

solution.

NDIS/Disability
Services Provider
Combined Liability
Proposal Form

Proposal Form

Important Information

Duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

What you do not need to tell us

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, 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.

If you are a natural person, a different duty of disclosure to the one set out above applies to you.

Please contact us so that you can be informed of the duty of disclosure that applies to you.

Privacy Statement

What information do we collect and how do we use it?

When we arrange insurance on your behalf, we only ask you for the information we need and we only use the information that we collect for the primary purpose(s) for which we collect it. These are:

- Providing quotes for insurance cover (including obtaining risk carrier confirmation where necessary);
- Issuing insurance policies;
- Handling claims under insurance policies;
- Providing information about insurance matters;
- Dealing with brokers, risk carriers and reinsurers; and
- Operating our business.

This can include a broad range of information ranging from your name, address, contact details, age to other information about your personal affairs including your financial situation, health and wellbeing.

Insurers may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia. For example, if we seek insurance terms from an overseas insurer (e.g. various Underwriters at Lloyd's), your personal information may be disclosed to the insurer. If this is likely to happen, we inform you of where the insurer is located, if it is possible to do so.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, e.g. loss adjusters, medical brokers etc.) to enable it to consider your claim. Again, this information may be passed on to reinsurers.

What if you don't provide some information to us?

We can only fully arrange your insurance or assist you with a claim, if we have all relevant information. The insurance laws require you to provide us with the information we need in order to be able to decide whether to insure you and on what terms. You have a duty to disclose the information which is relevant to our decision to insure you.

When do we disclose your information overseas?

If you ask us to seek insurance terms, we may place your business with Lloyd's of London or an overseas insurer located outside Australia. They will require you to disclose information to them to enable them to make a decision about whether to insure you.

We will tell you at time of arranging your insurance if the insurer is overseas and in which country the insurer is located. If the insurer is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will seek your consent before disclosing your information to that insurer.

Disclosing personal information on applications for insurance with various Underwriters at Lloyd's, or with insurers that operate within the companies market, will be permissible because the European Union (EU) data protection laws provide comprehensive protection for the personal information of insureds which is similar to the APPs and you can pursue your rights if there is a failure to comply with those laws.

Australian and overseas insurers acquire reinsurance from reinsurance companies that are located throughout the world, so in some cases your information may be disclosed to them for assessment of risks and in order to provide reinsurance to your insurer. We do not make this disclosure, this made by the insurer (if necessary) for the placement for their reinsurance program.

We may also disclose information we collect to the providers of our policy administration and underwriting systems that help us to provide our products and services to you. These policy administration providers and underwriting systems may be supported and maintained by organisations overseas and your information may be disclosed to those organisations. Please note that The Privacy Act and APPs may not apply to these organisations.

How do we hold and protect your information?

We strive to maintain the reliability, accuracy, completeness and currency of the personal information we hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

We hold the information we collect from you in a working file, which when completed is securely stored electronically. We scan all paper documents and then shred originals.

We ensure that your information is safe by protecting it from unauthorised access, modification and disclosure. We maintain physical security over our paper and electronic data and premises, by using locks and security systems. We also maintain computer and network security; for example, we use firewalls (security measures for the Internet) and other security systems such as user identifiers and passwords to control access to computer systems where your information is stored.

Will we disclose the information we collect to anyone?

We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, for example to handle mailings on our behalf, external data storage providers or to other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event. We may also disclose information we collect to the providers of our policy administration and underwriting systems that help us to provide our products and services to you. However, we will take reasonable measures to ensure that they protect your information as required under The Privacy Act.

We may provide your information to others if we are required to do so by law, you consent to the disclosure or under some unusual other circumstances which The Privacy Act permits.

How can you check, update or change the information we are holding?

Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate, irrelevant, out of date or incomplete.

If you wish to access or correct your personal information, please write to our Privacy Officer at Solution Underwriting, as they are responsible for all matters to do with privacy.

We do not charge for receiving a request for access to personal information or for complying with a correction request. Where the information requested is not a straightforward issue and will involve a considerable amount of time, then a charge will need to be confirmed for responding to the request for the information.

In some limited cases, we may need to refuse access to your information, or refuse a request for correction. We will advise you as soon as possible after your request if this is the case and the reasons for our refusal.

What happens if you want to complain?

If you have concerns about whether we have complied with The Privacy Act or this Privacy Policy when collecting or handling your personal information, please write to our Privacy Officer at Solution Underwriting at the address shown the beginning of this document.

Your complaint will be considered by us through our Internal Complaints Resolution Process. We will acknowledge your complaint within 24 hours and we will respond with a decision within 30 days of you making the complaint. If we need to investigate your complaint and require further time, we will work with you to agree to an appropriate timeframe to investigate. We will provide you with information concerning referring your complaint to the Australian Financial Complaints Authority (AFCA) if we cannot resolve your complaint.

Your consent

By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above.

How to contact us

If you have a complaint or would like more information, please contact our compliance team on 03 9654 6100 or email compliance@solutionunderwriting.com.au or contact the Privacy Officer at our business address at the end of this document.

Our privacy policy and complaints process are available on our website www.solutionunderwriting.com.au.

Claims made

This Proposal may relate to a policy being issued on a claims made and notified basis. This means that the policy only covers claims first made against the Insured during insurance period and notified in writing during the insurance period. The policy does not provide cover for any claims made against the Insured during the insurance period if at any time prior to the commencement of the insurance period the Insured was aware of facts which might give rise to those claims being made against the Insured.

Section 40(3) of the *Insurance Contracts Act 1984 (Cth)* provides that where the Insured gives notice in writing to the insurer during the insurance period of facts that might give rise to a claim against the Insured, the insurer cannot refuse to pay a claim which arises out of those facts, by reason only that the claim is made after the insurance period has expired.

Alteration of risk and deregistration

Any policy issued as a result of this proposal may require you to notify the insurer of any material change in the nature of your business/the risk as outlined in this proposal form. You should check the requirements of the policy in relation to this requirement.

Terms used in this proposal form

The terms, insured, proposer, proposed insured, policy holder and you whenever used in this proposal form (and any addendum/s to this proposal form) shall mean the insured for which coverage is proposed under this proposal form (and any addendum/s to this proposal form).

The term insured has the same meaning in the proposal form (and any addendum/s to the proposal form) as in the policy.

PLEASE READ BEFORE YOU COMPLETE THIS FORM

It is not the intention of this policy to provide cover for any of the following services or facilities, even if the services are provided by qualified professionals. Please speak to the Insured's broker to source a more appropriate policy if needed.

- Bowel and bladder management
- Catheter care
- Medication management
- Continence management
- Dementia care
- Wound care
- Palliative care
- Aged care or nursing home facility

1. Proposer details

Name:

Address:

Email:

Phone:

<input type="text"/>	<input type="text"/>
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ABN:

Is the Insured registered/applying for registration with the NDIS?

Yes

No

If **YES**, please indicate the Insured's registration type:

Service Provider (go straight to 2)

Support Coordinator (go straight to 3)

Plan Manager (go straight to 3)

Psychosocial Recovery Coach (go straight to 3)

If the Insured is undertaking disability support services but is not registered as/applying for NDIS Service Provider registration, please complete 2. Service provider details.

If **NO**, please explain and complete relevant sections below:

2. Service provider details

Please indicate the services the Insured, their employees or their contractors are qualified to provide:

1. Personal Care	%		%
Assistance with eating and drinking		Grooming	
Assistance with prescribed exercises		Oral hygiene	
Assistance with self-medication		Showering	
Dressing		Toileting	
2. Domestic assistance	%		%
Change sheets and towels		Dust	
Clean kitchen		Ironing	
Clean toilet and bathroom		Mop floors	
Clean windows, screens and fans		Remove rubbish	
Put council bins out		Vacuum	
Wash, dry, fold			
3. Home maintenance	%		%
Car washing		Pool maintenance	
Green rubbish removal		Safety & security	
Handyman - Minor repairs		Weeding/Hedges	
Lawn mowing and edging			
4. Social & lifestyle support	%		%
Accompany to appointments		Companionship	
Accompany to shopping		Home admin	
Accompany to social activities		Transport	
Community programs			
5. Get out and about	%		%
Accompany to activities		Companionship	
Transport			

6. Allied health/Therapy	%	%
Dietitian		Physiotherapy
Exercise physiology		Podiatry
Occupational therapy		Psychology
Speech therapy		

If the Insured intends to undertake any of the above Allied Health/Therapy modalities, please provide their qualification(s):

Name	Institution	Degree or qualification	Year obtained

3. Support coordinator/Plan manager/Psychosocial recovery coach

Please provide qualification/experience for each of the Support Coordinators or Plan Managers requiring cover:

Name	Institution	Degree or qualification	Year obtained

REMAINING SECTIONS OF PROPOSAL FORM TO BE COMPLETED BY ALL APPLICANTS

4. Details of activities performed

1. Does the Insured provide housing, accommodation or respite services? Yes No

If **YES**, are there any overnight stays by the Insured, their employees and/or their contractors?
Please give details of the overnight stays (eg: length/duration/frequency of stays, level of care provided etc):

2. Is the Insured an aged care, nursing home or Specialist Disability Accommodation facility? Yes No

- | | | |
|---|-----|----|
| 3. Does the Insured, their employees and/or their contractors possess the necessary qualifications and hold the appropriate registrations/certification (where required) to perform the services selected in this Proposal? | Yes | No |
| 4. Do the details provided in the Sections above accurately reflect the activities and services provided by the Insured, their employees and/or their contractors? | Yes | No |
| 5. Does the Insured, their employees and/or their contractors perform any activities or services in addition to those noted in the Sections above? | Yes | No |

If **YES**, please give details of the additional activities or services performed below:

5. Income details

Please provide details of the business gross fees/revenue, participant, employee and service provider numbers. If the Insured is a start-up business, please provide an estimate of the below figures for the upcoming 12 months:

Year	Dates	Income/Revenue	Approx. no. of NDIS participants	Total no. of employees	No. of employed service providers
Past 12 Months	20 /20				
Next 12 Months	20 /20				

In respect of gross fees/income for the last financial year, please provide breakdown by State. If start-up business please advise estimated figures for below:

NSW	ACT	QLD	VIC	TAS	SA	WA	NT	Overseas	Total
%	%	%	%	%	%	%	%	%	100%

New South Wales Stamp Duty Exemption:

(tick box if applicable)

The Insured is a CGT small business as defined within the meaning of the Income Tax Assessment Act 1997 (of the Commonwealth) at the time that the contract of insurance is renewed.

Important - only applies to:

- Insureds with turnover in NSW and who meet definition of a CGT small business
- Professional Indemnity and General and Product Liability Insurance

- | | | |
|---|-----|----|
| 1. Do you subcontract any of your activities? | Yes | No |
|---|-----|----|

If **YES**, please state the percentage of gross fees/revenue paid to subcontractors in the last 12 months?

%

a. What activities are subcontracted?

- b. Do all subcontractors have their own professional indemnity insurance? Yes No
- c. Does the Insured/will the Insured engage any subcontractors who:
- i. are natural persons not corporate entities: Yes No
 - ii. work under the Insured's direct control and supervision? Yes No
- If **YES**, is cover required for such subcontractors under the policy? Yes No
- If **YES**, do the gross fees/turnover declared in the table above include gross fees paid to such subcontractors? Yes No

If **NO**, please advise the gross annual fees paid to your subcontractors:

\$

6. Employee information

Employees by state:

NSW	ACT	QLD	VIC	TAS	SA	WA	NT	Overseas	Total

7. Risk management

1. Does the Insured maintain accurate and descriptive records of services rendered to each participant? Yes No
2. Is informed consent obtained from each participant and documented in their record? Yes No
3. Does the Insured have a written procedure for the reporting of incidents and adverse events? Yes No
4. What was the date of the Insured's latest NDIS audit?
5. Was there any part of the Insured's business which needed improvement as a result of this audit? Yes No

If **YES**, please provide details below:

8. Insurance history

1. Does the Insured currently hold professional indemnity and/or general liability insurance? Yes No

If **YES**, please provide details:

Insurer	Policy limit	Excess	Retroactive Date
	\$	\$	
	\$	\$	

2. Has the Insured ever had any application for professional indemnity and/or general liability insurance refused, or, had any medical malpractice insurance coverage rescinded or cancelled? Yes No

If **YES**, please provide details on a separate sheet.

Has the Insured, in respect of the risks to which this Proposal relates, ever:

3. Had an application for insurance declined, been refused renewal or had an insurance policy terminated? Yes No
4. Required an increased premium or imposed special conditions? Yes No
5. Been declined an insurance claim by the Insured or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? Yes No

If the Insured answered **YES** to any of the above questions, please give details below:

9. Claims experience

- Have any claims ever been made, or lawsuits been brought against the Insured? Yes No

- Is the Insured aware of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against them? Yes No

- Has the Insured ever been the subject of disciplinary action or investigation by any authority or regulator or professional body? Yes No

- Has the Insured ever been the subject of a criminal investigation or had criminal charges brought against them? For the purposes of this question, please disregard traffic or minor motor vehicle licensing offences? Yes No

If the Insured has answered **YES** to any of the questions in this section, please provide full details and the status of each claim, lawsuit, allegation or matter, including:

- the date of the claim, suit or allegation
- the date the Insured notified their previous insurers

- the name of the claimant(s) and the establishment(s)
- the allegations made against the Insured
- the amount claimed by the claimant(s)
- whether the status is outstanding or finalised
- the amounts paid for claims and defence costs to date

10. Limit of Indemnity required

Part A - Professional Indemnity

- a. \$1,000,000
- b. \$2,000,000
- c. \$5,000,000
- d. \$10,000,000
- e. Other:

Part B - General Liability

- a. \$5,000,000
- b. \$10,000,000
- c. \$20,000,000
- d. Other:

Declaration

Signing this Proposal form does not bind Solution or any insurer to enter into an insurance contract.

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to make this Proposal
- I have read and understood the Important Information section of this Proposal
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement
- I confirm that the statements and information in this Proposal are true and complete
- I understand all information requested in the Proposal is material
- I provide consent consistent with the Privacy Statement outlined in the Important Information section
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Proposal
- I acknowledge that, if a contract of insurance is entered into, this Proposal and any accompanying documents will form the basis of the contract

To be signed by the Insured for whom this insurance is intended for

Signature:

Name:

Position:

Date (DD/MM/YY)

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Next Level
Underwriting™

Any queries, please contact us

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