



Insurance for ARC members
Combined Liability Proposal Form



PLEASE ENSURE YOU HAVE READ AND UNDERSTAND THE IMPORTANT NOTICES SECTION LOCATED ON THE LAST PAGE OF THIS DOCUMENT, PRIOR TO SUBMITTING THE COMPLETED PROPOSAL FORM TO OUR OFFICE.

ANY DECISION TO OFFER INSURANCE WILL BE BASED ON THE INFORMATION YOU PROVIDE US IN THIS PROPOSAL FORM.

Period of Cover	/ /
If you do not specify a date we will commence your insurance policy effective the date we receive the completed proposal. Your start date must be within 30 days of when its received and cannot be backdated	

Insured Information	
Full Name or Company Name	
Trading Name (if applicable)	
ABN Number	
Business Address	
Mailing Address (if different from your business address)	
Phone Number	
Mobile Number	
Email Address	
Website Address	
ARC membership number	

Qualified Modalities	
To be qualified you must be officially recognised as being trained to perform the modalities in which you are seeking to be insured. Acceptable qualifications come from Government Bodies, Registered Training Organisations, schools recognised by IICT and schools that have been approved and on our accredited list. Certificates of attendance or participation do not constitute a qualification.	
Modality	Percentage of working time (Must equal 100%)
REIKI	
Total %	

Student Modalities	
Only complete this section if you are currently studying modalities	
Modality	Date due to be completed
Any modalities where you are still a student are subject to Exclusion 2, Section 3 of our policy wording	

Business Information	
Estimated Annual Turnover	\$
Number of Qualified Staff	
Total Number of Staff including Directors	

Limits of Cover	
Please select your required PI/PL limits	
Public and Products Liability	<input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000
Professional Indemnity	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000

Claims Questions	
After full enquiry, are you, or have you been aware of any:	
a). Claim having been made against you, any of the practitioners, employees or contactors employed by you or any of your business partners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b). Circumstances which could give rise to a claim against you, your employees, contactors or business partners in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c). Have you or any person covered by this insurance ever had any insurance declined, cancelled, renewal refused, special conditions imposed, special excess imposed or a claim rejected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e). Have you been declared bankrupt or been a director or officer of a company that was put into receivership, administration or liquidation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f). Have you been charged or convicted of any criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered YES to any of the above questions please provide full details:	
Advices	
After enquiry, I declare that:	
<ol style="list-style-type: none"> 1. I have made all necessary enquiries into the accuracy of the responses given in this Proposal. 2. The statements and particulars given in this Proposal are true and complete, and no material facts have been omitted, misstated or suppressed. 3. Should any of the information given by me alter between the date of this Proposal and the inception date of any Insurance Policy, I will give immediate notice thereof to Insurer(s) via Arthur J. Gallagher, and I agree that Insurer(s) may alter or withdraw the terms that they have offered. 4. I agree that if there are any changes during the Policy Period to the modalities I want covered I will promptly notify Insurer(s) via Arthur J. Gallagher. 5. I have read and understood the Important Notices contained in this Proposal. 6. I agree that this Proposal, together with any additional information contained in an appendix or attachment, will form the basis of the contract of insurance effected by Insurer(s). 7. I agree that submitting this Proposal for the purposes of obtaining a quotation does not bind Insurer(s) to complete an Insurance Policy. 8. I will provide Insurer(s) with notice via Arthur J. Gallagher as soon as practicable of any fact or circumstance that might give rise to a Claim and furnish all relevant documentation to Insurer(s) in the investigation or defence of any Claim. 9. Insurer(s) are hereby authorised to make any investigation and enquiry in connection with this Statement of Fact that they deem necessary. 	
I have read and understood the Duty of Disclosure (see below)	<input type="checkbox"/> Yes
I have read and understood the Important Notices – Notice to Intending Insureds (see below)	<input type="checkbox"/> Yes
I have read and understood the Privacy Statement (available here)	<input type="checkbox"/> Yes
I have read and understood the Financial Services Guide (available here)	<input type="checkbox"/> Yes
I confirm I have Level II Reiki or above	<input type="checkbox"/> Yes

***To speed up the process we are able to email your documentation to you.
Please confirm if you wish to receive documents by email.***

I agree to receive my documentation and further correspondence by email	<input type="checkbox"/>
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Signature of the Insured		
	Date	

Important Notices

Please read the following important notices carefully before completing this documentation.

Notice to Intending Insureds

Your duty of disclosure

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

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matters:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows of, or in the ordinary course of his business, ought to know
- as to which compliance with your duty is waived by the insurer

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Complaint Resolution

If you are not fully satisfied with the service we provide you may request that a complaint be referred to our National Complaints Manager. Arthur J. Gallagher & Co (Aus) Limited subscribes to the Financial Ombudsman Service, which is a free consumer service, and the Insurance Brokers Code of Practice. Further information is available from your Arthur J. Gallagher Branch.

Premium Funding

If your premium is over \$500, you may wish to pay by monthly instalments using our recommended premium funders. Arthur J. Gallagher is paid to a maximum of 5% under some premium funding arrangements for providing this referral. We recommend that you read the premium funding contract to understand the implications in the event you cancel your insurance policy before its expiry.

Cancellation/Policy Amendments

If your contract of insurance is cancelled or amended before the expiry of the period of insurance, you will be paid the return premium received from the insurer. Arthur J. Gallagher will retain all our commission, fees and other remuneration in full in the event of any mid-term cancellation of your contract of insurance or future downward adjustment of premium. We may charge an additional fee for processing your request to cancel or amend your contract of insurance and you agree that this fee may be offset against any premium refund you are entitled to.

Binding Authority

In effecting this contract of insurance Arthur J. Gallagher & Co. (Aus) Limited is or will be acting under an authority given to it by Berkley Insurance Australia to effect the contract. Arthur J. Gallagher & Co. (Aus) Limited will be effecting the contract of insurance as agents of Berkley Insurance Australia and not of you as the Insured. Arthur J. Gallagher & Co. (Aus) Limited is authorised to provide Specialty Risks under this authority.

I have more questions, who can I contact?

Arthur J. Gallagher, Specialty Risks Team

Tel: 1800 222 012

Fax: 1800 000 472

Email: specialtyrisks@ajg.com.au