

## Entity Details

1. Insured name(s). **The below is to include all entities to be insured, including service companies and subsidiaries.**

2. ABN

3. Please select the type of organisation that the insured is:

- Union
  Employer
  Clubs  
 Associations
  Membership Base
  Other

If **Other**, please specify:

4. Website address(s)

5. Contact name  .....Contact number

## The Business

6. Principal business address

7. Nature of the Business/Activities:

8. Number of members.....

9. Proposed cover start date.....

## Employees / Members

10.	VIC	NSW	QLD	WA	ACT	SA	TAS	NT	O/SEAS
Employees / Members									

If the insured has employees/members overseas, please state which countries below:

11.	<18	18-65	>65	TOTAL EMPLOYEES / MEMBERS
Age breakdown				

Estimated percentage of 18-65 year olds fully vaccinated: .....

## Acknowledgement

I acknowledge that Covid Bounceback insurance will only cover members or employees that are

- fully Vaccinated against COVID-19; and
- over 18 (eighteen) and under 65 (sixty-five) years of age at the time of taking out this policy; and
- Australian or New Zealand citizen or holder of any Australian or New Zealand Permanent Residency Visa or hold an Australian Government Student Visa when You apply for this insurance.

---

## Cover Required

12. Please advise level of cover required per member:

- \$1,000       2,000       \$3,000  
 \$4,000       \$5000

---

## Additional comments

---

## Broker Details:

Contact Name

Email:  Contact Number

---

## Declaration

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Applicant(s) to complete this Proposal.
- I have read and understood the Important Notices accompanying this Proposal.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I authorise ProRisk to collect or disclose any personal information relating to this insurance to or from other insurers or insurance or credit reference services.
- I confirm that the statements and information in this Proposal are true and complete.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform ProRisk of any change to the information contained in this Proposal.
- I acknowledge that, if a contract of insurance is entered into, this Proposal and any accompanying documents will form the basis of the contract.

Name:

Position:

Signature:  Date:

For more information, call Alan Brewis on **0411 468 709**

Please send your completed proposal form by email to Alan at **alan.brewis@prorisk.com.au**

## IMPORTANT INFORMATION

### PRORISK

Professional Risk Underwriting Pty Ltd ABN 80 103 953 073 AFSL 308076 ("ProRisk") is authorised to bind this Policy on behalf of the Underwriter.

### UNDERWRITER

means certain underwriters at Lloyd's ("Lloyd's Underwriters").

### YOUR DUTY TO TAKE REASONABLE CARE NOT TO MISREPRESENT

You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the Policy.

This means that it is essential that You respond to specific questions that We ask honestly and to the best of Your knowledge, including where We ask You to confirm or update information that You have previously given to Us when entering into, varying, extending or renewing the Policy. However, You will not have made a misrepresentation merely because You failed to answer a question or gave an obviously incomplete or irrelevant answer to a question.

To assist You with providing Us with honest and accurate responses to any questions We ask of You, We have endeavoured to ensure that any questions We ask are clear and easy to understand. Further, where possible, We can provide examples of the types of responses We are looking for when asking a particular question.

If You are unclear of any particular question or would like Us to explain it to You, please get in touch with Us via Your Insurance Broker and we will explain this to You.

In determining whether You have fulfilled this duty to take reasonable care not to make a misrepresentation to Us, We will consider all of the relevant circumstances of a particular case. In particular, We may take into account the type of this insurance contract and its target market, explanatory material or publicity produced or authorised by Us, how clear and how specific any questions asked by Us were, how clearly We communicated to You the importance of answering those questions and the possible consequences of failing to do so, whether or not an agent was acting for You and whether the contract was a new contract or was being renewed, extended, varied or reinstated. We must also take into account any particular characteristics or circumstances about You which We were aware of, or ought reasonably to have been made aware of.

If You do not respond honestly and accurately to specific questions that We ask, We may (acting reasonably) cancel Your contract or reduce the amount We will pay You if You make a Claim, or both. It is therefore vital that You be honest and specific in Your responses. If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the Policy as if it never existed (this does not mean that We will refund any premiums that You have already paid)

### NON-DISCLOSURE

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

### RIGHT OF RECOVERY

The policy excludes indemnity for any claim arising directly or indirectly from or in connection with any liability for which the insured has foregone, excluded or limited a right of recovery against any party.

### MATERIAL CHANGE

The policy provides that the insured must notify us within thirty (30) days of any material change in the nature of the business or any material change to the risk during the insurance period.

### POLICY CANCELLATION

In the event of policy cancellation by the insured, ProRisk's cancellation rates will apply.

### COMPLAINTS AND DISPUTES

If You have any concerns or wish to make a complaint in relation to this Policy, Our services or Your insurance claim, please let Us know and We will attempt to resolve Your concerns in accordance with Our Internal Dispute Resolution procedure. Please contact ProRisk in the first instance:

Complaints Officer  
ProRisk  
Email: [complaints@prorisk.com.au](mailto:complaints@prorisk.com.au)  
Phone: (03) 9235 5255  
Post: Level 2, 115 Bridge Road, RICHMOND VIC 3121

We will acknowledge receipt of Your complaint and do Our utmost to resolve the complaint to Your satisfaction within 10 business days.

If We cannot resolve Your complaint to Your satisfaction, We will escalate Your matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team. Lloyd's contact details are:

Lloyd's Australia Limited  
Email: [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)  
Phone: (02) 8298 0783  
Post: Suite 1603 Level 16, 1 Macquarie Place, Sydney NSW 2000

A final decision will be provided to You within 30 calendar days of the date on which You first made the complaint unless certain conditions apply.

You may refer Your complaint to the Australian Financial Complaints Authority (AFCA) if Your complaint is not resolved to Your satisfaction within 30 calendar days of the date on which You first made the complaint or at any time. AFCA can be contacted as follows:

Phone: 1800 931 678  
Email: [info@afca.org.au](mailto:info@afca.org.au)  
Post: GPO Box 3 Melbourne VIC 3001  
Website: [www.afca.com.au](http://www.afca.com.au)

Your complaint must be referred to AFCA within 2 years of the final decision unless AFCA considers special circumstances apply. If Your complaint is not eligible for consideration by AFCA, You may be referred to the Financial Ombudsman Service (UK) or You can seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to You.

## IMPORTANT INFORMATION CONTINUED

The **Underwriters** accepting this Insurance agree that:

- i. if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the **Underwriters** will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- ii. any summons notice or process to be served upon the **Underwriters** may be served upon:  
Lloyd's Underwriters' General Representative in Australia  
Suite 1603, Level 16, 1 Macquarie Place, Sydney NSW 2000  
who has authority to accept service on the **Underwriters'** behalf;
- iii. if a suit is instituted against any of the **Underwriters**, all **Underwriters** participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

In the event of a claim arising under this Insurance immediate notice should be given to:

ProRisk  
Post: Level 2, 115 Bridge Road, RICHMOND VIC 3121  
Email: [enquiries@prorisk.com.au](mailto:enquiries@prorisk.com.au)  
Tel: (03) 9235 5255

## PRIVACY STATEMENT

ProRisk is bound by the obligations of the Privacy Act 1988 (as amended) regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We collect personal information about you to enable us to provide you with relevant products and services, to assess your application for insurance and, if a contract is entered, to enable us to provide, administer, and manage your policy, and to investigate and handle any claims under your policy.

We may disclose your information to third parties (who may be located overseas), such as the insurer, lawyers, claims adjusters, and others appointed by ProRisk or by the insurer to assist us and them in providing relevant products and services. We may also disclose your information to people listed as co-insured on your policy and to your agents. By providing your personal information to us, you consent to us making these disclosures.

If you do not provide all or part of the information required, we may not be able to provide you with our products and services, consider your application for insurance, administer your policy, assess or handle claims under your policy, or you may breach your Duty To Take Reasonable Care To Not Misrepresent.

When you provide us with personal information about other individuals, we rely upon you to have made them aware of that disclosure, and of the terms of the ProRisk Privacy Statement, and to obtain their consent.

For a copy of the ProRisk Privacy Statement or to request access to or update the personal information, contact the Privacy Officer at ProRisk by email: [enquiries@prorisk.com.au](mailto:enquiries@prorisk.com.au) or by mail at the address shown on this policy.

## GENERAL INSURANCE CODE OF PRACTICE

The Underwriter proudly supports the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. You can obtain a copy of the General Insurance Code of Practice from <http://www.codeofpractice.com.au/> or by contacting Us.