

2021-2022 Period

JOBS AUSTRALIA

BLANKET COVER INSURANCE APPLICATION FORM

INTRODUCTION

This Insurance Declaration details all of your insurance covers due for renewal for this insurance period. It is important that you review this information in detail and advise us of any changes needed. We have included an underwriting questionnaire section to provide the insurers with updated information, e.g. changes to the physical risk, acquisitions or disposals, adoption or cessation of processes or systems. This allows them to re-assess the risk covered by your policies.

You need to disclose to your insurer everything relevant to their decision to write your risk and on what terms. This Duty of Disclosure applies at all times, so please tell us about any changes to your circumstances or details. It also applies to all persons, companies and parties named in your policies.

For more details refer to the Important Information at the rear of this Insurance Declaration.

All requests for changes or inclusions of any type, including limits or sums insured shown, will form part of our renewal negotiations with Insurers.

They will not automatically take effect from the expiry date of the policies involved, or from the date of your request and no changes to cover apply until Marsh has received Insurers' agreement. Unless requested otherwise by you, the changes will be negotiated to take effect from the commencement date of the next insured period.

Please call Lauren Malkin at Marsh on 03 9613 1423 if you have any questions or need help completing this Insurance Declaration.

APPLICATION FORM

BUSINESS DETAILS

Marsh Reference		
Legal Name		
Trading As Name		
ABN		
Postal Address		Postcode:
Contact Person		
Email Address		
Phone Number		
Membership Category	Full Member <input type="checkbox"/>	Associate Member <input type="checkbox"/>

FINANCIALS

1. Estimate of gross annual turnover July 2021 – June 2022	\$
2. Estimate of gross annual payroll July 2021 – June 2022	\$
3. Estimate of your annual Gross Operating Expenditure July 2021 – June 2022	\$
4. Number of Employees:	
a) Number of Fulltime & Part-time Employees	
b) Number of Casual Employees	
c) Number of Labour Hire Employees	
d) Number of Contractors	
e) Number of On Hired Workers (excluding participants or job seekers)	
f) Number of Board/Committee Members	
g) Number of Jobs Seekers / Participants	
h) Number of Unpaid Volunteers	
i) Number of Paid Volunteers	

BUSINESS ACTIVITIES

1. Please provide a detailed description of each business activity conducted by your organisation	
Busines Activities / Programs	Description of Activities / Programs

STATE SPLIT OF YOUR BUSINESS ACTIVITIES

Please ensure the total equals to 100%			
ACT	NSW	NT	QLD
SA	TAS	VIC	WA

2.

Are there any other details of your operations that you feel would be of interest to insurers and would assist Marsh in understanding your business?

Yes ☐ No ☐

If Yes please provide details below or attach details to this questionnaire

DIRECTORS AND OFFICERS

3.

At any time in the past, has any claim been made against the Organisation/Business or any office bearers, Executive Staff, Sub-committee members or employees of the organisation?

Yes ☐ No ☐

If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.

4.

Are there any circumstances not already notified which may give rise to a claim against the organisation or any office bearers, executive staff, sub-committee, or employees of the organisation:

Yes ☐ No ☐

If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.

5.

If the insurance similar to that now proposed has been, or were now in effect, would any claim which had been made, or which is now pending against the organisation or any person of the organisation, have fallen within the scope of such insurance?

Yes ☐ No ☐

If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.

6.

Is any person proposed for insurance aware, after enquiry, or any circumstance or incident which he/she believes might give rise to any future claim that would fall within the scope of such insurance

Yes ☐ No ☐

If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.			
7. Has there been, or is there now pending, any prosecution of the organisation or its subsidiaries under the Corporations Law, Trade Practices Act or any other Statute?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise by attaching full details of the circumstance of claim to this questionnaire.			
8. Does your organisation have a Risk Management policy in place?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
CRIME			
9. Please confirm that the person reconciling bank statements does not also sign cheques and/or handle bank deposits, and that the person preparing cheque requisitions does not also sign cheques?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Are countersigned/dual approvals required on all cheques and funds transfers?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Is there an annual independent physical count of stock that is reconciled against inventory records?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
PROFESSIONAL INDEMNITY			
12. Please describe the precise nature of your Professional Business Activities? **example – Recruitment, psychology and/or counselling services			
EMPLOYMENT PRACTICES LIABILITY			
13. How many directors and/or employees have been retrenched in the past 12 Months?			
14. Does the applicant anticipate any retrenchments or layoffs within the next 12 months?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Does the applicant have written employment procedures (eg. Employee Handbook) that is available to each employee?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to any of the above, please provide details:			
CONTRACTS / DEEDS / FUNDING AGREEMENTS			
16. Please select appropriate Deed / Agreement / Contract from the list below if you plan on participating in the program or forming a Contract / Agreement for the Policy Period. If the applicable Contract / Deed / Agreement or Program is not provided in the list below please provide additional information concerning its parameters.			
If you do not participate in any of the below contracts or any government contract, please leave blank.			
JobActive <input type="checkbox"/>	ParentsNext <input type="checkbox"/>	Vocational Training <input type="checkbox"/>	Disability Employment Services (DES) <input type="checkbox"/>
Carer Development <input type="checkbox"/>	Transition To Work <input type="checkbox"/>	Non-Accredited Training <input type="checkbox"/>	Remote Jobs & Communities Programme <input type="checkbox"/>
Labour Hire <input type="checkbox"/>	Social Enterprise <input type="checkbox"/>	Youth Services <input type="checkbox"/>	Australian Apprenticeships Centre <input type="checkbox"/>

d) What guidance do you provide to your staff on how to deal with cases involving the suspected abuse or neglect of a child or a vulnerable adult by employees, parents, Third party Contractors or fellow students

e) What training and education and information is provided to your entire organisation about abuse and neglect so that cases of abuse and neglect are more readily recognised and more promptly dealt with

f) How does your organisation ensure, as far as practicable, that procedures for making complaints about persons suspected of abuse are easily accessible and, in particular, that they are accessible and responsive to children and vulnerable adults

g) What platforms/processes are used in respect to the recruitment/selection and supervision of staff who may have contact with children and vulnerable adults in the course of their employment

h) What processes and procedures have been established in current requirements for safe environments and continues to work to improve and identify risks with a view to continually manage risks associated with children and vulnerable adults

- i) What processes are in place to ensure your organisation comply with standards to be observed in dealing with information obtained about the criminal history of employees and volunteers who work with children and vulnerable adults

CORPORATE TRAVEL

18. How many overseas trips per year? (1 person = 1 trip)

19. How many trips within Australia per year?

20. Maximum number of people travelling at the same time

21. Average number of days per trip (overseas & Australia)

CLAIMS

22. Has your organisation made any claims in the last 5 years Yes ☐ No ☐
If Yes, please provide attaching full details of the circumstance of claim to this questionnaire.

Date of Loss	Claimed Amount	Details of Claim Circumstance
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23. Please complete this page for each location you have. If not declared, we cannot guarantee cover for that particular location under the JA Blanket Insurance Program. Please use number codes next to construction, security and fire protection for each location.

****Please provide additional a spreadsheet of your declared values if insufficient space available**

Construction		Security		Fire Protection	
1. Brick	2. Wood	1. Deadlocks	2. Alarm (monitored)	1. Smoke Detectors	2. Hose Reels
3. Metal Cladding	4. Stone Cladding	3. Alarm (local)	4. Sensors	3. Sprinklers (Single)	4. Sprinklers (dual)
5. Plastic Cladding	6. Aluminium	5. Video Cameras	6. Barred/Grills on windows	5. Extinguishers	6. Town Water
7. Fibreglass	8. EPS	7. Patrols	8. Deadlocks Windows	7. Thermal Alarms	8. Fire Alarms
9. Glass	10. Weatherboard				
11. Steel	12. Other				

[illegible]

DECLARATION OF LOCATIONS BUILDINGS TO BE INSURED

24. Would you like to automatically include your owned buildings under the Jobs Australia blanket Insurance Program?

Yes ☐ No ☐

Please note you will receive an invoice directly from MARSH for the costs of your building.

Yes ☐ No ☐

Please note you will receive an invoice directly from MARSH for the costs of your building.

25. Do you wish MARSH to provide you with a quotation only to include your owned buildings under the Jobs Australia Blanket Insurance program? Yes ☐ No ☐

Yes ☐ No ☐

26. Please complete this page for each location where you OWN THE BUILDING . If not declared, we cannot guarantee cover for that particular location under the JA Blanket Insurance Program.

Please provide additional a spreadsheet of your declared values if insufficient space available below

[illegible]

ADDITIONAL INSURANCES AVAILABLE

OTOR VEHICLES

27. Would you like Marsh to provide you with a quotation for your entity owned Motor Vehicle Insurance?

Yes ☐ No ☐

Please provide additional a spreadsheet of your vehicle fleet if insufficient space available

28. Please provide the expiry date of your current policy

VEHICLE DETAILS:

[illegible]

VEHICLE CLAIMS HISTORY

29. Have you had any claims in the last 5 years? Yes ☐ No ☐

If yes please provide last 5 years claims history on Insurer Letterhead

*please note without providing claims history on insurer letterhead, we cannot guarantee insurers will provide Quotations

30. Have you had any insurance cancelled or declined in the past 5 years? Yes ☐ No ☐

If yes please provide detailed response below.

CYBER LIABILITY

WHO IS THIS FOR?

Most businesses including – but not limited to – employment service providers, healthcare providers, retailers, educational facilities, professional services firms, public entities, energy companies, transportation and logistics companies and financial services providers.

WHAT DOES IT COVER?

- **Cyber Incident Response Costs**
- **IT Forensics, legal, breach notification and crisis communications**
- **Cyber Crime (including social engineering, theft of personal funds)**
- **Cyber Extortion**
- **System Damage**
- **System Business Interruption**
- **Cyber and privacy liability**
- **Reputational Harm**
- **Management Liability (arising from a Cyber Attack)**
- **Media Liability**

31. Would you like MARSH to provide you with a Quotation for Cyber Risk Insurance?

Yes ☐ No ☐

If you have selected Yes, you will be provided with a two page Cyber Application Form to complete and return to MARSH.

Upon receipt of two page form MARSH will forward you a quotation for review and acceptance. Please note, by ticking YES it does not automatically provide you with a Cyber Risk Insurance policy

DISCLOSURE

Your Duty of Disclosure – Contracts of General Insurance Subject to Insurance Contracts Act.

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 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 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 the Insurer

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 is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Signed on behalf of Jobs Australia member

Authorised Officer

Name of Person completing this Declaration

Position Title

Contact telephone No

Contact Fax No

Postal Address

Email

Date

Please return this completed declaration to the Insurance Team at Jobs Australia

Fax: (03) 9614 3600

jobsaustralia@marsh.com