



# 2017 Parents Association Essentials Insurance Package Application Form



## Your Contact Details

Name: \_\_\_\_\_

Principal Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

## About Your Association

Estimated no of: Students: \_\_\_\_\_ Volunteers: \_\_\_\_\_ Employees: \_\_\_\_\_

Please an estimate of your annual revenues from all activities:

General Fund Raising Activities \$ \_\_\_\_\_ Major Event / School Fete \$ \_\_\_\_\_

Canteen Activities \$ \_\_\_\_\_ Uniform Shop \$ \_\_\_\_\_

Parent Contribution / Fees \$ \_\_\_\_\_ Grants and Donations \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ TOTAL ANNUAL REVENUE \$ \_\_\_\_\_

## Details of Your Additional Activities

Does your association offer any of the following activities (Please tick those that apply):

- Out of School Hours Care (OOSH)  Tutoring / Adult Education  Infants Parents Club  
 After Hours or Vacation Care. If yes: Est No. of students  Any external activities?  
 Before and after school activities (band, music groups, sporting or other) \_\_\_\_\_

## The 2017 Parents Association Essentials Insurance Package

The Parents Association Essentials Package is designed to provide a primary level of protection for all associations including members of the P & C Federation and parent bodies from independent schools. The annual cost is \$700 inclusive of all charges (including GST). This applies for an association that has been claims free for the last 3 years.

If you are a P & C Federation member, you can elect to take the public liability coverage included in the Federation membership and insure all other covers under the Essentials Package for an annual cost of \$458.

Cover is still available for those associations with claims in the last 3 years. It is important however for us to obtain details of these claims and understand any risk mitigation you have put in place to prevent future losses. We may apply a higher deductible or additional premium depending on the details provided.

Some associations will have higher values to be insured or require additional cover for specific activities and/or higher limits of cover. The following options are available (costs indicated are inclusive of all charges and GST):

<p><b>Machinery Breakdown</b></p> <ul style="list-style-type: none"> <li>• Machinery breakdown \$5,000</li> <li>• Deterioration of stock (as a result of a breakdown of equipment) \$2,000</li> </ul> <p>Annual total cost \$275</p> <p>Cover required    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p><b>Voluntary Workers Motor Vehicle Excess</b></p> <p>Reimburses the excess paid by voluntary workers following an accident where a private vehicle is used on association business up to \$1,500</p> <p>Annual total cost \$75</p> <p>Cover required    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Additional Property Cover Above \$5,000</b></p> <p>Annual total cost per additional \$1,000 = \$13</p> <p>Additional Sum Insured \$ _____</p> <hr/> <p><b>Additional Money Cover Above \$2,000</b></p> <p>Annual total cost per additional \$1,000 = \$10</p> <p>Additional Sum Insured \$ _____</p> <hr/> <p><b>General Liability</b></p> <p>Include OOSH After Hours &amp; Vacation Care = \$140</p> <p>Cover required    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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**Your Insurance History**

Has your association made an insurance claims on any of your policies in the last 3 years?     Yes     No

If yes please provide details:

Type of Claim	Date	Amount	Details

**Is any officer, committee member and/or employee of the association aware of:**

- a) Any circumstances that may give rise to a claim under any policy     Yes     No
- b) Any potential action against the association or a member or volunteer     Yes     No
- c) Any employment dispute or alleged wrongdoing     Yes     No
- d) Any potential fraud or irregularity in your accounts or financial reports     Yes     No

**By signing this form we agree:**

- For you to arrange cover for the Parents Association Essentials Insurance Package and any additional covers outlined above with effect from 1 August 2016;
- That we are aware of our duty of disclosure as outlined in this application;
- To accept policy information, financial service guides and product disclosure statements and other disclosure information about my policies in electronic format.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return your completed application form to Healthy Kids Association | Fax: 9876 1471**  
**Email: info@healthy-kids.com.au | Post to: Suite 1.02, 38 Oxley St, St Leonards NSW 2065**

**Duty of Disclosure**  
Under insurance law, you are required to tell us anything you know that may affect our decision to accept your insurance. You must tell us these things before we issue cover, and whenever you renew, extend, vary or reinstate a policy of insurance. If you do not disclose all relevant information, or if you misrepresent the facts, then the insurer may be entitled to cancel the policy, reduce or refuse to pay a claim or treat the policy as having never existed.

**Claims Made Insurances (Applicable to the Association Liability Policy)**  
A Claims Made policy covers you for claims or circumstances, which may give rise to a claim, reported to the Insurer while the policy is in force. If you become aware of a claim or circumstance that could give rise to a claim in the future, you need to notify us in writing immediately. If you become aware of a claim/ circumstance and you do not notify us during the policy period, you could be left uninsured or facing a reduced payout in

respect of that claim or any future claim. Once the policy has expired you are not covered, except for claims and "circumstances" notified before expiry.

**Dispute Resolution**  
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 representatives), please tell us so we can help. We are committed to resolving your complaint fairly. Full details of our dispute resolution policy are located on our website.

**Privacy**  
Community Underwriting is committed to respecting your privacy and protecting your personal information. We are bound by the Privacy Act 1988 (Cth) and the Australian Privacy Principles, along with any other applicable privacy laws and codes, when collecting, using, disclosing, holding, handling and transferring any personal information. Full details of our dispute resolution policy are located on our website.



Community Underwriting will be providing the financial service to you under financial services license no 448274. This information may be regarded as general advice. That is, your personal objectives, needs or financial situations were not taken into account when preparing this information. You should consider the appropriateness of any general advice provided to you, having regard to your own objectives, financial situation and needs before acting on it. Where the information relates to a particular financial product, you should obtain and consider the relevant product disclosure statement before making any decision to purchase that financial product.