

ASSOCIATION LIABILITY PROPOSAL

Level 5, 97-99 Bathurst Street, Sydney NSW 2000
PO Box A2016, Sydney South NSW 1235
Phone: (02) 9307 6600
Fax: (02) 9307 6699

HOSTSURE
UNDERWRITING AGENCY

IMPORTANT INFORMATION

BINDER AGREEMENT

The contract of insurance is arranged by Hostsure Underwriting Agency Pty Ltd (ABN 44 108 154 829, AFSL 268726) ('Hostsure') acting under a binding authority as agent for the Insurer, certain Underwriters at Lloyd's. Hostsure does not act as Your agent.

YOUR 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.

You are not required 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.

PRIVACY STATEMENT

In this privacy statement the use of 'We', 'Us' and 'Our' means the Underwriters and Hostsure unless specified otherwise.

The privacy statement set out below refers to Hostsure's Privacy Policy in dealing with Your information and processing of Your Policy. This will differ from the privacy policy of Your broker as set out on their website.

We are committed to protecting Your privacy. We are bound by the obligations of the *Privacy Act 1988* (Cth). This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

We need to collect, use and disclose Your personal information (which may include sensitive information) in order to consider Your application for insurance and to provide the cover You have chosen, administer the insurance and assess any Claim. You can choose not to provide Us with some of the details or all of Your personal information, but this may affect Our ability to provide the cover, administer the insurance or assess a Claim.

The primary purpose for Our collection and use of Your personal information is to enable Us to provide insurance services to You.

Personal information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from Your insurance intermediary or co-insureds). If You provide personal information for another person

You represent to Us that:

- You have the authority from them to do so and it is as if they provided it to Us;
- You have made them aware that You will or may provide their personal information to Us, the types of third parties We may provide it to, the relevant purposes We and the third parties We disclose it to will use it for, and how they can access it. If it is sensitive information We rely on You to have obtained their consent on these matters. If You have not done or will not do either of these things, You must tell Us before You provide the relevant information.

We may disclose the personal information We collect to third parties who assist Us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia. In all instances where personal information may be disclosed to third parties who may be located overseas, We will take reasonable measures to ensure that the overseas recipient holds and uses Your personal information in accordance with the consent provided by You and in accordance with Our obligations under the *Privacy Act 1988* (Cth).

In dealing with Us, You consent to Us using and disclosing Your personal information as set out in this statement. This consent remains valid unless You alter or revoke it by giving written notice to Hostsure's Privacy Officer. However, should You choose to withdraw Your consent, We may not be able to provide insurance services to You.

Hostsure's Privacy Policy which is available at www.hostsure.com.au or by calling Hostsure, sets out how:

- Hostsure protects Your personal information;
- You may access Your personal information;
- You may correct Your personal information held by Us;
- You may complain about a breach of the *Privacy Act 1988* (Cth) or Australian Privacy Principles and how Hostsure will deal with such a complaint.

If You would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Our designated Privacy Officer by:

Postal address: PO Box A2016, Sydney South NSW 1235

Phone: +61 2 9307 6656

Fax: +61 2 9307 6699

Email: privacyofficer@steadfastagencies.com.au

You can download a copy of Hostsure's Privacy Policy by visiting www.hostsure.com.au

DEFINED TERMS

We have capitalised words with special meaning wherever they appear in the Proposal, to show that those words have a particular defined meaning. These words are defined in the Definitions and Interpretations section of the Policy.

All questions are to be answered. If there is insufficient space, please attach additional information to this form.

APPLICANT DETAILS

Name of Insured (incl. all subsidiary companies)							
Postal address							
Suburb / city			State	Postcode			
	ABN		Taxable (GST input)		%		
Is Your Business registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are You an incorporated association or other Outside Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Policy Period	(DD/MM/YYYY) to			(DD/MM/YYYY) at 4.00 pm			
Your contact details	Name						
	Private phone			Business phone			
	Fax number			Mobile			
	Email						
	Website					Years in Business	
Business premises (If insufficient room continue on a separate sheet)	1.						
			State		Postcode		
	2.						
			State		Postcode		
	3.						
			State		Postcode		
	4.						
			State		Postcode		
	5.						
			State		Postcode		
Indemnity Limit	<input type="checkbox"/> \$1,000,000 sum insured		<input type="checkbox"/> \$2,000,000 sum insured				
	<input type="checkbox"/> \$5,000,000 sum insured		<input type="checkbox"/> \$10,000,000 sum insured				
Please describe Your Business activities including Professional Services provided							
Operation hours / days							

UNDERWRITING INFORMATION

Please provide Your actual total turnover for the previous financial year.					\$			
Please provide Your estimated total turnover for the current financial year.					\$			
Please provide details of staff Members / volunteers per state.	ACT		NSW		NT		QLD	
	SA		TAS		VIC		WA	
Are You stamp duty exempt? If "Yes", please attach a copy of the exemption certificate.					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do You require cover for Claims arising out of the actual or alleged insolvency of the organisation? If "Yes", please provide a copy of Your financial statements which have been audited or reviewed by an external accountant in the last twelve (12) months.					<input type="checkbox"/> Yes <input type="checkbox"/> No			

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? If "Yes", please provide full details. (If insufficient room continue on a separate sheet)			<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 5 years, have there been any Claims made against the organisation or its Office Bearers which may have been covered under this Policy if it were in force? If "Yes", please provide full details. (If insufficient room continue on a separate sheet)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any Office Bearers of the organisation ever had proceedings (civil or criminal) instigated against them alleging misconduct or breaches of the law in their capacity as an Office Bearer of an organisation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last five (5) years, has the organisation suffered any direct financial loss exceeding \$5,000 as a result of fraud or dishonesty committed by a staff Member(s) or volunteer? If "Yes", please provide full details. (If insufficient room continue on a separate sheet)			<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of the Office Bearers of the organisation aware of any facts which might give rise to a Claim being made against the organisation or its Office Bearers or Employees or volunteers which may be covered under this Policy if it commences? If "Yes", please provide full details. (If insufficient room continue on a separate sheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the Office Bearers of the organisation aware of any facts which would cause a reasonable person to think that the organisation may suffer direct financial loss as a result of fraud or dishonesty committed by a staff Member(s) or volunteer? If "Yes", please provide full details. (If insufficient room continue on a separate sheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CHECK YOUR PROPOSAL CAREFULLY BEFORE SIGNING THE DECLARATION BELOW.

DECLARATION

I / We declare that:

- 1) I have read and understood my duty of disclosure and the privacy statement contained in the Important Information section set out in the Proposal.
- 2) I confirm that I am authorised by the organisation and its Office Bearers to complete, sign and submit this Proposal on behalf of the organisation and its Office Bearers.
- 3) I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.
- 4) I understand that up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Hostsure Underwriting Agency of any change in the particulars or statements contained in this Proposal or in any attachments.
- 5) I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- 6) I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract should a Policy be issued.
- 7) I further acknowledge that Hostsure Underwriting Agency on behalf of the Insurer may decline this Proposal.
- 8) I consent to Hostsure Underwriting Agency and the Insurer collecting, using and disclosing personal information as set out in the privacy statement. Where I have provided personal information on behalf of another person I have complied with my obligations as set out in the privacy statement.
- 9) I understand that this insurance does not operate until Hostsure issues the Schedule and the premium has been paid (except for any cover provided under an interim insurance contract).
- 10) I understand that the Insurer reserves the right to vary the premium and / or the Policy terms and conditions on receipt of the completed Proposal.

Your signature _____ Your name _____

Date _____ Your title _____