Safeguard New Business Application

CONTACT AND INFORMATION DETAILS

Brokerage _____

Contact details for Genesis Underwriting Agency are:

Genesis Underwriting Pty Ltd
Po Box 1369, Manly NSW 1655
Phone – 02 8412 3500

Genesis Underwriting respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of Genesis Underwriting's privacy information is available from our website at www.genesisuw.com.au

Your Duty of Disclosure

Section 21 of the Insurance Contracts Act 1984 provides that before You enter into a contract of general insurance with an Insurer, You have a duty 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, upon 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.

However, Your duty of disclosure does not require You to disclose matters that:

- diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that Your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

This duty of disclosure continues after this application form has been completed up until the Period of Insurance commences.

Consequences of 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 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.

Material Change in Risk:

You should advise Genesis of any material change to the risk, for example moving to a different location.

GENERAL INFORMATION

Name of Applicant _____

Mailing Address _____

City _____ State _____ Postcode _____

Person to Contact _____

Phone Number _____ Email _____

Years in Operation _____

Description of Service

_____

_____

_____

Industry ☐ Education ☐ Transportation ☐ Non-profit ☐ Healthcare ☐ Religious ☐ Other

Please complete Industry supplement if any industry except "Other."

Please complete financial data below:

Current Assets	**Total Assets**	**Net Income/Loss**
$ _____	$ _____	$ _____
Current Liabilities	**Cash Flow**	**Annual Revenues**
$ _____	$ _____	$ _____

Has the applicant merged with any other entity in the past 10 years or planning to do so in the future or has there been any significant change in the operations or scale of the organization? ☐ Yes ☐ No

If Yes, please provide full details

_____

_____

_____

Reason Coverage is Requested

_____

_____

_____

PAST COVERAGE

Prior Sexual Misconduct Liability Coverage for the last five years, please list most recent first.

Period	Claims Made or Occurence	Insurer	Premium	Limit	SIR

Retroactive date _____

Has any applicant ever cancelled or non-renewed this type of coverage? ☐ Yes ☐ No

If Yes, please identify the provider and explain

_____

_____

_____

STAFF DETAILS

Complete the employee grid below

	Number Employed	Number Contracted	Number Colunteer	% Male
All employees with client contact				
All employees without client contact				
Totals				

Annual Turnover Rate _____

Historical headcount for the past 5 years

2018	2017	2016	2015	2014

Top 5 states where employees are located

State					
Number of Employees					

CLIENT DETAILS

Total number of individual clients/patients/students/members served annually _____

Percentage of the above that are disabled/handicapped/at risk _____

Please breakdown clients served annually (5)	0-10	11-18	19-65	65+

LOSS PREVENTION EFFORTS

Check which of the following methods are used in the screening and hiring process for all listed in question "Reason coverage is requested"

Loss Prevention Methods Use "Y" for Yes and "N" for No	Number employed	Number contracted	Number volunteer
a) Standard Application			
b) Code of Conduct			
c) Interview			
Face to face interview			
Standard list of interview questions			
Use behavioural interviewing techniques			
Interview by more than one person			
d) Standard questions for references			
e) Criminal background check			
f) Abuse registry check			
g) Orginisational abuse prevention prior to working/volunteering			
h) Annual abuse training			
i) Checklist of indicators that may indicate increased risk to abuse			
j) Other (Please describe) _____			

Are one-on-one encounters permitted with clients? ☐ Yes ☐ No

If Yes, please explain when these situations occur and how the interactions are monitored.

_____

Do any of those listed in the employee grid above ever have children at their home or ever spend time at the home of children? ☐ Yes ☐ No

If Yes, please explain when these situations occur and how such situation is monitored

_____

Does the Organization ever sponsor 'events' (including overnight events)? ☐ Yes ☐ No

If Yes, please provide details of events that are sponsored including the normal ratio of children to 'safe' adult on such sponsored events

_____

Does central administration establish, monitor, and enforce policies and ☐ Yes ☐ No

If No, please explain_____

Are items below included in the written policies for all those listed in the employee grid above?

A zero tolerance statement for sexual abuse perpetrated on children or other vulnerable persons in the applicant's care. ☐ Yes ☐ No

A written policy that defines appropriate and inappropriate displays of affections ☐ Yes ☐ No

A written procedure for governing the interactions between those listed in your indicated industry and children or other vulnerable persons in your care outside of regular program activities. ☐ Yes ☐ No

A written procedure for managing the risk when those listed in your indicated industry is alone with a lone child or other vulnerable person. ☐ Yes ☐ No

LOSS HISTORY

Please furnish the past ten years' first dollar loss history for all sexual misconduct claims.

☐ None
☐ See Attached

Period	# Claims Paid	# Claims Loss	Total Paid Expenses	Total Paid Losses	Total Reserved Expenses	Total Reserved Reserved

Please complete the Safeguard claims supplement for any sexual misconduct claim.

Is the applicant aware of any facts, incidents, circumstances, or allegations that may result in claims being made against you? ☐ Yes ☐ No

If Yes, please provide details on a separate sheet of paper

Has the applicant or any person listed in the employee grid above currently seeking coverage been involved in an allegation or claim relating to sexual abuse or been transferred in or out of your school, parish/diocese, branch or corporate location because they were involved, suspected, or a complaint was made regarding an allegation of sexual misconduct?

☐ Yes ☐ No

In the past 10 years, have any person listed in the employee grid above or officers been terminated for cause related to sexually abusive behavior? (If Yes, please provide details on a separate sheet of paper)

☐ Yes ☐ No

CLAIMS HANDLING

How do you handle allegations of sexual abuse or molestation?

IMPORTANT INFORMATION

SUBROGATION CLAUSE

This Policy contains provisions which have the effect of excluding or limiting the Insurer's liability in respect of a Loss where You have prejudiced the Insurer's rights of subrogation, where You are a party to an agreement which excludes, or limits the Insurer's rights to recover the Loss from another party.

DECLARATION

Please Note: Signing the Declaration does not bind You or the Insurer to complete this insurance. I declare that I have made all necessary inquiries into the accuracy of the responses given in this application and confirm that the statements and particulars given in this application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this application and the inception date of the insurance to which this application relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this application form and that I have read and understood the content of that Notice. I confirm that I am authorised by the Company and its Directors to complete, sign and submit this application on behalf of the Company and its Directors.

Name

Title

Signature

Date (DD/MM/YY)

ADDITIONAL NOTES

ADDITIONAL DOCUMENTS

If you have any additional documentation please attach copies to this form.