



## MEMBER INFORMATION

<b>Name of Organisation:</b>			
<b>Is the Organisation Primarily:</b> <i>(please choose one)</i>	Education College/College	<input type="checkbox"/>	
	Neighbourhood House	<input type="checkbox"/>	
	Community Centre	<input type="checkbox"/>	
	Advisory and Referral Centre	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
<b>Number of Years in Business:</b>			
<b>Is the Applicant:</b>	Incorporated Association	<input type="checkbox"/>	
	Co - Operative	<input type="checkbox"/>	
	Corporation under the Aboriginal Lands Act	<input type="checkbox"/>	
	Company Limited by Guarantee	<input type="checkbox"/>	
<b>Main Address:</b>			
	Suburb	State	Postcode
<b>Main Telephone Number:</b>	(    )		
<b>Main Facsimile Number:</b>	(    )		
<b>Postal Address:</b>			
	Suburb	State	Postcode
<b>Contact Name:</b>			
<b>Position:</b>			
<b>Direct Telephone Number:</b>			
<b>Mobile Telephone Number:</b>			
<b>Email Address:</b>			



## MEMBER INFORMATION (continued)

What is the estimated 2006/2007 annual gross revenue of the organisation including any unincorporated member bodies/hosted/auspiced groups:  <i>(This amount should comprise, but not limited to, student fees, government grants, non government funding and sponsorship, training, professional fees, donations, fundraising and rental income).</i>	\$	
What is the estimated payroll for 2006/2007 for all full time and part time employees?:	\$	
What is the estimated payroll (or payment on invoice) for tutors, casuals and subcontractors?:	\$	
Does the organisation have a risk management process in place?:	Yes	No
Does the organisation have programmes involving children?	Yes	No
<b>If Yes</b> , does the organisation have a procedure or process in place such as a police check, blue card or similar check process in place?:	Yes	No
Does the organisation have an incident report procedure?:	Yes	No
Does the organisation have an OH&S policy?:	Yes	No
Does the organisation undertake self inspection and hazard review?:	Yes	No
Has the organisation had any Insurance declined or cancelled, proposal rejected, renewal refused, claims rejected, special conditions or special excess imposed by an Insurer?:  <i>If yes please advise details:</i>	Yes	No



### INDUSTRIAL SPECIAL RISKS (PROPERTY AND ASSETS)

Please complete below declared values for each premises. The values should reflect the replacement cost of the building and contents as at 2006.

Name of Organisation: \_\_\_\_\_

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

\_\_\_\_\_ Post Code \_\_\_\_\_

Building (including leasehold improvements)	\$	Replacement value
Portable equipment	\$	Eg laptops, light projectors, portable items
Static Electronic equipment	\$	Desktops computers, photocopy/ fax
General Contents	\$	All other contents (furniture)

**OWNERSHIP OF THE PREMISES:**

Is the premise?  Owned by you  Leased to you  Owned and Leased by you

OCCUPATION OF PREMISES:  Self  Tenant  Self & Tenant  Not Occupied

**CONSTRUCTION:**  
*(Please circle)*

Walls: Brick / Concrete / Timber /Fibro/ Metal/ Other \_\_\_\_\_  
Floors: Concrete / Timber / Other \_\_\_\_\_  
Roof: Tile / Concrete / Metal / Other (Please specify) \_\_\_\_\_

What is the age of these premises (years): \_\_\_\_\_

**SECURITY:**  
*(please tick)*

External Doors  Keylocks  Deadlocks  
External Windows  Keylocks  Deadlocks  
  
 Alarm – Local / Monitored  
 Security Grills  
 Regular Security Patrol

**FIRE PROTECTION:**  
*(please tick)*

Fire Extinguishers  Battery  Hardwired  
 Smoke alarms  Battery  Hardwired  
 Monitored Fire alarm  
 Fire hydrants / fire hose reels  
 Fixed Fire Sprinklers

Do you have a Fire Protections Maintenance Agreement currently in force?  
 Yes  No

Have you made any claims for within the last 3 years for this Property Insurance or Industrial Special Risks?  Yes  No  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVERAGE: From what date is the coverage required? \_\_\_\_\_

**A separate sheet for all locations needs to be completed**



**Address** Lvl 3, 454-456 Pacific Highway St Leonards NSW 2065 **Private Bag** 932, North Sydney NSW 2059  
**DX** 9504 Crows Nest **Telephone** 02 9959 5911 | **Facsimile** 02 9959 5958  
**Email** Cameron Taylor ctaqylor@fairturn.com.au

## INSURANCE DECLARATION - 2006/2007 THE APPLICANT

Name of Organisation in full: \_\_\_\_\_

I declare that I have completed this declaration to the best of my knowledge and confirm that the statements and particulars are true and complete and that no material facts have been omitted, misread or suppressed. I agree that should any of the information given by me alter, I will give immediate notice thereof to Fairweather Turner Pty Ltd (Insurance Brokers).

I confirm that I am authorised to complete this declaration and in due course, where applicable, to accept the quotation terms for this insurance on behalf of the organisation.

Name (printed): \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

If there is any further information you need to declare please include below:

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**If your most recent financial statement has not been audited in the last 12 months please attach a copy to this declaration.**

### WHY WE NEED YOU TO COMPLETE THE INSURANCE DECLARATION

Fairweather Turner will use the information supplied by you in order to obtain insurance quotes and negotiate policy terms and coverage's with Insurers for the 2006/2007 renewal.

### YOUR 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 the 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 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.

Examples of information which are relevant to insurers are:-

- past claims experience;
- a cancellation of a previous insurance policy or refusal by an insurer to renew a policy previously held by you;
- any unusual features of the subject matter of the insurance which might increase the likelihood of a claim under the policy.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact our office.

### NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a 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.

Please forward this declaration to Cameron Taylor at Fairweather Turner Pty Ltd.

Postal: Private Bag 932, North Sydney NSW 2059

Fax: 02 9959 5958

Email: ctaqylor@fairturn.com.au