

**RIVERS INSURANCE
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RTO and Training Consultants Proposal Form

PLEASE ANSWER QUESTIONS FULLY, USE BLOCK LETTERS AND TICK APPROPRIATE BOXES

1 Name of the entity and ABN (include all subsidiary companies, trading names & trustees for whom cover is required)						
					ABN	
2 Telephone Number		Fax Number				
Email Address						
Website Address						
3 Address of Principal Office						
	Suburb		State		Postcode	
4 Total Number of Principals and Staff:						
5 Date you commenced business operations:						
6 Please provide a detailed description of the type of training provided:						

Continue >



7 Please state the fee income derived from each of the following services within Australia and NZ:

Training Services	Past 12 months	Next 12 months
Accredited Training	\$	\$
Non Accredited Training	\$	\$
Other Professional Services	\$	\$
TOTAL	\$	\$

8 Do you require cover for other professional services noted above? Yes No

If **“Yes,”** please provide further information regarding these professional services along with details of relevant experience and qualifications to perform these services.

9 Stamp Duty Declaration – Please provide a breakdown of percentages in fee income by location as follows.

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S
%	%	%	%	%	%	%	%	%

10 Are you represented in any way outside Australia? Yes No

If **“Yes,”** please complete the following:

Country	Fees	Number of Staff	Services

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11 Do you have an NTIS Registration in respect of the accredited training courses you provide? Yes No N/A

12 Are you a member of a professional association? Yes No

If **“Yes,”** please provide details

13 Do you have other Professional Indemnity Insurance in force? Yes No

If **“Yes,”** please provide details

Name of Insurer	Renewal Date
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14 Please state Limit of Indemnity required under this insurance:

\$1,000,000 \$2,000,000 \$5,000,000 Other \$

BREAKDOWN OF TRAINING SERVICES

15 Please detail the approximate percentage of your fee income derived from the following classes of training:

CLASS	TYPE OF TRAINING	EXAMPLE	PERCENTAGE
CLASS A	Class Room & on-line / distance education training – which does not include a physical component.	Trainer provides training in a traditional class-room environment i.e. one in which uses a black board, white board, power point presentations, overhead projector training, reading or language teaching, computer training. Etc	%
CLASS B	Class Room training where a minor physical component within the training is provided.	Trainer provides training in arts and crafts such as painting, calligraphy, knitting, origami, music teachers, sculpture, pottery, card marking) etc. Any use of machinery should not be classed in this category. Etc	%
CLASS C	Indoor Training where the training provided includes a physical component	Yoga, dance instructors, woodwork, tai chi, fitness instructor, hairdressing. Etc	%
CLASS D	Outdoor Training Includes any minor to severe physical training.	Driver training, snorkeling, martial arts instructors, weapons instructors, operation of machinery and or equipment. Etc	%

TOTAL **100%**

16 What does the indoor practical training entail? (if applicable)

17 What does the outdoor practical training entail?

18 Is the training carried out in a third party facility or is the facility owned by you?

19 What is the maximum height at which the training takes place and what types of machinery is utilised?

20 Are trainees suitably attired in protective clothing when undertaking training and does the trainer follow Personal Protective Equipment (PPE) guidelines? Yes No

21 Is the training area cordoned off with appropriate signage erected and away from public access? Yes No

22 What is the trainer to trainee ratio?

23 Do you require cover for students who are placed in the workforce to gain practical work experience as a pre-requisite to obtaining their qualifications/certificate? Yes No

If “Yes,” please advise what professional services are being performed by students on placement.

Important Note:

Note where the insurer provides cover for these services, insurance may be restricted to services performed whilst under the supervision of a qualified employee of the host company (where these services are offered and arranged by you). Additional premium may be applicable in these circumstances.

CLAIMS & CIRCUMSTANCE DETAILS

24	a) Has any claim been made against you or any principal, partner, director, consultant or employee in respect of the risks to which this proposal relates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Have you or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes in either case, please attach separate sheet providing full details including what action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss.

25	Is any principal, director, partner, consultant, or employee, after enquiry, aware of any circumstances which might:		
	a) Give rise to a claim against you or any predecessors in business or any of the present or former partners, principals, directors, consultants or employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Result in you or any predecessors in business or any of the present or former partners, directors, consultants employees, or principals incurring any losses or expenses which might be within the terms of this cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Otherwise affect the Company’s consideration of this insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If “Yes,” in any case, please attach separate sheet providing full details.

IT IS AGREED THAT IF SUCH FACTS, CIRCUMSTANCES OR SITUATIONS EXIST, WHETHER OR NOT DISCLOSED, ANY CLAIM ARISING FROM THEM IS EXCLUDED FROM THIS PROPOSED COVERAGE

PUBLIC AND PRODUCTS LIABILITY

26	Public and Products Liability – Optional Separate Policy		
	Important Note: Please note that this optional extension for public and products liability is offered on an “occurrence basis”. This means that the Policy responds to Claims that occur during the policy period.		
	a) Do you require a quote for public and products liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If “Yes,” Please answer the following:

(i) Indicate the limit of indemnity required	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000
(ii) Do you engage contractors/sub-contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If “Yes,” - Please provide details of their activities and estimated annual payments?

(iii) Have any claims ever been made against you, your predecessors in business or any of the present or past Partners or Directors in relation to Public and Products Liability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you have answered Yes to question 26 (a) (iii) above, please provide additional details in the space provided below. (Include such details as date occurred, nature of claim, whether finalised, total cost of claims and whether it remains outstanding or is finalised)

GENERAL INSURANCE INFORMATION

27 20. Has any insurer, in respect of the risks to which this proposal relates, ever:

a) declined your proposal, refused renewal or terminated any insurance?

Yes

No

b) declined an insurance claim by you or reduced its liability to pay an insurance claim in full (other than by application of an excess)?

Yes

No

If "Yes," in either case, please provide details:

DECLARATION

I / We the undersigned duly authorised person(s) declare that:

- i. I am / we are authorised by each of the entities to sign this Proposal Form; and
- ii. The above statements are correct, true and complete; and
- iii. No information material to this Proposal Form has been withheld; and
- iv. I/we have read the important facts which you have put before me / us and I / we understand the advice given in relation to necessary and detailed enquiries in order to comply with the duty of disclosure; and
- v. I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- vi. I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- vii. I / we acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me / us in relation to this insurance.

Signature

Date

/ /

Name of Partner(s) or Director(s):

On Behalf of:

* Insert Name of Firm

PLEASE READ THE FOLLOWING IMPORTANT NOTICES

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law 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 matter:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That Your insurer knows or, in the ordinary course of its 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 their 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.

Privacy Notice

We are bound by the National Privacy Principles of the Privacy Act 1988 (CTH) when we collect and handle Your personal information. The Personal information we collect in connection with this insurance is needed to enable us to evaluate your application and to administer your insurance cover. You may request us to provide you with a copy of that information, except information that has been provided to us in confidence.

We are entitled to disclose your personal information to other persons, such as insurers, reinsurers, loss assessors and claims consultants.