you and how many were made redundant?		
Trustees Liability	Yes	No
Limit Required:		
\$500,000 \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other		
Statutory Liability	Yes	No
Limit Required:		
\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other		
Internet Liability	Yes	No
Limit Required:		
\$250,000 \$500,000 \$1,000,000 \$2,000,000 Other		

Entity Crisis Cover				Yes	No
Limit Required:					
\$100,000	\$250,000	\$500,000	Other		
Tax Audit				Yes	No
Limit Required:					
\$20,000	\$50,000	\$100,000	\$200,000		
\$250,000	Other				
Is there an annual external audit of cash, accounts, inventory and stock at principal locations operated by the insured?				Yes	No
Have there been any adverse findings in the external auditor's report?				Yes	No
If yes, please specify					
Fidelity - Employee				Yes	No
Limit Required:					
\$50,000	\$100,000	\$200,000	\$250,000		
\$500,000	Other				
Fidelity - Third Party				Yes	No
Limit Required:					
\$50,000	\$100,000	Other			

PRIOR MANAGEMENT LIABILITY OR DIRECTORS' AND OFFICERS' INSURANCE

If you are selecting Management Liability cover to replace an existing policy, please advise:	Current insurer:	
	Current policy number:	
	Current expiry date:	
	Current retroactive date:	
	Continuous cover in place since:	

Policy Coverage

Only complete this section if Personal Accident Section is required.

Note: the policy limits the Capital Benefits for all Insured Persons under the age of 18 years or over the age of 75 years to \$50,000 maximum.

							REQUIRED?	
Volunteers Personal Accident							Yes	No
Number of volunteers								
Capital Benefits:	\$50,000	\$100,000	\$200,000	\$250,000				
	Other							
Weekly Benefits:	Nil	\$500	\$750	\$1,500	\$2,000	\$3,000		
	Other							
Maximum Weekly Benefits:	26 weeks	52 weeks	102 weeks					
Initial Exclusion Period:	1 week	2 weeks						
Is a volunteer management programme in place, including induction, screening and reference checks?							Yes	No
What type of work are volunteers engaged in?	Heavy manual – high risk %:							
	Light manual - medium risk %:							
	Clerical - low risk %:							

							REQUIRED?	
Members Personal Accident							Yes	No
Number of members								
Capital Benefits:	\$50,000	\$100,000	\$200,000	\$250,000				
	Other							
Weekly Benefits:	Nil	\$500	\$750	\$1,500	\$2,000	\$3,000		
	Other							
Maximum weekly Benefits:	26 weeks	52 weeks	102 weeks					
Initial exclusion period:	1 week	2 weeks						

		REQUIRED?				
Student Capital Benefits		Yes	No			
Creche & pre school to year 12 students						
Number of creche and pre school students:		Number of prep to year 12 students:				
Capital Benefits:	\$25,000	\$50,000				
Adult Students:						
Number of adult students:						
Capital Benefits:	\$25,000	\$50,000	\$100,000	\$200,000		
	\$250,000	Other				
Student weekly bodily injury benefits:						
Prep to year 12:	Nil	\$500	\$750	\$1,000		
Adult Students:	Nil	\$500	\$750	\$1,500	\$2,000	\$3,000
	Other					
Max. weekly benefits period - prep to year 12 and adult	26 weeks	52 weeks	102 weeks			
Initial exclusion period:	1 week	2 weeks				

Note: Weekly bodily injury benefits not available for pre school or crèche

Do any Volunteers, Members and/or Students engage in any of the following activities?

If yes, please provide details:

ACTIVITY		ACTIVITY	
Abseiling		Archery	
Caving or canyoning		Climbing walls	
Cycling or mountain bike riding		Flying fox / giant swings	
Fun runs		Gladiator games, martial arts or wrestling	
Gymnastics		Hang gliding, hot air ballooning, parachuting or para gliding	
Horse riding (excluding speed contests)		Jet skiing or power boarding	
Leap of faith / pamper pole		Motor races, motor speed tests, dune buggies or go karts	
Mountaineering, cliff or rock climbing with ropes		Paintball / skirmish	
Polo		Power boating (excluding speed contests)	
Rock climbing - unsupported		Rope courses	
Scuba diving		Sea kayaking	
Skateboarding		Snow or ice sports (excluding speed contests)	
Snorkelling - up to 3 meters depth		Surfing	
Trail bikes / motor bikes / Motocross / quad bikes		Vertical or horizontal bungee jumping	
Water skiing (excluding speed contests)		White water canoeing, rafting or kayaking - above class two rapids	

Declaration

I/We declare:

- a. The answers given and statements made are to the best of my/our knowledge true and correct, and that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.
- b. I/We have read and understood the Important Notices set out in the proposal and I/we are authorised to make this proposal.
- c. It is agreed that the information contained in this proposal and any attachments will be the basis of the Allied Health Insurance contract between the named organisation and Ansvar Insurance Limited and is subject to the terms, conditions and provisions contained in the Allied Health Insurance Policy underwritten by Ansvar Insurance Limited.
- d. That the information supplied in this proposal to Ansvar Insurance Limited for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy and services distributed or offered by Ansvar Insurance Limited.
- e. That I/we have made all due enquiries necessary in order to comply with the Duty of Disclosure.
- f. That I/we have read Ansvar's Privacy Policy and consent to the use, disclosure and obtaining personal information about the Insured for the purposes shown on the Privacy Statement.

Please tick the box if you do not wish to receive any marketing material from us.

Signed

Date

Name

Position

Attachments

Please attach to this proposal:

- i. details of any other information which you think may affect your insurance or which we should be advised of (see "*Your duty of disclosure*");

and

- ii. any additional information which may assist us to gain a complete appreciation of the nature of your business.