



Local Community
Insurance Services

1300 853 800

insurance@lcis.com.au

localcommunityinsurance.com.au

SUPER SCOOP INSURANCE APPLICATION FORM

Public & Products Liability/Associations Liability/PA Volunteer Workers/Business Pack

GENERAL INFORMATION

Name of group/organisation to be insured:			
Street Address:			
Suburb:			
State:		Postcode:	
Website:			
Location Address of Business, Clubroom or Event: <i>(please include street number)</i>			
ABN: <i>(if you have one)</i>		Income Tax Credit % Claimable:	
Type of Organisation:			
Incorporated Association <input type="checkbox"/>	Unincorporated Not-For-Profit <input type="checkbox"/>	Not-For-Profit with ACNC <input type="checkbox"/>	NDIS Provider <input type="checkbox"/> Hobbyist <input type="checkbox"/> Other <input type="checkbox"/>
Are you stamp duty exempt? <i>Please note stamp duty exemption certificates must be provided to LCIS prior to inception of cover. Certificates are only valid for a duration of 3 years and must be supplied to LCIS upon expiry.</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many members does your Association have? <i>(in total, not just committee members)</i>			
How many employees do you currently employ at your organisation:			
How many voluntary worker(s) participate in activities? <i>Please note this automatically covers up to 50 volunteers at any one time.</i>			
Period of Insurance required:	From:	To:	at 4.00pm

CURRENT INSURANCE DETAILS

Insurance Company:							
Insurance Broker:		Insurance Expiry Date:		/ /			
Approx. Annual Turnover: <i>(Please note that turnover is made up of Memberships, fees, grants, donations etc.)</i>			\$				
Do you operate in more than one State or Territory?			<input type="checkbox"/> YES		<input type="checkbox"/> NO		
If you operate in more than one State or Territory, what is the turnover breakdown per State or Territory?							
SA	NT	WA	NSW	QLD	TAS	ACT	VIC
\$	\$	\$	\$	\$	\$	\$	\$

Provide full details of the type of group, club or organisation. (e.g. Sports & Community Centre)

YOUR GROUP'S ACTIVITIES

What type of activities does your group conduct throughout the year?

CONTACT PERSON'S DETAILS

Contact person's name:		Position/Title:	
Telephone No:		Mobile No:	
Email Address:			
2 nd Contact person's name:		Position/Title:	
Telephone No:		Mobile No:	
Email Address:			

INSURANCE HISTORY

If you answer 'Yes' to any of the questions below, please provide full details in the space provided below each question. These questions should be answered from the perspective of the group/organisation to be insured.

a) Have You, the Association or Insured Person made any claim(s) against an Insurer for loss or damage in the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Have you ever had any insurances declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an Insurer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Have you ever suffered any loss or damage which would have been covered by the insurance coverage being applied for?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d) Is there any other information that may be relevant to the decision by the Insurer to accept this risk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e) Has there been, or is there now pending, any action, litigation or other proceeding against You, the Association or Insured Person, including any action, litigation or other proceeding brought under or pursuant to any Commonwealth, State, or Territory legislation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

f) Have You, the Association or Insured Person lodged any claims, or circumstances that might give rise to a claim, with an Insurer for any type of loss or damage in the past 10 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g) Are there any circumstances not already notified to insurers which may give rise to a claim against You, the Association or Insured Person to be insured under this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h) Have You, the Association or Insured Person had any insurance declined or cancelled, proposal/application rejected, refused, claim rejected, special conditions or excess imposed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i) In the last 10 years, have You, the Association or Insured Person been charged or convicted of a criminal offence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j) Has there been or is there now pending any investigation, examination, inquiry or other proceedings in relation to the affairs of the Association?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k) In the last 10 years, have You or any committee/board members, been involved in a company or business which, became insolvent or subject to any form of insolvency administration or been declared bankrupt?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

OUR COVERS

Information regarding the available policies, the policy terms and applicable endorsements and exclusions are available at www.lcis.com.au or by calling us on **1300 853 800**.

Please tick the covers you would like quoted and provide the liability limit or sum insured required.

☐ ANNUAL PUBLIC & PRODUCTS LIABILITY

Provides cover in respect of claims for personal injury or property damage made against your organisation over a 12 month period. This policy may be required to cover committee meetings and organising activities of your group in the lead up to and after your event.

NOTE: this is in addition to the Public Liability policy for your event/s

☐ \$10 Million

☐ \$20 Million

☐ ONE-OFF EVENT PUBLIC & PRODUCTS LIABILITY – Please note if you hold an annual public and products liability through LCIS and conduct an event with less than 500 people this events policy is not required.

Where is your event being held?

How many people does your organisation estimate will attend the event?

Have you got a risk management plan in place?

☐ YES

☐ NO

Do you have First Aid/Security on hand?

☐ YES

☐ NO

Is your event ticketed?

☐ YES

☐ NO

What is the total event budget?

\$

Cover is required for each one-off event you are organising. This policy covers for the event period only including bump-in/bump-out.

☐ \$10 Million

☐ \$20 Million

Event No.	Event Name	Location (postcode)	Date/s	Total Attendance	Length (days)
EVENT 1					
EVENT 2					
EVENT 3					

Do you require cover for more than 3 Events? *(If Yes, you will be contacted for further information)*

☐ YES

☐ NO

Do you have stallholders or individual performers you want to provide indemnity for?

☐ YES

☐ NO

If 'yes', how many?

Do you have bands you want to provide indemnity for?

☐ YES

☐ NO

If 'yes', how many?

☐ CANCELLATION & ABANDONMENT INSURANCE

Provides cover for loss associated with holding an event such as a festival, fair, parade or market which is cancelled due to circumstances beyond your control. If you select this cover we will send you a specialised application form.

Do you require cover for event cancellation insurance? *(If you have an event budget of more than \$30,000 you should consider taking out this policy.)*

☐ YES

☐ NO

If 'yes' a separate proposal form will be sent to you for completion.

☐ ASSOCIATION LIABILITY (Available for incorporated bodies only)

If your Association is legally incorporated this policy could cover claims in relation to potential financial loss or compensation associated with the management of activities and the duties of your Officers and Officials.

LCIS/QBE Scheme Association Liability insurance can only be purchased in conjunction with a Public Liability Policy.

Are You, the Association or Insured Person an incorporated body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are You, the Association or Insured Person a company Limited by Guarantee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please provide the original date on which your Association was incorporated:	/	/
If your Association is less than 2 years old, do any of the management committee members have at least 2 years' experience being involved in a not for profit association in the same capacity (as a management committee member)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
**Please note that if your Association is less than 2 years old you can only take out \$2,000,000 cover to start with.		
<input type="checkbox"/> \$2 Million		
<input type="checkbox"/> \$5 Million		
How many members does your Association have? (in total, not just committee members)		
Does your Association operate in more than one State or Territory?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you aware of facts or circumstances that might affect the ability of your Association to meet all its debts as and when they fall due?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Association provide environmental, financial or legal advice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Association have any involvement with clinical trials, or provide any medical advice, medical treatment, administer drugs or treatments, or care services? (including in home care and respite services)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Association conduct scientific or similar research?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Association provide any professional services for a fee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Association provide childcare, foster care or child protection services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Association engage in or have any connection to any of the following activities/industries - construction, finance, insurance broking, mining, recycling or airline?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Association certify education or training, products, materials, real property, and/or processes and procedures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

☐ PERSONAL ACCIDENT/VOLUNTEER WORKERS COVER

Provides cover for your volunteers with financial compensation for personal injury sustained while working in a voluntary capacity for your organisation.

- ☐ \$50,000 capital; \$500 weekly; out of pocket expenses \$10,000
- ☐ \$75,000 capital; \$750 weekly; out of pocket expenses \$10,000
- ☐ \$100,000 capital; \$750 weekly; out of pocket expenses \$10,000
- ☐ \$100,000 capital; \$1,000 weekly; out of pocket expenses \$10,000

ABOUT YOUR VOLUNTEERS

Is any unpaid person acting on behalf of your organisation in a volunteer capacity? ☐ YES ☐ NO

What type of activities will the volunteer(s) be performing?

How many voluntary worker(s) participate in activities? *Please note this automatically covers up to 50 volunteers at any one time.*

Will you have any events/activities with more than 50 volunteers working at any one time? ☐ YES ☐ NO

If 'yes' to more than 50 people please advise how many and what type of activities they will be conducting.

Type of activities	Number of volunteers

☐ MOTOR VEHICLES (INCLUDING CARS, TRAILERS, RIDE-ON MOWERS ETC)

Does your Association need to insure motor vehicles? ☐ YES ☐ NO

If 'yes', please provide a separate attachment or email with all details of the vehicles including make, model, year, sum insured, where they are parked at night, details of any finance, and details of drivers.

BUSINESS PACK - OUR COVERS

Information regarding the available policies, the policy terms and applicable endorsements and exclusions are available at www.lcis.com.au or by calling us on 1300 853 800.

Please choose covers required for this situation:

- | | |
|---|--|
| <input type="checkbox"/> General Property | <input type="checkbox"/> Burglary/Theft |
| <input type="checkbox"/> Property/Business Interruption | <input type="checkbox"/> Glass |
| <input type="checkbox"/> Money | <input type="checkbox"/> Electrical & Mechanical Breakdown |
| <input type="checkbox"/> Computer/Electronic Equipment | <input type="checkbox"/> Fidelity Guarantee |
| <input type="checkbox"/> Breakdown Deterioration of Stock | <input type="checkbox"/> Statutory Liability |
| <input type="checkbox"/> Tax Audit | <input type="checkbox"/> Employment Practices |
| <input type="checkbox"/> Transit | <input type="checkbox"/> Professional Indemnity |

PROPERTY DETAILS (THIS INFORMATION IS REQUIRED ON ALL OWNED/LEASED PREMISES)

Location/Address:			
Age/year of construction of building:			
If constructed prior to 1960, approx. what year was it last re-wired/re-plumbed?			
What is the building made of? (E.g. brick, concrete, timber, iron, steel, other). Please specify for each:			
Outside walls:			
Roof:			
Floor:			
Internal wall linings:			
Does the building contain any asbestos?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the building heritage listed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

SECURITY DETAILS

Do you have deadlocks on all external doors? (padlocks are sufficient on storage sheds/containers)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have a security alarm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If Yes, select one or more from the following:			
<input type="checkbox"/> LOCAL	<input type="checkbox"/> MONITORED*	<input type="checkbox"/> SENSORS	<input type="checkbox"/> VIDEO CAMERAS
<input type="checkbox"/> SECURITY PATROL			
If monitored, by whom:			
Do you have key operated window locks on all windows?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have bars or security screens or roller shutters on all external windows?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have fire protection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, select one or more from the following:			
<input type="checkbox"/> SMOKE, THERMAL DETECTORS	<input type="checkbox"/> EXTINGUISHERS	<input type="checkbox"/> HOSE REEL	<input type="checkbox"/> SPRINKLER SYSTEM
Are you connected to the town water supply?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

☐ PROPERTY AND BUSINESS INTERRUPTION

Protection for your buildings and asset for damage or loss.

Is the location of buildings and assets different to the location specified on page 1?

☐ YES

☐ NO

If 'yes', please provide location details:

Does your organisation own the building, or are you required under the lease to insure the building?

☐ YES

☐ NO

If YES, what is the new replacement value of the building?
(estimated cost to rebuild it today)

\$

Does your organisation have a sporting surface?
(such as tennis courts or bowling greens)

☐ YES

☐ NO

If YES, what is the new replacement value of the sporting surface?
(estimated cost to rebuild it today)

\$

IT IS A REQUIREMENT OF THE POLICY THAT YOU INSURE YOUR BUILDING FOR COMPLETE REPLACEMENT VALUE (NEW FOR OLD) PLUS THE REMOVAL OF DEBRIS AND COST OF EXPERTS SUCH AS ARCHITECTS OR ENGINEERS FEES WHICH MAY BE INCURRED IF THERE IS A LOSS UNDER THIS SECTION. YOU SHOULD ALSO FACTOR ANY IMPROVEMENTS THAT MAY BE REQUIRED UNDER PLANNING LAWS. THIS COULD INCLUDE DISABILITY ACCESS, DISABLED TOILETS & SHOWERS. THERE MAY BE ENVIRONMENTAL IMPROVEMENTS SUCH AS WATER RECYCLING, WATER TANKS, SOLAR PANELS, OR OTHER PASSIVE ENERGY USE DESIGN.

Removal of Debris Sum Insured:
(If your building has a replacement value over \$200,000 we recommend that the removal of debris sum insured should be as a minimum 10% of the value)

\$

If you require more than this amount place specify the removal of debris sum insured:

\$

Please specify other structures on the property to be covered together with the value:

Please specify below other structures on the property to be covered together with the value: (Including fencing, statues, water fountains, water tanks, lighting towers, cricket nets, watering systems, etc.)

Structure Type	Total Quantity	Sum Insured (\$)
Sporting surfaces <i>Such as tennis courts or bowling greens</i>	\$	
Sporting Surface Type	Total Quantity	Sum Insured (\$)

INSURANCE FOR CONTENTS, STOCK AND ASSETS

Your group's asset value (excluding the value of buildings) includes all contents required for coverage such as:

- Tenants improvements to leased premises, tenants improvements to playing fields and surrounds (e.g. cricket nets, sprinkler systems, fencing, lighting)
- Stock on hand at any one time (e.g. food, drink, alcohol, cigarettes)
- Business Property / Sporting Equipment (e.g. bats, balls, catching / bowling machines, clothing)
- Electronic Equipment (e.g. tv, video, sound systems, computers, appliances)
- Other items (e.g. fridge, freezer, furniture)

SELECT WHICH COVER TYPES YOU REQUIRE FOR CONTENTS, STOCK AND OTHER ASSETS.

COVER TYPE	BRIEF DESCRIPTION	SUM INSURED	
<input type="checkbox"/> FIRE & PERILS	IT IS A REQUIREMENT OF THE POLICY YOU INSURE ALL THE ASSETS YOU OWN FOR COMPLETE REPLACEMENT VALUE (NEW FOR OLD) UNDER THIS SECTION.		
	Contents	\$	
	Stock	\$	
<input type="checkbox"/> BUSINESS INTERRUPTION INDEMNITY PERIOD: 12 MONTHS (unless otherwise requested)	Financial compensation for the loss of Gross Income	\$	
	Increased Cost of Working (ICOW)	\$	
	Claims Preparation Costs	\$	
<input type="checkbox"/> BURGLARY/THEFT	WE RECOMMEND YOU INSURE FOR THE AMOUNT YOU BELIEVE COULD BE STOLEN AT ANY ONE TIME. THIS IS NOT NECESSARILY THE COMPLETE REPLACEMENT VALUE OF YOUR CONTENTS.		
	Stock	\$	
	Tobacco/Cigars & Cigarettes	\$	
	Liquor	\$	
	Theft Without Forcible Entry	\$	
<input type="checkbox"/> MONEY <i>Theft/loss of money from insured. Specify those applicable.</i>	In Transit	\$	
	On premises during business hours	\$	
	On premises outside business hours	\$	
	In safe strong room	\$	
	In the private residence of Authorised Persons	\$	
<input type="checkbox"/> GENERAL PROPERTY <i>Loss or damage to items taken away from the premises (e.g. laptops, mobile phones).</i>	General Property Items (please list each item – description, make, model);		
	Item	QTY	\$
	Two Way Radio Equipment, CB Radios, Paging Units		\$
	Cleaning & Office Equipment		\$
	Compressors & Heavy Machinery		\$
	Laptop, Notepad & Tablet Computers		\$
	Mobile Phones, Constructions Industry Tools of Trade		\$
	Surveying Equipment		\$
	Photographic & Video Equipment		\$
	Musical Instruments, Sound Equip, Amplifiers, Speakers		\$
	Hired Out Property		\$
	Other – please detail		\$

<input type="checkbox"/> GLASS <i>Replacement or repair to fixed internal or external glass. If you own multiple locations you will need to specify how many locations need glass cover.</i>	Address/s requiring Glass Cover:	
	Quantity of illuminated signs	
	Largest Pane of Glass <i>(approx. in meters)</i>	
	Automatic complete replacement value	\$
<input type="checkbox"/> COMPUTER/ELECTRONIC EQUIPMENT BREAKDOWN <i>Breakdown of TV's, video's, computers, laptops etc.</i>	Electronic Equipment	
	Data Media	
	Electronic Equipment <i>(please list each item – description, make, model)</i>	
	Audio Visual Equipment	\$
	Computers (not Laptops) Word Processors	\$
	Diagnostic Equipment, Tuning Equipment	\$
	Electro-Medical Equipment (not Xray Tomographs or Scanners)	
	Laptops	
	Office Equipment	
	Scanners, X-ray Tomographs, Other Equipment	\$
<input type="checkbox"/> ELECTRICAL & MECHANICAL BREAKDOWN <i>Breakdown of machinery items (e.g. fridge freezer etc.)</i>	Blanket Cover Sum Insured <i>(limited to per item)</i>	\$
	Number of Items:	#
	Air compressor	\$
	Airconditioner – ducted systems	\$
	Air conditioner – portable unit	\$
	Air conditioner – Split system	\$
	Air conditioner – wall/window unit	\$
	Boiler	\$
	Cash Register	\$
	Cool room	\$
	Dish/glass cleaner	\$
	Dowling machine	\$
	Drilling machine	\$
	Espresso coffee machine	\$
	Fan – supply/exhaust	\$
	Refrigerators excl Coolrooms	\$
	Other – please specify	\$
<input type="checkbox"/> DETERIORATION OF STOCK	<i>Loss of stock following machinery breakdown (Machinery Breakdown cover <u>must</u> be taken).</i>	\$
<input type="checkbox"/> FIDELITY GUARANTEE <i>This is theft, fraud or dishonesty committed by an employee or volunteer against the organisation.</i>	THIS COVER AUTOMATICALLY INCLUDED IN OUR ASSOCIATIONS & OFFICIALS LIABILITY COVER UP TO \$25,000 IF YOU SELECT THIS COVER.	\$
<input type="checkbox"/> TAX AUDIT <i>Accountant's fees associated with an audit of your business pursuant to a Statutory tax audit.</i>	IF YOU SELECT THIS COVER WE WILL SEND YOU A SPECIALISED PROPOSAL FORM.	

<input type="checkbox"/> STATUTORY LIABILITY <i>Statutory fines and penalties and official investigation and inquiry costs and expenses pursuant to a claim by a Regulatory Authority.</i>	IF YOU SELECT THIS COVER WE WILL SEND YOU A SPECIALISED PROPOSAL FORM.
<input type="checkbox"/> TRANSIT <i>Loss or damage to property whilst in the normal course of transit by road vehicle.</i>	IF YOU SELECT THIS COVER WE WILL SEND YOU A SPECIALISED PROPOSAL FORM.
<input type="checkbox"/> EMPLOYMENT PRACTICES <i>Amounts legally obligated to pay in respect to a claim made against you for a wrongful act.</i>	THIS COVER IS INCLUDED IN OUR ASSOCIATIONS & OFFICIALS LIABILITY UP TO \$100,000. IF YOU SELECT THIS COVER WE WILL SEND YOU A SPECIALISED PROPOSAL FORM.
<input type="checkbox"/> PROFESSIONAL INDEMNITY <i>If you are providing professional advice for a fee.</i>	IF YOU SELECT THIS COVER WE WILL SEND YOU A SPECIALISED PROPOSAL FORM.

IMPORTANT NOTE

YOU ARE REQUIRED TO READ THE FOLLOWING PAGES AND SIGN and DATE THIS FORM ON PAGE 16

Local Community Insurance Services (LCIS) is a division of JLT Risk Solutions Pty Ltd (ABN 69 009 098 864 AFS Licence No: 226827) (JLT) and is a business of Marsh McLennan.

IMPORTANT INFORMATION

YOUR INSURANCE CONTRACT

DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984. You have a duty to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that reduces the risk insured, is common knowledge, the insurer knows or should know as an insurer or the insurer waives your duty to tell them about.

If you do not tell us something

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

DUTY OF DISCLOSURE - SUBSIDIARY AND ASSOCIATED COMPANIES

Cover which is arranged for subsidiary and/or associated companies in addition to named insureds.

If you enter into a contract of insurance on behalf of any subsidiary and/or related company of the named insured, that subsidiary and/or related company has the same duty of disclosure as the named insured. We recommend that you ensure that each subsidiary and/or related company is made aware of the duty of disclosure and given an opportunity to make any necessary disclosures.

ESSENTIAL READING OF POLICY WORDING

We will provide you with a full copy of your policy as soon as it is received from the insurer.

It is essential that you read this document without delay and advise us in writing of any aspects which are not clear or where the cover does not meet with your requirements.

CHANGE OF RISK OR CIRCUMSTANCES

It is vital that you advise the insurer of any changes to your company's usual business. For example, insurers must be advised of any

- mergers or acquisitions,
- changes in occupation or location,
- new products or services, or
- new overseas activities.

Please contact us if you are in doubt as to whether to notify your insurer of a change in business operations.

Your duty to disclose applies also when you amend, alter, vary or endorse a policy.

HOLD HARMLESS AGREEMENTS, CONTRACTING OUT, REMOVAL OF SUBROGATION OF RIGHTS

You may prejudice your rights to a claim if, without prior agreement from your insurer, you make any agreement that could prevent the insurer from recovering the loss from a third party. These 'hold harmless' clauses are often found in leases, licences and contracts for maintenance, supply, construction and repair.

INSURING THE INTERESTS OF OTHER PARTIES

If you require the interest of another party to be covered by the policy, you **MUST** request this. Most policies will attempt to exclude indemnity to other parties (e.g. mortgagees, lessors, principals etc.) unless their interest is expressly noted on the policy. This is not applicable to Professional Indemnity or Directors & Officers policies.

GENERAL ADVICE WARNING

It is important that you understand and are happy with the policies we arrange for you. Any recommendations we have made have been based on a consideration of the premium quoted and the scope of cover offered by an insurer. We can give you general information to help you decide but unless we have specified otherwise, we have not advised you on whether the terms are specifically appropriate for your individual objectives, financial situation or needs. We therefore recommend that you should carefully read the relevant Product Disclosure Statement and other information we provide before deciding.

NSW STAMP DUTY EXEMPTION

From 1 January 2018, some small businesses with an aggregated annual turnover of less than \$2 million may be exempt from NSW stamp duty on commercial motor vehicle, commercial aviation, occupational indemnity or public/product liability insurance policies. (*aggregated turnover is your Australia wide annual turnover plus the annual turnover of any businesses that are your affiliates or are connected with you). To apply for an exemption or a refund please contact us for a copy of the 'NSW Insurance Duty - Small Business Exemption Declaration Form' if one has not been provided to you.

AVERAGE/UNDER INSURANCE (BUSINESS INTERRUPTION)

Some policies contain an Average/Co-Insurance clause which is fully set out in the 'Basis of Cover' or 'Policy Specification' of the policy. For the types of cover usually provided, the Average/Co-Insurance calculation is arrived at by applying the Rate of Gross Profit, Revenue or Rentals (as applicable) to the Annual Turnover, Revenue or Rentals (as applicable). These factors first being appropriately adjusted as provided for in the 'Trend of Business' or 'Other Circumstances' clause.

If you are in any doubt about the application of this clause to your policy, please contact us for assistance.

AVERAGE/UNDER INSURANCE

Home buildings and contents, fire, industrial special risks and other policies often contain an average clause. This means that you should insure for full value which may be replacement, indemnity or market value depending on the type of insurance cover arranged. If you are under insured your claim may be reduced in proportion to the amount of under-insurance. A simple example, illustrating the basic principle, application and effect of the Average/Under Insurance Clause is as follows:

EXAMPLE

• Full Value at commencement date	\$1,000,000
• Sum Insured at policy commencement date	\$700,000
\$700K/\$1M - insurer pays 70% of any insured loss & insured retains balance of 30%	
• Amount of Claim, say	\$100,000
• Amount payable by Insurers as a result of the application of Average/Co-Insurance (being 70% of \$100,000)	\$70,000

WORKERS COMPENSATION

If you have arranged a business package or composite type policy through us it will not include Workers' Compensation insurance. This must be arranged as a standalone contract as per the various State/Territory legislative requirements. It is compulsory for employers to have Workers' Compensation insurance in place to cover work related injuries to their employees and workers. You must also ensure your agents, employees and contractors meet all of these requirements. If you are in doubt regarding this notice, please contact us for assistance.

SEVERAL LIABILITY

Where your policy cover is provided by more than one insurer it is important to note that each insurer is only responsible to the extent of their individual subscription and there is no obligation for that insurer to make up the shortfall of any other subscribing insurer in a claim or return premium payment.

NEW CLAIMS / UNREPORTED LOSSES

Any quotation we have obtained on your behalf is based on the understanding that there will be no deterioration in the claims experience between the date insurers quoted their terms and the inception date of the cover. If claims do occur during this period, insurers have the right to revise the terms quoted or even withdraw their quotation. Please let us know whether there are any losses which have occurred that have not been reported to us/insurers, whether you intend making a claim or not.

CONFIRMATION OF TRANSACTION

You may contact us by telephone or in writing to confirm any transaction under your policy, such as renewals and endorsements. If necessary, we will obtain the information for you from the insurer.

BINDING AUTHORITY

This insurance is issued by JLT Risk Solutions Pty Ltd (ABN 69 009 098 864, AFSL 226 827) ('JLT') under an authority to bind cover on behalf of the insurer, QBE Insurance (Australia) Limited ('QBE'). In issuing and underwriting this insurance, JLT act as agents of QBE and not as your agent. JLT is a business of Marsh McLennan.

If LCIS cannot issue insurance to you as an agent of QBE because the underwriting information you have provided to LCIS means that the insurable risk falls outside of LCIS's binding authority, LCIS can instead arrange your insurance on the open market as your agent. In this instance, LCIS will be acting in a dual capacity, as an agent for QBE in collecting the information and then as your agent in arranging the insurance. LCIS will also be acting in such a dual capacity in circumstances where you have obtained multiple insurance policies through LCIS, where some of those policies have been issued by LCIS as agent of QBE and others have been arranged by LCIS as your agent.

All insurance coverage is subject to the terms, conditions and exclusions of the applicable individual policies. JLT cannot provide any assurance that insurance can be obtained for any particular client or for any particular risk.

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REFUND OF PREMIUMS

In the event of any refund premium being allowed for the cancellation or adjustment of this insurance policy, we reserve the right to retain all brokerage, fees and charges.

PRIVACY POLICY

We value your privacy and are committed to handling your personal information in accordance with the Australian Privacy Principles and Privacy Act. Full details of how we collect, hold, use and disclose personal information is detailed in our Privacy Policy. Contact your Adviser if you require a copy, or email privacy.australia@marsh.com.

RECEIVING INFORMATION ABOUT OTHER PRODUCTS AND SERVICES

We may, from time to time, offer you information about products and services which may be of interest to you. Please notify us if you do not wish to receive such additional information.

REMUNERATION AND OTHER INCOME

Our principal remuneration for arranging insurance on your behalf is either by way of commission paid by the Insurer and/or a fee including a service fee and an administration fee to be paid by you. In the event of a mid-term broker appointment, we reserve the right to retain all commission, fees and charges. In addition to the above we, or any company within the Marsh Group of Companies may receive income from insurers including: interest earned on insurance monies passing through our bank accounts; profit commissions or profit shares paid by insurers on specific classes of business; administrative service fees or expense reimbursements for limited specific services we provide to insurers as part of the placing or claims process. We will disclose any potential conflict of interest not included above which may occur and affect our relationship.

FINANCIAL SERVICES GUIDE (FSG)

For information about the services offered and to assist you in making a decision whether to use any of our services go to <https://www.jltpublicsector.com/financial-services-guide.html> to download the JLT Public Sector Financial Services Guide.

Complaints Procedures

If you are dissatisfied with our service in any way, in the first instance, please contact the Adviser servicing your account or our Complaints Officer on 61 3 9603 2338 or email complaints.australia@marsh.com. A more detailed explanation of our Complaints Procedure can be found in our Financial Services Guide.

Commission

The Premium shown on the tax invoice includes commission received from the insurer.

Referrer Remuneration

A percentage of the income received by us is paid to Local Government Association of SA for its role in referral, distribution or promotion.

IF YOU REQUIRE A FURTHER EXPLANATION FOR ANY THE ABOVE INFORMATION, PLEASE CONTACT US IMMEDIATELY.

JLT COLLECTION STATEMENT

Local Community Insurance Services (LCIS) is a division of JLT Risk Solutions (JLT) (ABN 69 009 098 864 AFS Licence No: 226827) (JLT) and is a business of Marsh McLennan.

In accordance with the Privacy Act 1988 (Cth) and any subsequent amendments (the Privacy Act), we, JLT Risk Solutions Pty Ltd and our subsidiaries and related entities (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for any of the following purposes (depending on your requirements):
 - o approaching the (re)insurance market;
 - o placing insurance or providing alternative coverage;
 - o assessing and advising you on your insurance or coverage needs;
 - o providing claims handling or risk management services;
 - o providing you with information about other JLT products or services; and
 - o administering payments to you.
- If you are proposing for or renewing insurance, the information you disclose within this document is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to: (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and other entities within the MMC group of companies.
- Your personal information may be sent to our administrative processing centers in Mumbai (India) or Kuala Lumpur (Malaysia). It may also be sent to: Bermuda, Brazil, China, Dubai, Hong Kong, Ireland, Japan, Singapore, South Korea, United Kingdom and the United States for the purposes of outsourcing Insurance Broking, Intermediary and Risk Advisory Services; and Canada, India, United Kingdom and the United States for the purposes of outsourcing Business Support Services (for example, IT systems administration and payment processing).
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. Our Privacy Policy can be accessed on our website (<https://www.jltpublicsector.com/privacy-policy.html>).

For further information contact your account executive or our Privacy Officer at the following address:

JLT Risk Solutions Pty Ltd

Level 19, One International Towers, 100 Barangaroo Avenue

Sydney NSW 2000

Email: privacy.australia@marsh.com

Phone: (02) 8864 7688

SIGNATURE & DECLARATION

1. The Duty of Disclosure, Non-Disclosure, Co-Insurance, Privacy Act 1988 notices set out above have been read, understood and agreed by me/us.
2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect the Insurer's decision about accepting this insurance.
3. I/We consent to receiving this email communication from LCIS.
4. I/We acknowledge that the Insurer reserves the right to decline any application.

Applicant's Signature:		Date:	
Applicant's Position:			

PLEASE RETURN THIS FORM TO:

Local Community Insurance Services

GPO Box 1693 Adelaide SA 5001 or EMAIL TO: insurance@lcis.com.au

Should you have any questions please contact the LCIS team on 1300 853 800.



LCIS is managed by JLT Public Sector, a division of JLT Risk Solutions Pty Ltd (ABN 69 009 098 864 AFS Licence No: 226827) ("JLT") and a business of Marsh McLennan.

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