

THE APPLICANT(S)

Company/Trading Name

Contact Name

Tax Status Registered Business Yes No ABN Taxable %

Contact Numbers Business Mobile Fax

Business/Postal Address

Suburb State Postcode

Email Address

Policy Inception Date / / for 12 Months

Please note the policy will start from either the date above or the date the proposal form is received by our office, whichever is the later. It will be renewed automatically upon expiry unless written notification is sent to our office to advise that the policy is not required.

BUSINESS DESCRIPTION

Coordination Unit	Registered Family Day Care Unit providing training & monitoring	
Agency (Booking Fee Only)	Agency offering services to families for a booking/placement fee only	
Agency (Full Payment)	Agency offering services to families who receive full payment then pay the carers	

Please list the services you provide/type of carers & Percentage of work for each (Must Equal 100%)

Services	Percentage%	Services	Percentage%
Nanny / Mothers Helper		Aged Care	
Babysitter		Registered Nurse	
Au Pair		Domestic Cleaner/Caterer/Cook	
House Keeper		Mothercraft Nurse	
Home Based Care / Family Day Care		Doula	
Home & Community Care (For Disabled, Injured, Ill Adults)		Other (Please Describe)	

UNDERWRITING INFORMATION

Estimated Annual Turnover (Gross Income before Expenses)

Number of Employees: Managerial /Clerical Casual Carers Full Time Carers

Estimated Wages: Managerial /Clerical Casual Carers Full Time Carers

Number of Contractors/Sub-Contractors

Estimated payments to each Contractor/Sub-Contractor

- Average Hours worked per week
- Hourly Rate

Calculate - Average Hours x Hourly Rate x No. Contractors x 52 weeks = Total Payments to Contractors

Do the families pay your Agency/Coordination Unit directly or do the carers receive the payment?

COVER REQUIRED

Coordination Unit / Agency covering employees	Business activities of a coordination unit/agency covering all employees but no contractors/sub-contractors (Please ensure all Contractors/Sub-Contractors have their own insurance). We recommend you contact QBE Workers Compensation to obtain a policy.	
Agency covering Office Risk Only	Business activities of an Agency Office not covering employees or contractors/sub-contractors for work done on behalf of the Agency. (Please ensure all Contractors/Sub-Contractors have their own insurance)	
Agency covering Office Risk extending cover for the owner	Business activities of an Agency Office not covering employees or contractors/sub-contractors for work done on behalf of the Agency except the owner of the business. (Please ensure all Contractors/Sub-Contractors have their own insurance)	
Agency covering all Contractors/Sub Contractors & Employees	Business Activities of an Agency extending to cover all employees, contractors/sub-contractors for work done from the Agencies referral. We will require a listing every quarter of all carers who have done work on behalf of the Agency.	

Only complete the sections below if you would like a quotation for that policy otherwise go to the next section

SECTION 1	Public & Products Liability	Legal costs & expenses in the event you are found negligent for personal injury or property damage to a third party.
SECTION 2	Office Package	Property - Damage to assets caused by fire and nominated perils – excluding flood. Burglary - Theft of property following break & enter Glass - Damage to fixed glass Money - Loss of damage to cash, cheques and negotiable instruments Electronic Equipment / Machinery Breakdown - Repair costs incurred following breakdown of equipment, including Business Interruption Business Interruption - Loss of trading income and increased expenses due to damage to fixed assets
SECTION 3	General Property Statutory Liability Tax Audit	Loss and/or damage to laptops and other portable equipment whilst away from the insured premises., Anywhere within Australia Provides protection to companies and individuals against liability for statutory fines and penalties that result from a breach of legislation. Expenses due to unexpected tax audit
SECTION 4	Professional Indemnity Management Liability Workers Compensation	Breach of duty arising from the professional activities of the Insured. Protects the individuals and company in relation to the exposures associated with managing a company Injury to employees/contractors as per State Legislation

SECTION 1 - PUBLIC & PRODUCTS LIABILITY (Please select only one)

\$10,000,000 Public & Products Liability \$100,000 Goods in your Physical & Legal Control \$250 Excess

\$20,000,000 Public & Products Liability \$100,000 Goods in your Physical & Legal Control \$250 Excess

SECTION 2 - OFFICE PACKAGE (If cover is not required please go to the next section)

Property - Your Premises

No	Address	Construction (eg Brick/Tile/Concrete)			
		Age	Walls	Roof	Floor
1					
2					
3					

Security & Fire Protection

No	Security (Y or N)				Fire Protection (Y or N)	
	Deadlocks	Key Window Locks	Local Alarm	Monitored Alarm	Sprinklers	Smoke Detectors
1						
2						
3						

Schedule of Assets – Sums Insured

No	Buildings	Contents (Including Stock)	Property in Open Air
1			
2			
3			

Other Sections – Sums Insured

No	Burglary Sum Insured	Glass Cover Y / N	Money Cover Sum Insured	Electronic Equipment Breakdown/Data Media	Machinery Breakdown
1					
2					
3					

Business Interruption

No	Gross Profit (inc Rental Income)	Loss of Wages	Outstanding Accounts Receivable	Additional increased Cost of Working	Claims Preparation Costs
1					
2					
3					

Indemnity Period 12 Months 18 Months 24 Months

SECTION 3 - ADDITIONAL EXTENSIONS

General Property: List the Items you would like covered below.

No	Description	Serial No	Sum Insured
1			
2			
3			

Statutory Liability Sum Insured \$250,000 \$500,000

Tax Audit Sum Insured \$5,000 \$10,000 \$20,000 \$50,000

SECTION 4 - OTHER POLICIES

Please note we may require additional information in order to provide quotations for the following covers. If you select any of the following we will be in contact shortly to discuss your requirements.

Professional Indemnity

Workers Compensation

Management Liability

GENERAL INFORMATION

1. Have you in the last 5 years

- | | | |
|---|-----|----|
| a. Had any claims made against you (whether insured or not)? | Yes | No |
| b. Had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or special excess imposed by an Insurer? | Yes | No |
| c. Suffered any loss or damage which would have been covered by the proposed insurance policy? | Yes | No |

2. Have you or your partner(s) or director(s) of the business:

- | | | |
|--|-----|----|
| a. Ever been declared Bankrupt? | Yes | No |
| b. Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration eg- Liquidation or Receivership? | Yes | No |
| c. Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? | Yes | No |
| d. Been liable for any civil offence or pecuniary penalty (exceeding \$5,000) ? | Yes | No |

If you have answered “Yes” to any of the above questions, please give details below.

DUTY OF DISCLOSURE

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to the Insurers decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with Insurers, that is, before we accept your proposal and also, prior to each instance you alter or renew the Policy. Each person named as the Insured has the same duty.

Penalty for Non Disclosure: If you do not tell us everything necessary, Insurers may reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, Insurers may invalidate the Policy from its beginning and not be bound by the policy.

You don't need to tell us anything which: reduces the risk; is common knowledge; we already know, or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

PRIVACY NOTICE

We value your privacy. Our Privacy Policy sets out how we collect disclose and handle personal information under the Privacy Act and the Australian Privacy Principals. By providing us such information you consent to these practices unless you tell us otherwise. Our Privacy policy is available at www.finsura.com.au or by contacting us on 02 9899 2999.

DECLARATION, AUTHORITY & SIGNATURE

All answers and statements made in this application are true and accurate in every respect and no information which is likely to affect our decision about accepting this insurance has been withheld.

Applicants Signature	Name	Date	/	/
Referred By -	Platinum Insurance			
	Australian Nanny Association	Please provide your membership number		

PAYMENT OPTIONS - Direct Debit via Bank Account or Credit Card

Annual Payment

12 Monthly Instalments

Once the application form is completed and returned to our office, we will be in contact with you shortly with a quotation.

NannySure is a product of Finsura Insurance Broking (Australia) Pty Limited
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