



#### **Brisbane**

Lvl 1, 99 Melbourne Street, South Brisbane QLD 4101  
PO Box 2780, Brisbane QLD 4001  
Ph: (07) 3237 8636 Fax: (07) 3237 8699

#### **Sydney**

Lvl 14, 100 Miller Street, North Sydney NSW 2060  
PO Box 6124, North Sydney NSW 2059  
Ph: (02) 8913 1740 Fax: (02) 8913 1799

#### **Melbourne**

8 Regina Street, Wheelers Hill VIC 3150  
Locked Bay 6009, Wheelers Hill VIC 3150  
Ph: (03) 9561 2066 Fax: (03) 9561 2099

[www.altiorachildcare.com.au](http://www.altiorachildcare.com.au)

## **What limits of cover do you need?**

Thank you for choosing to place your insurance through Altiora Childcare. Following is some information that may assist you to decide what limit of cover you need for Public Liability Insurance and Errors and Omissions.

### **Why do I need Public Liability Insurance?**

As a nanny, home based carer, babysitter, mothercraft nurse, mother's helper, house keeper/ nanny or aged care carer you could be held liable for personal injury or property damage. Imagine if a person was injured whilst in your care and became a paraplegic. The amount of this claim could be millions of dollars as the person would need to be compensated for the permanent effect such an injury will have on the rest of their life. Without Public Liability Insurance, the carer is left to pay the claim out of their own pocket and is likely to be in debt for the rest of their life.

Even with the best of intentions and the most diligent care, accidents can happen. Public Liability Insurance gives you the peace of mind of knowing that you are protected in the event that you are held legally liable for the injury or property damage.

### **Do I need Errors and Omissions Insurance?**

Errors and Omissions will cover you if someone sues you because they have suffered personal injury or property damage as a result of your professional advice. To be considered professional advice you must be paid to provide expert advice that a person may rely on to do something or not do something.

When considering if you need this type of cover, ask yourself what professional advice you could give to a parent about their child or an adult in your care that would cause the child/adult to be injured or their property to be damaged.

If you believe that you are being paid to provide professional advice that may result in the above then we recommend that you take out Errors and Omissions Insurance. If you believe you are being paid to provide professional advice that would cause someone to suffer a financial loss then we recommend you take out a separate Professional Indemnity policy. Errors and Omissions does not cover financial loss as a result of professional advice.

### **Arranging Cover**

We recommend that you download and read the policy wording and our Financial Services Guide before arranging cover. To arrange cover, please complete the following proposal and return to the applicable address above:

- Altiora Childcare Sydney looks after NSW and ACT
- Altiora Childcare Brisbane looks after QLD, NT and WA
- Altiora Childcare Melbourne looks after VIC, SA and TAS

Once we receive the completed proposal form we will submit your application to the Insurer for approval. Please note that the Insurer must approve your application before cover can commence. We will then send you your insurance documentation and invoice. If you have any questions, please contact our childcare insurance team to discuss.

Altiora Childcare is managed by Austcover Pty Ltd ABN: 46 073 425 662 AFS Licence No: 241799. We recommend Altiora Insurance Solutions Pty Ltd (AIS) as an insurance provider. As members of the same corporate group we may benefit from this recommendation as it improves the profit of the group.

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**Brisbane**

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 PO Box 2780, Brisbane QLD 4001  
 Ph: (07) 3237 8400 Fax: (07) 3237 8499

## HOME CARE BROADFORM LIABILITY PROPOSAL

**Period of Insurance**  to  At 4.00pm

**Important Notices**

**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 whether to accept the risk of 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 his 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.

**PREVENTING OUR RIGHT OF RECOVERY**

Where another person is liable to compensate You for any loss, damage or liability which is covered by this Policy but You have agreed not to seek recovery of any monies from that person, we will not cover You under this policy for that loss, damage or liability.

**PRIVACY**

We are committed to protecting Your privacy. We only use the personal information You give us to quote on and insure Your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under Your policy.

We will not trade, sell or rent Your information.

If You don't give us complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the personal information we hold about You at any time.

If You give us personal information about anyone else, we rely on You to notify them:

- that You will give Your information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information You give us about someone else is sensitive, we rely on You to obtain their consent to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement.

For a full statement of our Privacy Policy, ask for a copy.

**Name of Insured**  
(incl. all Subsidiary Companies)

**Postal Address**

  


**Suburb / City**

**State**

**Postcode**

**ABN**

**Taxable (GST Input)**

 %

**Are You Stamp Duty Exempt? (If yes, please attach a copy of the exemption certificate)**

Yes  No

<b>Your Contact Details</b>	Name			
	Private Phone	( )	Business Phone	( )
	Facsimile	( )	Mobile	
	Email			

Website:  Years in Business

**Business Premises (if insufficient room continue on a separate sheet)**  
 1.  State  Postcode

Interested Parties

Above Parties Interest

Limit of Liability Required  \$5,000,000 Sum Insured  \$10,000,000 Sum Insured  \$20,000,000 Sum Insured

Additional Covers Errors & Omissions  \$1,000,000 Sum Insured  \$2,000,000 Sum Insured

\$5,000,000 Sum Insured

Criminal Defence  \$50,000 Sum Insured

Please describe Your Business Activities  Nanny  Babysitter  Mother's Helper  Aged Carer

Home Based Carer  Mothercraft Nurse  Housekeeper/Nanny

Operation Hours / Days

**Underwriting Information**

Is Your Annual Gross Turnover more than \$80,000?  Yes  No

Do You have suitable first aid equipment?  Yes  No

Are You appropriately trained in its application?  Yes  No

Are You required to administer pre-dispensed medicine, e.g. Insulin, Epipen, Ritalin?  Yes  No

Are You appropriately trained in the correct application of pre-dispensed medicines?  Yes  No

What is the age range of the care recipients?

What is the maximum number of care recipients?

Do You provide excursions and day trips?  Yes  No

Destination	Duration	No. of Participants

If Yes, please advise:

**Insurance Declaration and Claims History**

Your Current Insurer  Expiry Date

Have You or any other party noted as the Named Insured ever had insurance refused or cancelled or has any Insurer ever imposed special terms, conditions or restrictions on Your policies?  Yes  No

If Yes, please provide full details (if insufficient room continue on a separate sheet)

Detail all insurance claims made in the last five years. Please include dates and amounts (if insufficient room continue on a separate sheet)

Are You aware of any uninsured losses or unreported incidents that may give rise to a claim? (if insufficient room continue on a separate sheet)

- a) **Has there been, or is there now pending, any action, litigation or other proceedings (Criminal or Civil) against any proposed Insured Person, in their capacity as a director, officer, secretary, board or committee member or employee of either the Named Insured or any other company, organisation, association or trust?**  Yes  No
- b) **Has there been or is there now pending any investigation, examination, inquiry or other proceedings in relation to the affairs of the Named Insured?**  Yes  No
- c) **Do any circumstances exist that may give rise to any event described under a) or b) above?**  Yes  No
- d) **Have You or any partner(s), board or committee member(s) of the business ever been declared bankrupt?**  Yes  No
- e) **Have You or any partner(s), board or committee member(s) of the business ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?**  Yes  No

If You have answered "Yes" to part a), b), c), d) or e) above, please supply details.

Please check Your proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in Your own handwriting.

### Declaration

I acknowledge that:

- 1) I have read and understood the Important Information set out in the Proposal and I/we are authorised to make this proposal.
- 2) All information given on this Proposal and any attachment is true and correct.
- 3) The insurance contract will not commence until the premium is paid.
- 4) The Insurer reserves the right to vary the premium and/or the policy terms and conditions on receipt of the completed proposal form.
- 5) Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Altiora Insurance Solutions of any change in the particulars or statements contained in this proposal or in any attachments.
- 6) Although the signing of this proposal does not bind the Insurer or the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued.
- 7) The Proposal and attachments will be incorporated in the Policy.

I/We declare that the above answers are true to the best of My/Our knowledge and belief and that all material facts which may affect the assessment of the risk have been disclosed.

I/We agree that this proposal is for insurance in the standard terms and conditions of the Insurer's policy and will be the basis of the contract.

Your Signature:

Your Name:

Date:

Your Title: