

RTO Application Form

Notice to the Proposed Insured

This notice must be read before you complete the proposal form.

1. Disclosure of Relevant Facts

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

2. Claims Made

The Civil Liability Policy operates on a 'claims made and notified' basis. This means that the Policy covers you for claims made against you and notified to us during the period of insurance.

The Policy does not provide cover in relation to:

- acts, errors or omissions actually or allegedly committed prior to the retroactive date of the Policy (if such a date is specified)
- claims made after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy
- claims made, threatened or intimated against you prior to the commencement of the period of insurance
- facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this Policy
- claims arising out of circumstances noted on the Proposal form for the current period of insurance or on any previous proposal form.

Where you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of insurance, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of insurance. Any such rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for claims made against you after the expiry of the period of insurance.

3. Average Provision

The policy may provide that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this declaration.

4. Privacy

QBE includes information about how we manage your personal information in our formal quotation terms, when issued. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com.au or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Cover Request for Registered Training Organisation (RTO) Professional Indemnity & Public Liability

IMPORTANT: Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.

Where provided tick (✓) appropriate box to indicate answer. The Applicant will be referred to in this Proposal as "You" or "Your"

A. Details of Applicant											
1. Insured name(s)											
2. ABN										3. Taxable percentage: %	
4. Training name(s)											
5. Street address								State		Postcode	
								State		Postcode	
6. Postal address (if different from street address)								State		Postcode	
								State		Postcode	
7. If the business operates from more than one location, please attach a schedule of leased locations.											
8. Contact details:	Business	()					Mobile				
	Email										
9. Date business commenced trading		/		/	(If less than 2 years, please attach CV of the Principal(s), Directors, company brochure, etc.)						
Please supply the following details.											
10. If the 'Insured' is a registered Company, please provide details of the Director(s) / Principal(s) of the Company:											
Name of Director(s) / Principals(s)				Age	Qualifications			Date Appointed			
								/ /			
								/ /			
								/ /			

Business Description			
Please describe business activities carried out by your organisation:			
Are you a private Registered Training Organisation (RTO) and do you receive government funding? If "Yes", you require \$20 million public liability cover.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide a percentage split and fee income of the types of activity carried out based on your past 12 months Fee/Income.			
Category	Training Description	%Contribution to Fee/ Income	Dollar Amount
1. Individual Trainers	Includes <ul style="list-style-type: none"> Consultancy and Advisory Service Classroom only Training. Classroom and Minor Physical Training 	%	\$
2. Registered Training Organisations (RTO's)	Includes <ul style="list-style-type: none"> Consultancy & Advisory Services Classroom only Training . Classroom and Minor Physical Training 	%	\$
3. Auditors	• Auditors	%	\$
4. Individual Trainers and Registered Training Organisations (Heavy Physical Training)	Includes <ul style="list-style-type: none"> Heavy Machinery & Equipment Training relating to Water, Gas & Electricians. 	%	\$
5. Other	Any activity not fitting the above Categories. Please describe:	%	\$

Business Description

Please describe in detail how these activities are carried out by you and your organisation and for whom.

Details of your experience and qualifications in respect of the above training provided.

Details of your licence registration or certification (including industry licences as appropriate to scope).

Please supply total numbers of:	Full Time	Part Time
(i) Partners/Principals/Directors		
(ii) Total numbers of administration and other staff		
Do you provide consulting services? If you have answered yes please complete Supplementary Questionnaire A.		
(i) Advise last 12 months fees from consulting services:		\$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Advise next 12 months estimated fees from consulting services:		\$
Do you provide training for Forklift, Vehicle & Machinery Assessments? If you have answered yes please complete Supplementary Questionnaire B.		
(i) Advise last 12 months fees from these training services:		\$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Advise next 12 months estimated fees from these training services:		\$
Do you provide Student Work Placement services? If you have answered yes please complete Supplementary Questionnaire C.		
(i) Advise last 12 months fees from Student Work Placement services:		\$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Advise next 12 months estimated fees from Student Work Placement services:		\$

Insurance History

1. Are you currently insured for Public and Products Liability or Professional Indemnity? If "Yes", please provide details:				Yes <input type="checkbox"/> No <input type="checkbox"/>
Policies	Expiry Date	Amount Insured \$	Excess Amount \$	Name of Insurer
General Liability	/ /			
Professional Indemnity	/ /			
2. (a) Have you ever had an Insurer:				
(i) Decline an application?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
(ii) Impose special terms?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
(iii) Decline to renew your insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
(iv) Cancel you insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
(b) If "Yes", please provide details				
Date	Circumstances			
/ /				
/ /				

Details of Labour Hire and Trainees

1. Do you on-hire blue collar labour (employees and/or independent contractors)? If "Yes", please attach a copy of your standard terms of business or client contract.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you on-hire labour to carry out duties of drivers, whether in the transport industry or not? If "Yes", please advise the estimated turnover from these activities.	
3. If trainees are provided as labour, who provides their Workers Compensation?	

Claims Information

In answering the questions in this section enquiry should be made of all relevant Principals, Directors, Employees, Contractors, and Subsidiaries ("enquiry").

1. (a) After Enquiry, have any claims ever been made against the Insured, or any of its past or present Principals, Directors, Employees, Contractors, or Subsidiaries in respect of Public Liability or Professional Indemnity? NB – A confirmed claims experience will be required if cover incepted.		Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If 'Yes', please provide details:		
Date	Circumstances	
/ /		
/ /		
2. (a) After Enquiry, are any of the Principals, Directors, Employees, Contractors, or Subsidiaries aware of any facts or circumstances past or present, which might give rise to a claim being made against the Insured, its Principals, Directors, Employees, Contractors, or Subsidiaries in respect of Public Liability or Professional Indemnity?		Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If 'Yes', please provide details:		
Date	Circumstances	
/ /		
/ /		
3. (a) After Enquiry, has there ever been, or is there now, any pending prosecutions against the Insured, its Principals, Directors, Employees, Contractors, or Subsidiaries under any statute or regulation, particularly under the Corporations Act or Trade Practices Act or OH&S Act?		Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If 'Yes', please provide details:		
Date	Circumstances	
/ /		
/ /		
4. (a) Have you or your clients ever sustained any loss through the fraud or dishonesty of any Principals, Directors, Employees or Contractors?		Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If 'Yes', please provide details:		
Date	Circumstances	
/ /		
/ /		

Financial Information

Please advise your most recent financial year end	/ /							
Please provide the amount of gross income for the following:								
(i) current financial year gross income	\$							
(ii) last financial year gross income	\$							
Please provide the approximate percentage of your activities (based on your current financial year's income) applicable to each State, Territory and Overseas								
NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Overseas
%	%	%	%	%	%	%	%	%

Limits of Indemnity

Please select the Limit of Indemnity required				
General Liability		\$5,000,000	\$10,000,000	\$20,000,000
Professional Indemnity	\$1,000,000	\$2,000,000	\$5,000,000	\$10,000,000

Declaration in respect of this application

After due consideration, I DECLARE THAT:

1. I have received a copy of the Policy Terms and Conditions.
2. I have made all necessary enquiries into the accuracy of the responses given in this Application.
3. I am authorised to completed and sign this insurance application on behalf of the Insured
4. The statements and particulars given in this Application are true and complete and that no material facts have been omitted, misstated or suppressed.
5. Should any of the information given by me alter between the date of this Application and the inception date of the Insurance Policy sought, I will give immediate notice thereof to Insurers and I agree that the Insurers may alter or withdraw the terms originally offered.
6. I agree that if there are any changes during the Policy Period to the declared Business Activities I will promptly notify the Insurers
7. I have read and understood the Important Notices contained in this Application.
8. I agree that this Application, together with any additional information contained in any appendix or attachment, will form the basis of the contract of insurance effected by the Insurers
9. I agree that submitting this Application for the purposes of obtaining a quotation does not in itself bind the Insurers in respect to the Insurance sought.
10. I will provide Insurers with notices as soon as practicable, of any fact or circumstance that might give rise to a Claim, furnish all relevant documentation to Insurers and that I will assist in the investigation of any Claim.
11. I authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance held by the Insured including this completed application and the Insured's claim history and credit history.

Signed for and on behalf of the Insured:

Signature		
Name		
Title		Date / /

Please return the completed forms to:

**Honan Insurance Brokers
Level 9, IBM Tower
60 City Road
Southbank VIC 3006
Ph: (03) 9947 4300**

or

**Members Benefits Group
PO Box 518
Port Melbourne VIC 3207
Ph: 1300 138 950**

Supplementary Questionnaire A

Consultancy	
1. Please describe your consulting activities.	
2. Please provide a brief description detailing how you ensure that service/training are in line with current best practice and/or operational frameworks.	
3. Approximately how many years experience do you have in this field?	
4. Do you have any Qualifications and/or Association affiliations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide details.	
5. What internal controls do you have in place to ensure your work is consistent and systematic so as to avoid any inconsistency with industry standards?	
6. Do you sub-contract any of your consultancy service to a third party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide details.	
7. What percentage do Consultancy activities contribute to your annual Fee/Income?	%
Name:	Date: / /
Signed:	

Supplementary Questionnaire B

Forklift, Vehicle & Machinery Assessments

1. What steps do you take to minimise risk of injury to members of the public?	
2. Do you perform any hazard identification of the site prior to undertaking the activity?.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so please provide details of what you do.	
3. Are the assessments carried out on your clients own machinery/equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, do you make sure that they have their own insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Is the assessment carried out in a designated area or under normal trading conditions?	
(a) If assessments carried out under normal working conditions, what steps have been taken to minimise the potential for injury and property damage i.e. witches hats or signage?	
(b) If assessment carried out in a controlled area, is this area clearly marked and third party employees are notified prior to assessment taking place?	
5. Does the training take place at your premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes	
(a) How old is the equipment?	
(b) Do you keep written records regarding the maintenance and condition of the equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) What steps are taken to ensure students are correctly supervised?	
If No	
(a) What steps to you take to ensure that the Third Party's equipment is in good working order?	
(b) What steps do you undertake to ensure that the Third Party is complying with OH&S and Workcover?	

Name:		Date:	/ /
Signed:			

Supplementary Questionnaire C

Student Work Placement	
1. The number of students on work experience at any one time.	
2. What is the average duration of these work placements?	
3. How many separate placement groups are there per year?	
4. The Total number of students on work experience over 12 months.	
5. Type of facilities that they will be operating in.	
6. A full list of duties that they will be performing.	
7. Please attach a copy of agreements that these facilities are requesting that you sign.	
8. Age range of work experience students.	
9. Do you have placement guidelines such as a Do & Don't manual for students, whilst on placement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please forward a copy.	
10. If your students are in medical or aged care facilities, please advise if your students will be dispensing medication as part of your placement program?	
11. Are you responsible for Personal Injury to the students?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes	
(a) Do you have a separate Personal Accident policy in place to cover the student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If "Yes", what is the Limit of Liability?	\$
12. Are students covered under any Workers Compensation scheme by yourselves or the Host Employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please provide details.	
Name:	
Signed:	
Date:	/ /