



EIG-Ansvar Limited ABN 21 007 216 506  
 AFS Licence number 237826

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## PLACES OF WORSHIP INSURANCE APPLICATION

|                 |                    |  |                 |  |                |  |
|-----------------|--------------------|--|-----------------|--|----------------|--|
| Office Use Only | Intermediary Name: |  | Account Number: |  | Policy Number: |  |
|-----------------|--------------------|--|-----------------|--|----------------|--|

### IMPORTANT NOTICE

#### DUTY OF DISCLOSURE

You/your organisation has a legal duty to tell EIG-Ansvar Limited (us/our) every matter that is relevant to our decision to accept this application and if so, on what terms it is accepted. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate this policy.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- when compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

#### PRIVACY

Personal information supplied by you in this application and otherwise to us is for the primary purpose of evaluating and administering this proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984. It may also be necessary for us to disclose personal information to other parties including reinsurers and claims consultants. Any such disclosure will be in accordance with the Privacy Act 1988.

#### HOW TO FILL OUT THIS APPLICATION

Against questions, please tick the box in front of the correct answer and/or write the information requested in the space provided.

Please ensure you have read the Places of Worship Insurance Policy and the important notice in this application to assist your understanding. If you require any assistance, please contact your insurance intermediary or local EIG-Ansvar office.

If there is inadequate space to answer any questions or you need to disclose something to us, please provide this under the additional information section at the back of this application.

|   |               |
|---|---------------|
| <b>PERIOD OF INSURANCE – (This section must be completed)</b> |               |
| From 4pm on / /   | to 4pm on / / |

|  |                                |          |
|--|--------------------------------|----------|
| <b>APPLICANT(S) INFORMATION – (This section must be completed)</b>                   |                                |          |
| Place of Worship name/entity to be insured   | Place of Worship denomination  |          |
| ABN/ACN  | Date established / /           |          |
| Are you registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No | What is your ITC percentage? % |          |
| Postal address   | State                          | Postcode |
| Business telephone )   | Business fax )                 |          |
| Home telephone: )  | Mobile                         |          |
| Email  | Contact person                 |          |
| Name of financial institution/other interested parties                               | Address                        |          |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>GENERAL INFORMATION – (This section must be completed)</b>                         |                              |                             |
| Has the place of worship or any of its officers                                       |                              |                             |
| a) Ever been convicted of a criminal offence?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Ever been declared bankrupt?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Ever become insolvent or placed in liquidation or receivership?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you have answered 'Yes' to any of the above questions, please provide full details |                              |                             |
|   |                              |                             |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>Previous Places of Worship Insurance – (This section must be completed)</b>  |                              |                             |
| a) Have you held previous insurance?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If 'Yes', name of previous insurer  | Last expiry date / /         |                             |
| b) Have you ever had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If 'Yes' please provide full details  |                              |                             |
|   |                              |                             |

|   |                              |                                  |
|---|------------------------------|----------------------------------|
| <b>Past Places of Worship insurance claims – (This section must be completed)</b>   |                              |                                  |
| Have you ever claimed under a policy of insurance or is there now any claim pending against you or any other director or officer of the entity applying for this insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No      |
| If 'Yes' please provide full details  |                              |                                  |
| <i>Date</i>   | <i>Amount</i>                | <i>Details of loss or damage</i> |
| - / /   | -\$                          | -                                |
| - / /   | -\$                          | -                                |
| - / /   | -\$                          | -                                |

| DETAILS OF THE 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). |  |  |                             |  |                             |
| Location address of premises  |  |  |                             |  |                             |
| Location one  |  |  | Postcode                    |  |                             |
| Location two  |  |  | Postcode                    |  |                             |
| Number of buildings at the location   |  | Location one   |                             | Location two   |                             |
|   |  | Location/Building one  |                             | Location/Building two  |                             |
| 1. Do you own the building?   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| 2. For what purpose is the building occupied  |  |  |                             |  |                             |
| a) by you?  |  |  |                             |  |                             |
| b) by other parties?  |  |  |                             |  |                             |
| 3. What year was the building constructed?  |  |  |                             |  |                             |
| 4. If the building is over 50 years, has it been rewired?   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| 5. If yes to question 4, date when it was last rewired?   |  |  |                             |  |                             |
| 6. Construction material of exterior walls  |  |  |                             |  |                             |
| 7. Construction material of roof  |  |  |                             |  |                             |
| 8. Construction material of floors  |  |  |                             |  |                             |
| 9. Are you aware of any asbestos material forming part of the building/s?   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| a). If 'No', have you undertaken a thorough search for asbestos?  |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| b). If 'Yes', describe the type of material, quantity and your management plan?   |  |  |                             |  |                             |
| 10. Describe the condition of the building/s?   |  | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair |                             | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair |                             |
| 11. Number of storeys (including ground)  |  |  |                             |  |                             |
| 12. Is the building connected to town water?  |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| 13. If 'no' please advise details of water supply   |  |  |                             |  |                             |
| 14. How are the premises protected against fire?  |  |  |                             |  |                             |
| a). Fire sprinkler system   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| b). 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 |
| c). Hose reels to cover whole floor area  |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| d). Fire extinguishers  |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| If 'Yes' please advise  |  |  |                             |  |                             |
| Number -  |  |  |                             |  |                             |
| Type -  |  |  |                             |  |                             |
| 15. Do you have a kitchen in your premises?   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| If 'Yes', detail the type of cooking equipment  |  |  |                             |  |                             |
| 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 these 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 |
| If 'Yes', what is the cleaning interval   |  | Months   |                             | Months   |                             |

|  |   |   |
|--|---|---|
|  | <b>Location one</b>   | <b>Location two</b>   |
| <b>16. a) What security is installed?</b>                  | <input type="checkbox"/> Standard locks on external doors.<br><input type="checkbox"/> Deadlocks on all external doors.<br><input type="checkbox"/> Standard locks on windows.<br><input type="checkbox"/> Key locks/bars on windows.<br><input type="checkbox"/> External security lighting. | <input type="checkbox"/> Standard locks on external doors.<br><input type="checkbox"/> Deadlocks on all external doors.<br><input type="checkbox"/> Standard locks on windows.<br><input type="checkbox"/> Key locks/bars on windows.<br><input type="checkbox"/> External security lighting. |
| <b>b) How are the premises protected against burglary?</b> | <input type="checkbox"/> Local alarm.<br><input type="checkbox"/> Back to base alarm.<br><input type="checkbox"/> Monitored<br><input type="checkbox"/> If monitored, by whom?<br><input type="checkbox"/> Security patrols.<br><input type="checkbox"/> Other – describe                     | <input type="checkbox"/> Local alarm.<br><input type="checkbox"/> Back to base alarm.<br><input type="checkbox"/> Monitored<br><input type="checkbox"/> If monitored, by whom?<br><input type="checkbox"/> Security patrols.<br><input type="checkbox"/> Other – describe                     |
| <b>If monitored by whom?</b>                               |   |   |

| <b>FIRE – (including defined events as specified in the policy wording)</b>  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>Do you require fire insurance?</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>BUILDINGS</b>   | <b>Sum insured</b>           | <b>Sum insured</b>          |
| <b>Buildings including fixtures and fittings</b><br>Where possible, please provide photographs of the building premises. | \$                           | \$                          |
| <b>Removal of debris and demolition</b>  | \$                           | \$                          |
| <b>Extra cost of reinstatement</b>   | \$                           | \$                          |
| <b>Professional fees</b> (architects, surveyors, engineers)  | \$                           | \$                          |
| <b>Other – please specify</b>  | \$                           | \$                          |
| <b>Total Building</b>  | \$                           | \$                          |

| <b>CONTENTS</b>                                   | <b>Sum insured</b> | <b>Sum insured</b> |
|---|--------------------|--------------------|
| <b>Electrical equipment</b> - (visual/audio etc). | \$                 | \$                 |
| <b>Computer equipment</b>                         | \$                 | \$                 |
| <b>Pianos and organs</b>                          | \$                 | \$                 |
| <b>Other musical instruments</b>                  | \$                 | \$                 |
| <b>General contents</b>                           | \$                 | \$                 |
| <b>Other – please specify</b>                     | \$                 | \$                 |
|   | \$                 | \$                 |
|   | \$                 | \$                 |
| <b>Total contents</b>                             | \$                 | \$                 |
| <b>Total sum insured building and contents</b>    | \$                 | \$                 |

Cover under this section limits the amount for any curio, picture, work of art, gold or silver article, sacred vessels, icons, scrolls of law to \$2,500 for any one item, pair, set or collection or 20% in total of the contents sum insured unless specified below and listed in the certificate of insurance.

|   | Location/Building one.   |                             | Location/Building two.   |                             |
|---|--|-----------------------------|--|-----------------------------|
| <b>OPTIONAL BENEFITS (For additional premium)</b>                         |  |                             |  |                             |
| 1. Do you wish to extend your policy to include accidental damage         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| If 'Yes' please advise sum insured  | <input type="checkbox"/> \$10K <input type="checkbox"/> \$20K <input type="checkbox"/> \$50K |                             | <input type="checkbox"/> \$10K <input type="checkbox"/> \$20K <input type="checkbox"/> \$50K |                             |
| 2. Do You wish to extend your policy to include fusion of electric motors | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| If 'Yes' please advise sum insured  | <input type="checkbox"/> \$10K <input type="checkbox"/> \$20K <input type="checkbox"/> \$50K |                             | <input type="checkbox"/> \$10K <input type="checkbox"/> \$20K <input type="checkbox"/> \$50K |                             |
| Type and number of motors   |  |                             |  |                             |

| <b>CONSEQUENTIAL LOSS</b>  |  |             |  |
|--|--|-------------|--|
| Do you require consequential loss insurance?   |  |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Indemnity period   | <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> Other (specify) ___ months |             |  |
|  | Sum insured  | Sum insured |  |
| Income   | \$   | \$          |  |
| Additional increased cost of working following damage which is covered under this policy | \$   | \$          |  |
| Cost of professional fees for claims preparations  | \$   | \$          |  |
| Other – please specify   | \$   | \$          |  |
| <b>Total sum insured</b>   | \$   | \$          |  |

| <b>BURGLARY – (following forcible and violent entry to your premises)</b>   |  |  |  |
|---|--|--|--|
| Do you require burglary insurance?  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require cover for theft of property located in the open air?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Sum insured  | Sum insured  |  |
| If yes to what limit?   | \$   | \$   |  |
| General contents (excluding money)  | \$   | \$   |  |
| Electrical equipment: (visual/audio etc)  | \$   | \$   |  |
| Musical instruments   | \$   | \$   |  |
| Computer equipment  | \$   | \$   |  |
| Stock:  | \$   | \$   |  |
| Other – please specify  | \$   | \$   |  |
| Cover under this section limits the amount for any curio, picture, work of art, gold or silver article, sacred vessels, icons, scrolls of law to \$2,500 for any one item, pair, set or collection or 20% in total of the contents sum insured unless specified below and listed in the Certificate of Insurance. |  |  |  |
| Please specify:   | \$   | \$   |  |
|   | \$   | \$   |  |
| <b>Total sum insured</b>  | \$   | \$   |  |

| <b>MONEY</b>   |             |             |  |
|--|-------------|-------------|--|
| Do you require money insurance?                        |             |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Sum insured | Sum insured |  |
| a) In transit from your premises to the bank           | \$          | \$          |  |
| b) On premises whilst attended by you                  | \$          | \$          |  |
| c) On premises but only in a locked safe or strongroom | \$          | \$          |  |
| d) In the personal custody of an authorised person     | \$          | \$          |  |

| MONEY (continued)                 |    |    |
|-----------------------------------|----|----|
| e) Damage to safes or strongrooms | \$ | \$ |
| <b>Total</b>                      | \$ | \$ |

| GENERAL PROPERTY   |                          |  |
|--|--------------------------|--|
| This section covers loss or damage to your portable property by any sudden, unexpected or unforeseen event not otherwise excluded and happening anywhere in Australia. |                          |  |
| Do you require general property insurance?   |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Specify items  |                          |  |
| 1.   | \$                       |  |
| 2.   | \$                       |  |
| 3.   | \$                       |  |
| 4.   | \$                       |  |
| Continue on separate sheet if necessary  | <b>Total sum insured</b> | \$   |

| GLASS BREAKAGE  |    |  |
|---|----|--|
| Do you require glass breakage insurance?  |    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Note – Cover provided includes</b>   |    |  |
| Up to \$2,000 for any one event for damage to window & door frames, illuminated signs, the cost of temporary shuttering, security, sign writing, ornamentation, reflective film and alarm tapes unless specified. |    |  |
| Lead light and stained glass windows up to \$25,000 for any one event unless specified and a valuation is provided.   |    |  |
| If you require increased limits, please specify below. Additional premium applies.  |    |  |
| a) Signs and/or sign writing  | \$ | \$   |
| b) Lead light or stained glass windows please specify   | \$ | \$   |
| c) Other – please specify   | \$ | \$   |
|   | \$ | \$   |

| PUBLIC AND PRODUCTS LIABILITY  |  |
|--|--|
| Do you require public and products liability insurance   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, please complete the liability declaration of this application and indicate your preferred limit below. |  |
| What limit of cover do you require?  | <input type="checkbox"/> \$5million <input type="checkbox"/> \$10million <input type="checkbox"/> \$15million <input type="checkbox"/> \$20million |

| COUNSELLORS LIABILITY  |   |
|--|---|
| Do you require counsellors' liability insurance?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Please advise number of counsellors in your place of worship/organisation: |   |
| What amount of cover do you require?                                       | <input type="checkbox"/> \$1million <input type="checkbox"/> \$2million <input type="checkbox"/> \$5million |

**DECLARATION – (This section must be completed)**

I/we declare/s 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 application or the terms on which it is accepted.

It is agreed that this application will be the basis of the contract between the named organisation and EIG-Ansvar Limited and is subject to the terms, conditions and provisions contained in the Places of Worship insurance policy underwritten by EIG-Ansvar Limited. The organisation further agrees to pay the premium set out in the certificate of insurance.

The organisation also consents to the use of information supplied in this application to EIG-Ansvar Limited for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy, or other products and services distributed or offered by EIG-Ansvar Limited.

Signed: ..... Dated: .....  
 Position:

**LIABILITY DECLARATION - Please answer the following questions on behalf of your organisation.**

| 1 GENERAL |  |  |                       |  |
|-----------|--|--|-----------------------|--|
| 1.1       | Name of your place of worship                                    |  |                       |  |
| 1.2       | Your contact name  |  |                       |  |
| 1.3       | Your contact number  |  |                       |  |
| 1.4       | Your postal address  |  |                       |  |
| 1.5       | How many people attend your place of worship, on a weekly basis? |  |                       |  |
|           | Ministers/pastors?   |  | Congregation in full? |  |
|           | Youth group?   |  | Sunday school?        |  |

| 2 PREMISES |   |         |                              |                             |
|------------|---|---------|------------------------------|-----------------------------|
| 2.1        | Please provide details of all premises owned, occupied and/or used by your organisation |         |                              |                             |
|            | Building use  | Address | Owned by you                 |                             |
|            |   |         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|            |   |         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|            |   |         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.2        | Do any of your premises have  |         |                              |                             |
|            | Commercial cooking facilities?  |         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|            | Indoor sporting courts?   |         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|            | Outdoor sporting courts or fields?  |         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|            | Swimming pool?  |         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|            | Showers?  |         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|            | Playgrounds?  |         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 3 ACTIVITIES |  |   |                              |  |
|--------------|--|---|------------------------------|--|
| 3.1          | How many teachers, adult carers, leaders, counsellors, youth workers, etc are          |   |                              |  |
|              | <b>Employees:</b>  | Professionally trained / qualified                | Untrained / not qualified    |  |
|              | <b>Volunteers:</b>   | Professionally trained / qualified                | Untrained / not qualified    |  |
| 3.2          | What is your   | Annual income/turnover                            | Wage roll                    |  |
| 3.3          | Do you operate income generating businesses e.g. op shops, child care?                 |   | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
|              | Please provide details of activities   |   |                              |  |
|              |  |   |                              |  |
| 3.4          | Are your premises leased or used by outside groups or the general public?              |   | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
|              | Please provide details   |   |                              |  |
|              |  |   |                              |  |
| 3.5          | Do you conduct 'prayer line' services? (People prayed for in organised lines)          |   | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
|              | If yes:  | • What is the number of services per year?        |                              |  |
|              |  | • What is the number of participants per service? |                              |  |
|              | What precautions are taken to limit injuries to participants e.g. "catchers" in place? |   |                              |  |
|              |  |   |                              |  |
| 3.6          | Over the next 12 months will your organisation be involved in                          |   |                              |  |
|              |  | No. of times per year?                            | Ave. No. of participants?    | Are activities run by an external party?                 |
|              | Youth outings?   |   |                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|              | Seniors outings?   |   |                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|              | Camps (live in)?   |   |                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 3.7 Please provide brief details of fundraising you will be involved in over the next 12 months   |                        |                                |  |                             |  |  |
|---|------------------------|--------------------------------|--|-----------------------------|--|--|
| Details   | No. of times per year? | No. of participants per event? | Are activities run by an external party? |                             |  |  |
|   |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
|   |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
|   |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| 3.8 Over the next 12 months will your organisation provide or be involved in  |                        |                                |  |                             |  |  |
|   | No. of times per year? | No. of participants per event? | Are activities run by an external party? |                             |  |  |
| Abseiling   |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Archery   |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Caving  |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Flying foxes  |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Horse riding  |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Shooting  |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Rock climbing   |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Climbing walls  |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Rafting / Canoeing  |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Surfing   |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| BMX riding  |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Skateboarding / Rollerblading   |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| Other:  |                        |                                | Yes <input type="checkbox"/>             | No <input type="checkbox"/> |  |  |
| <p><b><i>These activities must be declared to EIG-Ansvar <u>BEFORE</u> they are undertaken. Insurance will not be automatically granted for these high risk activities and must be considered by us on each occasion.</i></b></p> |                        |                                |  |                             |  |  |

| 4 MOLESTATION / SEXUAL ABUSE   |  |  |                 |  |  |                              |                             |
|--|--|--|-----------------|--|--|------------------------------|-----------------------------|
| 4.1  | Does your organisation require cover against molestation/abuse?<br>(If no, proceed to Section 5 - Miscellaneous)   |  |                 |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p><b><i>All policies where molestation/abuse is covered, are subject to a "Known Offenders Molestation/Sexual Abuse Exclusion". For details please contact: your insurance intermediary or local EIG-Ansvar office.</i></b></p> |  |  |                 |  |  |                              |                             |
| 4.2  | How often are adults formally left alone with children/young people on a one on one basis?   |  |                 |  |  |                              |                             |
|  | Times per week?  |  | Hours per week? |  |  |                              |                             |
| 4.3  | Do you have a child protection policy with procedures for dealing with abuse complaints? If yes, please provide us with a copy of your policy  |  |                 |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.4  | Do you undertake police checks for all people who care for, work with or are involved with children or young people?   |  |                 |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.5  | Do you interview and check employment references of all people applying to work with, care for or be involved with children or young people?   |  |                 |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.6  | Do you have documented 'incident reporting procedures' in place?   |  |                 |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.8  | Have you ever received complaints relating to molestation/abuse or similar?  |  |                 |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.9  | Are you aware of any person who <ul style="list-style-type: none"> <li>➢ attends or is involved with your organisation and</li> <li>➢ has previously committed a molestation or child abuse offence</li> </ul> |  |                 |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p><b>If yes, to 4.8 &amp; 4.9, please provide full details (continue on separate page if necessary) and attach to this declaration.</b></p>   |  |  |                 |  |  |                              |                             |

|            |  |                  |                          |                              |                             |
|------------|--|------------------|--------------------------|------------------------------|-----------------------------|
| <b>5</b>   | <b>MISCELLANEOUS</b>   |                  |                          |                              |                             |
| <b>5.1</b> | Have you made any claims or had any incidents relating to public liability issues within the last 10 years which we should be aware of?<br>If yes please provide details |                  |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|            | Insurer  | Date of incident | Details of circumstances | Amount paid                  |                             |
|            |  |                  |                          |                              |                             |
|            |  |                  |                          |                              |                             |
| <b>5.2</b> | Is there any other information which you think may affect your insurance or which we should be advised of? (See your 'Duty of Disclosure')                               |                  |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|            | If yes, please provide details on a separate page and attach it to this declaration.   |                  |                          |                              |                             |

|  |  |                                   |                             |
|--|--|-----------------------------------|-----------------------------|
| <b>NSW ONLY</b>  |  |                                   |                             |
| <p>If you employ people to work in child-related employment in NSW you have an obligation under the Working With Children Check. A Prohibited Employment Declaration must be sought from anyone applying for child-related employment, including volunteers.</p> <p>Have you obtained Prohibited Employment Declarations from all your paid and volunteer employees who are working in child-related employment?</p>   |  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| <p>A background check is mandatory for preferred applicants for paid child-related employment and ministers of religion or other members of a religious organisation. You need to register with the Commission for Children and Young People or an Approved Screening Agency in order to seek background checks on people employed in the work described above.</p> <p>Have you registered with the Commission for Children and Young People or Approved Screening Agency for background checking?</p> |  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| Who is your Approved Screening Agency?   |  | What is your registration number? |                             |
| Do you seek background checks on your relevant employees?  |  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |

|   |                |
|---|----------------|
| <b>PAYMENT OPTIONS</b> - You may pay your premium by either of the following options:   |                |
| a). <input type="checkbox"/> Cash \$  |                |
| b). <input type="checkbox"/> Cheque \$  |                |
| c). <input type="checkbox"/> Please charge my credit card for \$  |                |
| Card type <input type="checkbox"/> Bankcard <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard   |                |
| Card number   | Expiry date: / |
| Name of cardholder  |                |
| d). <input type="checkbox"/> Monthly instalments by direct debit<br>Please complete a direct debit request agreement. Your intermediary or local EIG-Ansvar office will provide details. An additional drawing fee applies. |                |

|   |
|---|
| <b>DECLARATION</b>  |
| I/We declare that the above statements are true and correct and that I/we have not suppressed nor mis-stated any of the relevant facts. |

|  |                   |
|--|-------------------|
| <b>Signature of insured/representative</b> ..... | <b>Date</b> ..... |
|--|-------------------|

