

Horsell International Pty Limited ABN 65 003 922 487 arranges the insurance and Vero Insurance Limited ABN 48 005 297 807 issues the insurance.

## Important Facts Relating To This Proposal Form

You should read the following advice before proceeding to complete this proposal form.

### 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 any 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 its liability under the contract in respect of a claim, refuse to pay the 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.

### Claims Made and Notified Basis of Coverage

Some sections of the Aged Care Facility Insurance policy are issued on a 'Claims made and notified' basis.

This means that these sections respond to:

- a) claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- b) written notification of facts pursuant to section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the expiry of the policy period. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, section 40(3) of the Insurance Contracts Act 1984 is set out below:

"S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of insurance cover provided by the contract."

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period.

An exception to this is under the Extended Reporting Period extension. If an extended reporting period is purchased as provided for in the extension, then some cover for new notification of claims or facts is available.

### Retroactive Date

Under the 'Claims made and notified' sections of the Aged Care Facility Insurance policy you will not be entitled to indemnity in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

### Preservation of Rights Recovery

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the Insured entering into a deed or agreement excluding, limiting or delaying the legal rights of recovery against another.

### Privacy Statement

The Privacy Act 1988 (Cth) (as amended) requires us to inform you that:

#### Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purposes of:

- identifying you when you do business with us;
- establishing your requirements and providing you with the appropriate product or service including evaluating your application for insurance and any request for amendment to any insurance provided;
- setting up, issuing, administering and managing the insurance provided following acceptance of an application;
- assessing and investigating and, if covered, managing claims made in relation to any insurance you have with us or other companies within the Suncorp group; and
- understanding your needs and improving our financial products and services, including training and developing our staff and representatives.

We may use and disclose your personal information for a secondary purpose related to those purposes listed above, where you would reasonably expect us to sue or disclose your personal information for that secondary purpose. In the case of sensitive information, any secondary purpose, use or disclosure will be directly related to the purposes listed above.

#### Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- other companies within the Suncorp group;
- intermediaries including your agent, adviser, a broker, a representative acting on your behalf, other Australian Financial Services Licensees or our authorised representatives and our agents;
- government bodies, law enforcement or statutory bodies, other insurance companies, reinsurers, financial institutions, insurance and claims reference providers, credit agencies, loss assessors, financiers or investigative service providers;
- mailing houses, customer research organisations;
- legal and other professional advisers; and
- other service providers, hospitals, medical and health professionals.

#### Marketing purposes

We would like to use and disclose your personal information to keep you up to date with the range of products and services available from Suncorp. Generally, our companies in the Suncorp group will use and disclose your personal information for Suncorp's marketing purposes.

We may also use your personal information for the purpose of marketing other products and services of third parties we think may be of interest to you. If you do not want us to use and disclose your personal information for the purpose of marketing products and services to you, you should contact us and tell us. Contact us on the details provided under the heading 'Access' below.

### **Disclosure of personal information overseas**

Our business is trans-Tasman and therefore we will have instances where for the purposes detailed above we may send your personal information to other companies in Suncorp who are in either in Australia or New Zealand. There are also other instances where we may have to send your personal information overseas or collect personal information from overseas. These instances include:

- when you have asked us to do so;
- when we are authorised or required by law to do so;
- when we have outsourced a business activity or function to an overseas service provider with whom we have a contractual arrangement;
- certain electronic transactions; or
- it is necessary in order to facilitate a transaction on your behalf.

### **Consequences if information is not provided**

If you do not provide us with the information we need we will be unable to administer your policy or manage any claim under your policy.

### **Access**

You can request access to the personal information we hold about you by contacting Vero at this address: Vero Profin, Locked Bag 25, Australia Square Post Office, NSW 1215. If we deny your request for access, we will tell you why.

### **Privacy Statement Issued**

Vero Insurance Limited – registered office Level 18, 36 Wickham Terrace, Brisbane, Queensland 4000.

## **General Insurance Code of Practice**

Vero Insurance Limited (Vero) has adopted the General Insurance Code of Practice which has been developed by the Insurance Council of Australia. The Code is designed to promote good relations and good insurance practice between insurers, intermediaries and consumers. The Code sets out what insurers must do when dealing with policyholders/the insured. Please contact Vero for more information about the Code, if required.

## **Our Complaints Handling Procedures**

### **Resolving your complaints**

If you think we have let you down in any way, or our service is not what you expect (even if through one of our agents or representatives), please tell us so we can help. You can tell us by phone, in writing or in person.

Should you tell us in writing it will help to send us the full details of your complaint together with any supporting documents and an explanation of what you want us to do. If you would like to come in to talk to us face to face, please call and we will arrange an appointment for a meeting.

### **What we will do to resolve your complaint**

When you first let us know about your complaint or concern the person trying to resolve your complaint will listen to you, consider the facts and contact you to resolve your complaint as soon as possible, usually within 24 hours.

If you are not satisfied with this person's decision on your complaint, then it will be referred to the relevant Operational Manager, who will contact you within 5 working days.

Should you not be satisfied with the Operational Manager's decision, then it will be referred to the General Manager (or their delegate). We will send you our final decision within 15 working days from the date you first made your complaint.

### **What if you are not satisfied with our final decision?**

We expect our procedures will deal fairly and promptly with your complaint. However if you are not satisfied with our final decision there are external dispute remedies such as mediation, arbitration or legal action.

## **Broker acting as agent of insurer**

In effecting this contract of insurance the broker will be acting under an authority given to it by the Insurer and the broker will be effecting the contract as agent of the Insurer and not the Insured.

## **Guidelines to help you complete this Proposal Form**

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. If completing this Proposal Form electronically then when you have completed it, print it out and manually sign the declaration. If there is insufficient space to provide your answers, the additional space at the end of the form can be used. Enter dates as dd-mmm-yyyy eg 04 Jan 2009.
3. If completing this Proposal Form manually, where the space provided is insufficient for your replies, please use the additional space at the end of the form or provide by way of a separate attachment to the form.
4. Reference to Insured in this Proposal Form means:
  - the company; and
  - the past and/or present employees, sole practitioners, partners or directors of the company; and
  - trustee of a corporate superannuation fund (excluding any industry, master or self managed superannuation fund) established for the benefit of employees of the company.
5. Reference to company in this Proposal Form means the entity or entities named in question 1 and includes subsidiaries.
6. Reference to "North America" in this Proposal Form means the United States of America and Canada and their respective territories and protectorates.

## 1 – General Details

a) Name of company (state all entities to be insured and all subsidiary companies)

	ABN: <input style="width: 90%;" type="text"/>
	ABN: <input style="width: 90%;" type="text"/>

b) Business Telephone

 ( )

Business Fax

 ( )

Mobile

 ( )

c) Email Address

d) Address of Principal Office

	State	Postcode
--	-------	----------

e) Location/s of premises occupied for the purpose of conducting the Insured's aged care business

Address / Location	Owned or Leased	Purpose Built
	Owned <input type="checkbox"/> / Leased <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Owned <input type="checkbox"/> / Leased <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Owned <input type="checkbox"/> / Leased <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Owned <input type="checkbox"/> / Leased <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>

f) Please list other land holdings or properties owned but not occupied by the Insured

Address / Location	Land or Building	Occupied as
	Land <input type="checkbox"/> / Building <input type="checkbox"/>	
	Land <input type="checkbox"/> / Building <input type="checkbox"/>	
	Land <input type="checkbox"/> / Building <input type="checkbox"/>	
	Land <input type="checkbox"/> / Building <input type="checkbox"/>	

g) Are all the buildings noted in question 1 in good repair and do they comply with Council and Fire Brigade Regulations

**If "no," Please provide details of upgrades required.**

Yes  No

h) Date company commenced / established

 / /

If the business is less than five years old then please attach details of the principals', directors' or partners' relevant experience or resumes.

i) What type of organisation is the company ? (tick as applicable)

Public company  
  Proprietary company  
  Company limited by guarantee  
  Not-for-profit  
  Unincorporated entity

## 2 – Accreditation Details

a) Is the Insured an approved provider as detailed in Part 2.1, Division 8 of the Aged Care Act 1997 and does it currently hold and meet accreditation requirements as detailed in Part 3.1, Division 42 of the Aged Care Act 1997?

Yes  No

b) Has the Insured ever had its accreditation under the Aged Care Act 1997 declined, suspended, cancelled or had any specific sanctions or conditions imposed in relation to its accreditation?

Yes  No

If Yes, please provide details

## 3 – Activities

a) State the type of aged care facility the Insured operates, e.g. nursing home, aged care hostel, independent living units.

b) State the nature of the professional services that the Insured provides (tick as applicable):

aged care nursing services  
  residential care (including domestic help and personal care)  
 day therapy services (providing rehabilitation services such as podiatry, physiotherapy, hydrotherapy, occupational therapy, speech and beauty therapy)  
  aged and personal care administration services  
  Other

If the Insured conducts any professional services other than specified above for which cover is required, please detail in space provided below to enable these activities to be considered.

#### 4 – Facility Bed Classifications

Please state the number of beds/units in each of the following categories:

a) High Care (Nursing Home Beds)	<input type="text"/>	b) Low Care (Hostel beds)	<input type="text"/>	
c) Independent living Units (Including Self Care units)	<input type="text"/>	d) Other (Please specify e.g. intellectual disability, accident victims)	<input type="text"/>	Total <input type="text"/>

#### 5 – Overseas Activities

Does the Insured conduct business, have representation, own assets in or derive revenue from outside Australia? (Representation includes subsidiary companies, local offices, local representation by any person or concern holding a power of attorney on behalf of the company or its subsidiaries) Yes  No

If Yes, please provide details, including countries.

#### 6 – Employees, revenue, assets and contractors

a) Please state the company's and its subsidiary companies' employees, revenue and assets as follows:

FTE employees	Total revenue	Total assets	Net assets
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

b) Please give details of persons engaged by the insured who are not employees:

	% of total workforce	Nature of work undertaken for the insured	Total annual payments
Contractors			
Labour hire personnel			
Apprentices indentured to another employer			

#### 7 – Stamp Duty

Please provide a percentage breakdown in revenue by location as follows. (If your insurances are stamp duty exempt please provide evidence of the exemption.)

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

#### 8 – Planned construction/renovation

a) Does the Insured intend to undertake any construction / renovation activity during the next twelve months? Yes  No

If 'Yes, please advise details, if "No" there is no need to answer questions b) - i)

b) Estimated total aggregate contract value of all works during policy period: \$

c) Date of commencement:  /  /  Date of completion:  /  /

d) Number of additional beds / units (if any) as a result of construction work:

Nursing Home  Retirement Village Units  Hostel / SRS Units  Other

e) Will the builders / project managers be contractually required to hold contract works liability cover with an authorised insurer noting the Insured's interest as principal? Yes  No

f) Will the Insured ensure that the contract works liability cover does not exclude injuries to any class of persons who may conceivably be brought on to the site (e.g. subcontracted tradesmen)? Yes  No

g) Rather than outsourcing construction, will the Insured be an owner builder / project manager? Yes  No

h) If Yes to g), will a separate liability insurance policy be purchased by the Insured to cover its liability arising out of these construction activities? Yes  No

i) Does the Insured obtain written confirmation that all providers of such activities hold separate public liability insurance noting the Insured's interest? Yes  No

#### 9 – Financial Position

a) Since the last annual report and accounts was issued, has there been any significant change in the financial position, capital structure or operation of the company which might materially affect the financial position in that annual report? Yes  No

- b) Are any of the directors or officers aware of facts or circumstances that might affect the ability of the company to meet all its debts as and when they fall due or to continue to trade as a going concern? Yes  No

If Yes to a or b, please provide details.

**Important Note: Insolvency Exclusion** - Please note that insolvency is an exception in the wording. Removal of this exception can be considered upon receipt of satisfactory financials. A copy of the most recent financial statements will be sought. To enable us to give consideration to removing the Insolvency Exclusion please provide the company's latest full consolidated annual report and accounts (or if consolidated accounts are not available, the annual report and accounts for each company) and the company's latest interim statement (if applicable).

### 10 – Mergers, takeovers and acquisitions

Has the company been involved in, or been the target of, any takeover, merger acquisition activity during the past five years; or, does the company have under consideration participation in any takeover, merger or acquisition activities, or, is there any reason to believe that the company may become the target of a takeover attempt? Yes  No

If Yes, please provide details

### 11 – Prior bankruptcy or insolvency

- a) Has any former or current director or officer of the company ever been declared a bankrupt? Yes  No
- b) Has any former or current director or officer of the company ever been a director or officer of an organisation placed in receivership, liquidation or provisional liquidation? Yes  No

If Yes to a or b, please provide details

### 12 – Outside Directorships

Do any of the directors, officers or employees of the company hold or have they held (at the specific request of the company) any outside directorships or positions of equivalent status in any outside entities (whether for or not for profit)? Yes  No

If Yes, please provide the following details for each outside entity for which Outside Directorship cover is required and attach the latest annual report for each outside entity.

If the latest annual report is not provided please note that an insolvency exclusion may apply in respect of that outside entity. This will be specified in the terms provided to you.

Outside Entity	Country of registration	Details of any Directors & Officers Insurance provided by the Outside Entity		
		Limit	Insurers	Policy number

### 13 – Human resources

- a) Does the Insured have a formal termination policy? Yes  No
- b) Has the Insured had a reduction in personnel affecting 20% or more of the workforce in a single location within the past 3 years and does the proposer anticipate any redundancies, staff reductions or facility closures in the next 18 months? Yes  No

If Yes, please provide details.

### 14 – Trustees

Is any director, officer or employee of the company currently a trustee of a corporate superannuation fund (excluding any industry, master or self managed superannuation fund) established for the benefit of employees of the Company? Yes  No

If Yes, please supply a copy of the financial statements of the fund.

### 15 – Fidelity

Other than directors, is any employee authorised to:

- a) issue a cheque or any other bank instruments as a sole signatory, or to authorise any payment in excess of \$5,000 without authorisation by a supervisor or manager? Yes  No
- b) process a refund to customers or accept any return of goods in excess of \$5,000 without authorisation by a supervisor or manager? Yes  No
- c) reconcile any bank account which that employee is authorised to deposit funds into or withdraw funds from? Yes  No

## 16 – Tax audit

- a) Has the company complied with all its statutory obligations and all requirements (including the payment of any amount) as required under any Commonwealth, State or Territory legislation, which are or may become the subject of a tax audit? Yes  No

If No, please provide details.

- b) Has the company in the past 12 months received any enquiry, or been subject to any audit by any Commonwealth, State or Territory department, body, agency or authority regarding any matter connected with any statutory obligation or requirement, which may be the subject of a tax audit? Yes  No

If Yes, please provide details.

- c) Has the company in the past 12 months been the subject of any enquiry or investigation by the Australian Taxation Office, which was aimed at determining the extent of the company's compliance with the record keeping requirements of any taxation legislation? Yes  No

If Yes, please provide details

## 17 – Optional Extension to cover Company Pecuniary Penalties

- Do you wish to purchase the Company Pecuniary Penalties Optional Extension? Yes  No

If Yes,

- a) indicate the sub-limit required: \$250,000  \$500,000
- b) in the past five years has the company had any fine or penalty or infringement notice (other than for traffic offences) imposed by any Federal, State, Territory or local government or other regulatory authority? Yes  No
- c) in the past five years have there been any incidents or circumstances which could give rise to a fine or penalty (other than for traffic offences) being imposed on the company by a Federal, State, Territory or local government or other regulatory authority? Yes  No

If Yes to b or c, please provide details

## 18 – Claims history

*For the purpose of answering this question, please note that reference to "company" includes all of its past and current subsidiaries.*

*"Risks of the kind to which this Proposal Form relates" means the risks covered by the following insurances: Directors and Officers, Company Reimbursement, Company Liability, Employment Practice Liability, Professional Indemnity, Superannuation Fund Trustees Liability and Fidelity.*

- a) Has any claim ever been made or civil, criminal or regulatory proceedings brought against the company or any director, officer or employee (whether as directors, officers or employees of the company or any other company or trustee), in respect of the risks of the kind to which this Proposal Form relates? Yes  No
- b) Has any director, officer, employee or trustee ever received a notice to attend an official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body or institution, in respect of the risks of the kind to which this Proposal Form relates? Yes  No
- c) During the last 5 years has the company suffered any loss as a result of any dishonest or fraudulent act of any employee, in respect of the risks of the kind to which this Proposal Form relates? Yes  No

If you answered Yes to any of the above questions, please provide full details using a separate sheet.

## 19 – Known circumstances

*For the purpose of answering this question, please note that reference to "company" includes all of its past and current subsidiary companies.*

**After enquiry**, are any of the Insured aware of any act, omission, conduct, fact, event, circumstance or matter which might reasonably be expected to:

- a) give rise to a claim or lead to civil or criminal proceedings against the company or any director, officer, employee or trustee? Yes  No
- b) result in the company or any director, officer, employee or trustee being required to attend an official investigation, examination, inquiry or other proceedings? Yes  No

If you answered Yes to any of the above questions, please provide full details using a separate sheet.

**It is agreed that if such facts, circumstances or situations exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.**



