

Chubb Abuse Liability

Proposal Form

Completing the Proposal Form

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The term Insured, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the Insured for which coverage is proposed under this proposal or in the policy.

Some sections of the application will not apply to your firm. Where this is the case, please mark “not applicable (N/A)”.

1. General Information

Proposed period of insurance:	From		To		at 4pm, local time
Name of Insured:					
Head office address:					
ABN:					
Year commenced business:					
Please provide a detailed business description of your full operations:					

2. Limit of Liability

Tick the Limit of Liability requirement for the sexual abuse extension:

<input type="checkbox"/> 100k	<input type="checkbox"/> 250k	<input type="checkbox"/> 500k	<input type="checkbox"/> 1m	<input type="checkbox"/> Other	\$
Self Insured Retention:					
<input type="checkbox"/> 5k	<input type="checkbox"/> 10k	<input type="checkbox"/> 25k	<input type="checkbox"/> 50k	<input type="checkbox"/> Other	\$

3. General Operations

Please check each that describes your current and/or planned operations / business:

<input type="checkbox"/>	Religious Institutions
<input type="checkbox"/>	Child Care Providers (such as day care centre, babysitting services, crèches, child minding, nurseries or kids clubs)
<input type="checkbox"/>	Home Health Care
<input type="checkbox"/>	Schools / Educational Institutions including colleges and universities
<input type="checkbox"/>	Membership and cultural institutions including camps, sports, recreation and enrichment activities for youth, elderly or for any vulnerable adults that are directed or controlled by the Insured
<input type="checkbox"/>	Adoption Agencies, foster care and group homes

3. General Operations *continued*

Please check each that describes your current and/or planned operations / business:

<input type="checkbox"/>	Local municipalities that run programs for children or the elderly
<input type="checkbox"/>	Correctional Facilities
<input type="checkbox"/>	Entertainment Institutions
<input type="checkbox"/>	Children Entertainers
<input type="checkbox"/>	Hospitals
<input type="checkbox"/>	Prisons
<input type="checkbox"/>	Other organizations whose principal purpose is to care for, assist or work directly with children/minors, the elderly or otherwise vulnerable persons

Total number of Clients under supervision:

Breakdown of services provided to clients by age banding as a percentage (%):

0-10 years	%	11-18 years	%	19-65 years	%	65+ years	%
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Do you provide services in an unsupervised environment which could involve one on one interaction?

Yes No

If "Yes", detail the measures taken to identify and prevent and possible inappropriate activity:

Do you provide services which include overnight activities?

Yes No

If "Yes", detail the measures taken to manage contact between clients and contact between employees / volunteers:

4. Protection Policy

Do you have a written "Client Protection Policy" to guard against abuse by any person employed by you, contracted by you or volunteering for you?

Yes No

If the answer is "No", to this question, please advise why such a policy has not been developed and implemented:

When was the policy implemented?

When was the policy last reviewed and updated?

Is each applicant, volunteer or contractor where the position involves working with children or vulnerable adults have prior employer references checks?

Yes No

Is this recorded in the applicants file?

Yes No

Are all new employees, volunteers and contractors checked for any criminal conviction regarding working with children?

Yes No

4. Protection Policy *continued*

Do your recruitment and/or volunteer policies include Personal References?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you prohibit the employment or engagement of any person from working in your organisation if they have prior convictions relating to violent or sexually related offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you comply with all relevant state child vulnerable person protection legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide or facilitate formal/refresher training on the policy to ensure compliance to current legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you prohibit the employment or engagement of any person from working in your organisation if they have prior convictions relating to violent or sexually related offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a documented Code of Conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Reporting Procedures and Documentation

Do you have a breach register / incident register / complaints register? <i>(if Yes, please provide a copy of that document)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", where and how is this information recorded, maintained and retained:

OR

Do you have written procedures to follow if a child, client, member, or employee reports an incident of sexual or physical abuse or molestation? <i>Please provide copies.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Who is appointed to investigate any reported incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please detail:

Is there a documented reporting process with escalating procedures (See below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", please provide / attach any details:

Is there an anonymous help / hot line for reporting - what is the returned reporting procedure once an event is notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a documented procedure for dealing with complaints including whistleblowing? <i>If "Yes", please provide a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Claims

Have you had any insured or uninsured losses over the last five years that would have been covered under the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide updated claims experience for 5 years on Insurers letterhead.

Details to be included:

- Incident date
- Description
- Outstanding (\$)
- Amount Paid (\$)
- Deductible (\$)
- Remedial action initiated

Are you aware of any circumstance, which may be expected to result in a claim or an allegation being made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", please detail:

False Information

Before you enter into a contract of general insurance with us, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose to us every matter you know, or could reasonably be expected to know, is relevant to our decision whether to insure you and, if so, on what terms.

This applies to all persons to be covered under this contract of insurance.

Any person who, knowingly and with the intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Duty of Disclosure

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.

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.

Declaration

1. (I/We) have read the Important Notices at the head of this Proposal.
2. (I/We) declare that the answers above are true and correct and I/We have discharged my/our duty of disclosure.
3. (I/We) agree that the person completing this Proposal wholly or in part does so as my/our agent and not that of Chubb Insurance Australia Limited.

Date	
Proposer's Signature:	
Title:	
Name:	

Please attach copies of your standard contracts or agreements.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to insure and consumers purchasing travel insurance. With five branches and more than 800 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

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