

# Faith Organisations Insurance Proposal



ansvar<sup>®</sup>  
insurance

# Faith Organisations Insurance Proposal



## Office Use Only

Intermediary name

Account number

Policy number

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## Important notices

### Duty of disclosure

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

You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters:

- that diminish the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract of insurance in respect of a claim or may cancel the contract.

If your non disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

### Code of Practice and Privacy Act

As a signatory to the General Insurance Code of Practice we are committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you.

The Privacy Act sets out how we are to collect, use, disclose and protect your personal information. It also describes the circumstances for you to access and, if necessary, correct your personal information.

You may access your personal information by contacting any of our offices. The information we collect is used to assist us to provide you with our general insurance products and to manage our relationship with you.

At times we rely on third party suppliers (agents, legal advisers, other insurance companies, assessors, investigators, loss adjusters, market research and mail houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities.

They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act and the General Insurance Code of Practice.

If you do not wish to provide us with your personal information, we will not be able to supply our products to you.

### How we can be contacted

The registered office of Ansvar Insurance Limited is Level 18, 303 Collins Street, Melbourne, Victoria.

You can contact us by:

- visiting us at any Ansvar Insurance office
- telephoning 1300 650 540
- facsimile on 03 9614 1545
- writing to any office of Ansvar Insurance
- email to [insure@ansvar.com.au](mailto:insure@ansvar.com.au)

# How to complete this proposal

All questions must be answered in relation to the business entity to be insured and all its subsidiary and controlled entities (if any). Please tick the box and/or write the information requested in the space provided. If there is inadequate space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document to this application. Make sure all questions are answered and the form is signed.

## 1. Policyholder details *This section must be completed*

Name of organisation to be insured	ABN/ACN/ARNM (one only)	Date your organisation first commenced operations
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Authorised contact person	Telephone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	Email	
<input type="text"/>	<input type="text"/>	
Trading/former names of organisation (if any)		
<input type="text"/>		
Religion	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian
	<input type="checkbox"/> Hindu	<input type="checkbox"/> Islam
	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other <i>(please specify)</i>
<input type="text"/>		

## 2. Period of insurance

	Commencement date	Expiry date	
Required date of policy:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	at 4pm

## 3. General information *This section must be completed*

Has the organisation or its officers ever been charged and/or convicted of a criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the organisation or its officers ever been declared bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the organisation or its officers ever become insolvent or placed into liquidation or receivership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If you have answered 'yes' to any of the above questions, please provide details below*

  
  
  
  
  
  

## 4. Previous insurance held by you *This section must be completed*

Have you held previous insurance of the type required in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If yes, name of previous insurer/s*

Last expiry date

<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Have you ever had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? <i>If yes please provide details below</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**5. Past insurance claims you have made** *This section must be completed*

Have you ever claimed under a policy of insurance or is there now any claim pending against you or any other director/official of the entity applying for this insurance? *If 'yes' please provide details below*

Yes  No

Insurer	Date of incident	Description of loss/circumstance	Amount paid
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

**6. Details of the business premises** *This section must be completed*

If you have more than two buildings at the one location or you have more than two locations, please complete additional applications

**Address of the locations**

Location one  Postcode

Location two  Postcode

**Number of buildings at the location**

a. Do you use the building for purposes other than religious services?

*If yes, then please provide full details*

For what purpose is the building occupied:

i. by you?

ii. by other parties?

b. What year was the building constructed?

c. If the building is over 30 years, has it been rewired?

d. *If yes to question 3, date when it was last rewired?*

e. Construction of exterior walls

f. Construction materials of roof

g. Construction materials of floors

h. Are you aware of any asbestos material forming part of the buildings?

*If yes, describe the type of material, quantity and your remedial plans*

**Location one**

Yes  No

Yes  No

/ /

Concrete

Timber

Brick

Other

Iron

Timber

Slate

Other

Concrete

Timber

Other

Yes  No

**Location two**

Yes  No

Yes  No

/ /

Concrete

Timber

Brick

Other

Iron

Timber

Slate

Other

Concrete

Timber

Other

Yes  No

	<b>Location one</b>	<b>Location two</b>
i. Describe the condition of the building/s	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
j. Number of storeys (including ground)	<input type="text"/>	<input type="text"/>
k. Is the building connected to town water? <i>If no, please advise details of water supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
l. How are the premises protected against fire?		
i. Fire sprinkler system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Smoke or heat detection equipment connected to the fire brigade	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Hose reels to cover whole floor area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Portable fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes to iv, please advise</i>	
	Number <input type="text"/>	<input type="text"/>
	Type <input type="text"/>	<input type="text"/>
m. Do you have a commercial kitchen in your premises? <i>If yes, detail the type of cooking equipment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Does the kitchen contain cooking hoods, filters and ducted exhaust system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the hoods, filters and ducting cleaned by a service contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, what is the cleaning interval?</i>	<input type="text"/> months	<input type="text"/> months
n. How are the premises protected against burglary?		
i. What security is installed?	Doors <input type="text"/>	<input type="text"/>
	Windows <input type="text"/>	<input type="text"/>
	Lighting <input type="text"/>	<input type="text"/>
ii. Do the premises have an alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, is it monitored?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Who is the security company? <input type="text"/>	<input type="text"/>

## 7. Employee and/or volunteer details

a. i. How many employees and/or volunteers do you have?

    Professionally qualified\*  Unqualified

\* Qualified refers to those people who hold a recognised university degree/diploma/certificate or industry equivalent.

    ii. What is your annual wage roll?  \$

b. Number of religious leaders eg. Minister, Pastor, Rabbi's, Mufti's etc.

c. How many regular attendees are in the congregation?

# Policy Coverage

## Section 1. Property – Non-residential premises

Do you require cover on your Buildings and Contents?  Yes  No

### Declared values for insured property

Buildings including fixtures and fittings

General contents

Musical and electrical equipment

Other specified contents (please attach a detailed list of all specified contents)

### Combined total

#### Location one

Replacement value

\$

\$

\$

\$

\$

#### Location two

Replacement value

\$

\$

\$

\$

\$

## Section 2. Interruption insurance

Do you require consequential loss cover?  Yes  No

Indemnity period required?  12 months  18 months  24 months

Your annual gross income from your faith organisations from all locations including rent:

\$

Do you wish to select the following Optional extensions?

- |  |                              |                             |             |                         |
|--|------------------------------|-----------------------------|-------------|-------------------------|
| 1. Additional increase in cost of working                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$50,000 or | \$ <input type="text"/> |
| 2. Accountants and other professional costs for claims preparation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$20,000 or | \$ <input type="text"/> |
| 3. Book debts  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$20,000 or | \$ <input type="text"/> |

## Section 3. Property – Residential premises

Do you require cover on your Residential buildings and/or Residential contents belonging to you?  Yes  No

### Declared values for insured property

Total residential buildings including fixtures and fittings

Total residential contents (owned by you)

#### Location one

Replacement value

\$

\$

#### Location two

Replacement value

\$

\$

## Section 4. Crime

This section offers cover under three parts. Please select the parts you require:

Note: the cover applies across all locations you have declared under Section 1 of this policy.

**Part A.** Loss of money (but not theft by your employees/officials)  Yes  No

**Part B.** Burglary or theft of property (other than money)  Yes  No

**Part C.** Theft by officials (of your money or property)  Yes  No

**Part A. Loss of money** Note: a limit of \$500 applies outside business hours.

Sum Insured required \$

Do you wish to increase the limit outside business hours?  Yes  No

*If yes* \$

Limit of money required? \$

**Part B. Burglary or theft of property (other than money)** Note: This Part *does not* cover the type of insured property covered under Section 3. i.e. Residential buildings and your contents at those sites. It *does* cover your business contents declared under Section 1.

Please nominate sum insured  \$5,000  \$10,000  \$15,000  \$20,000  Other *Please specify* \$

Are there any items of significance. *Please list.*

	Value
<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"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Sub limits may apply – please refer to the policy wording for details.

**Part C. Theft by officials**

**Insured property**

How many people have responsibility for money?

How often are your auditing requirements carried out?

Do you have clear procedures for handling money and for payments being made?  Yes  No

Please nominate a sum insured for money and all other property of the insured (not excluded by this section)  
 \$5,000  \$10,000  \$15,000  Other *Please specify*

Limits apply to extensions available under this section. Please refer to the policy wording for details.

**Section 5. Glass breakage**

Do you require glass breakage cover?  Yes  No

We cover you for the actual cost of replacing or fixing glass which suffers accidental breakage. This includes up to \$20,000 for leadlight or stained glass windows.

**Extension and standard limit**

Do you wish to increase the standard limits for any extensions?

	Standard limit			If yes, limit required
Leadlight or stained glass windows	\$20,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ <input type="text"/>
Frames and signs	\$2,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ <input type="text"/>
Temporary shuttering, sign writing	\$2,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ <input type="text"/>
Destruction of contents	\$5,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ <input type="text"/>

**Section 6. Breakdown of mechanical and electronic equipment**

This section offers cover under two parts. Please select which parts you require:

Part A. Breakdown of mechanical equipment (including boilers and pressure vessels)  Yes  No

Part B. Breakdown of electronic equipment  Yes  No

**Part A. Specified mechanical equipment to be insured**

	No. of items	New replacement value each item/sum insured
1. Central roof air conditioning	<input type="text"/>	\$ <input type="text"/>
2. Window/split system air conditioning	<input type="text"/>	\$ <input type="text"/>
3. Central heating	<input type="text"/>	\$ <input type="text"/>
4. Radiators/space heaters	<input type="text"/>	\$ <input type="text"/>
5. Refrigerators/freezers	<input type="text"/>	\$ <input type="text"/>
6. Pipe organs	<input type="text"/>	\$ <input type="text"/>

	No. of items	New replacement value each item/sum insured
7. Public address system		\$
8. Printing equipment		\$
9. All other equipment greater than \$2,000.		\$
Additional items to be insured as per listing attached		
<b>Total new replacement value</b>		<b>\$</b>

**Optional extension to Part A. Deterioration of refrigerated goods cover**

Do you wish to select this optional extension?  Yes  No

Note: It is only available if you have insured all the refrigeration equipment under this section. Limit of loss under the policy is \$3,000

Type of goods being stored	
Total value of refrigerated goods being stored at any one time?	\$

**Part B. Specified electronic equipment to be insured**

	No. of items	New replacement value each item/sum insured
1. Electronic organ or musical equipment		\$
2. Audio visual equipment		\$
3. Computer/office equipment		\$
4. All other equipment greater than \$2,000		\$
5.		\$
6.		\$
7.		\$
8.		\$
<b>Total new replacement value</b>		<b>\$</b>

**Optional extensions available under Part B. Breakdown of electronic equipment**

		Replacement value
1. Data media material and records	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2. Increase in cost of working cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

**Section 7. Liability Insurance**

Do you require this Liability insurance cover?  Yes  No

Your chosen limit of liability  \$5 million  \$10 million  \$15 million  \$20 million

**Do your premises have the following facilities?**

Indoor/outdoor sporting courts, pools or fields. <i>Please specify</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gymnasium/training rooms/playgrounds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all your facilities fully compliant with current Australian Standards and Government by-laws? <i>If no, please provide details</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your premises licensed to serve alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you operate any income generating businesses eg. op shops, crèches, child care? <i>If yes, please provide details</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

What fundraising activities will your faith organisation be operating, running or involved with in the next 12 months? *Please provide details.*

Do you conduct any 'Prayer Line' services at your premises?  Yes  No

*If yes, please provide the following details:*

Number of services per year

Estimated number of participants per service

Please describe the precautions taken to prevent injury (i.e. 'catchers' on hand to assist)

This policy automatically covers the following activities: fetes or similar, out reach programs, charitable activities, bookshops, youth outings, seniors outings, camps, fundraising such as walkathons, picnics and carols. In the case of carols, only where they are exclusively run for the members of your organisation and on your own property.

**Please indicate the type of activities you provide if you are responsible for the organising and running of the activity and whether you are required to provide an industry qualified person to organise, run or design the activity or apparatus used.**

Activity	Number of times held per year	Estimated number of participants per activity	Are the activities run by an external party?	
Abseiling/rock climbing	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Archery	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caving	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flying foxes	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Horse riding	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shooting	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rafting/canoeing	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surfing/beach/water activities	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice skating	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BMX/mountain bikes	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skateboarding/rollerblading	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self defence	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All other activities. <i>Please specify</i>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Optional extensions to section 7

### Pastoral care services

Do you require insurance for your pastoral care services activities?  Yes  No

Nature of advice/care services given:

Please advise number of persons giving advice on your behalf

Number of employees  professionally trained/qualified  untrained /not qualified

Number of volunteers  professionally trained/qualified  untrained /not qualified

What amount of cover do you require?  \$1 million  \$2 million  \$5 million

### Property in your care custody and control

Do you require more than the standard limit of \$100,000?  Yes  No

Do you require insurance for property in your care custody and control?  Yes  No

If yes \$

### Molestation/sexual abuse cover

Does your organisation require cover against molestation/sexual abuse? *If no, proceed to next section.*  Yes  No

How often are adults formally left alone with children/young people on a one-on-one basis?  Times per week  Hours per week

If you employ people to work in child-related employment, you have obligations under the State Working With Children legislation. A Prohibited Employment Declaration must be sought from anyone applying for child-related employment, including volunteers. Have you obtained these declarations from all your paid and volunteer employees who are working in child-related employment?  Yes  No

A background check is mandatory for any person working with children. Do you undertake police checks for all people who care for, work with or are involved with children or young people?  Yes  No

Do you interview and check references of all people applying to work with, care for or be involved with children or young people?  Yes  No

Do you have a child protection policy with procedures for dealing with abuse complaints?  Yes  No

Have you ever received complaints relating to molestation/sexual abuse or similar?  
*If yes, please provide details on a separate page and attach to this declaration.*  Yes  No

Are you aware of any person who attends or is involved with your organisation and has previously committed a molestation or child abuse offence? **IMPORTANT:** Please be aware that your policy includes a 'Sexual Abuse Exclusion by Known Offenders.' *If yes, please provide details on a separate page and attach to this declaration.*  Yes  No

Our liability for all compensation relating to molestation/sexual abuse is limited to the amount shown in the certificate of insurance. Please contact your insurance intermediary or your local Ansvar Insurance office if you require a different limit.

### Section 8. Volunteers – Personal accident

Do you require volunteers personal accident cover?  Yes  No

How many volunteers might you engage at any one time?

How often do you have volunteers undertaking activities?

What type of activities will they undertake for you?

How much death and permanent total disablement benefit do you require?

\$10,000  \$20,000  \$50,000  Other *Please specify* \$

How much weekly benefit do you require?  \$100  \$200  \$500  Other *Please specify* \$

Note. An initial period of disablement is excluded which is 7 days. Do you require a change in this?  Yes  No

*If yes, what number of days?*

**Section 9. General property**

Do you require general property cover?  Yes  No

Cover options: please select one of the following:

- 1. Cover for: fire, flood, theft, collision and overturning of conveying vehicle
- 2. All accidental damage

Description of item to be insured	No. of items	Sum insured required
1. <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4. <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5. <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
6. <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
7. <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>Total sum insured</b>		<b>\$ <input type="text"/></b>

**Excess**

**The following are the minimum excess applicable for each policy section.**

Increasing your excess will reduce the premium payable:

	Minimum excess	Alternative excess required
Section 1 and 2 Earthquake, or volcanic eruption	\$20,000	\$ <input type="text"/>
Named cyclone excess	\$10,000	\$ <input type="text"/>
All other loss/damage	\$250	\$ <input type="text"/>
Section 3. Earthquake	\$300	\$ <input type="text"/>
Section 4	\$250	\$ <input type="text"/>
Section 5	\$250	\$ <input type="text"/>
Section 6	\$250	\$ <input type="text"/>
Section 7	\$250	\$ <input type="text"/>
Section 8	\$250	\$ <input type="text"/>

**Additional information (if any)**

Is there any other information which you think may affect your insurance or which we should be advised of?  Yes  No  
 (See your 'Duty of Disclosure' on page 2). *If yes, please provide details on a separate page and attach to this declaration.*

**Declaration** *This section must be completed*

I/we declare that the answers given and statements made are to the best of my/our knowledge, true and correct and that I/we have not withheld any information likely to affect the acceptance of this declaration or the terms on which it is accepted.

I/we acknowledge that I/we have received a copy of the Ansvar Insurance PDS and policy setting out the terms and conditions which apply to this insurance. I am/we are aware that I/we have twenty one days to read the policy and if I am/we are not satisfied with the conditions I/we can cancel this insurance in writing and receive a full refund of any premium paid.

**Applicant(s) signature**

Signed  Position

Date  /  /

**Completion of this form does not provide insurance until a Cover Note or Certificate of Insurance has been issued.**

**1300 650 540**  
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