



# Summary of what I entered

# **Organisation Information**

Type of Organisation: Male Support Group

Age of Organisation: 2-5 Number of Volunteers and registered 10

Members:

**Total Annual Turnover:** \$91.000

State breakdown of income earned for current financial year:

		%	%	10%	90%	%	%	%	%	%	100%	1
	-											_
						_				_	_	

 Does any landlord, government statutory authority, government department or third party require to be listed as an interested or indemnified party under your Public Liability Policy?

NSW ACT QLD VIC TAS SA WA NT Overseas

Answer: NO

Do you require Building and/or Contents Insurance?

Answer: NO

# **Coverage Selection/Quotation**

**Total Premium:** \$1,627.97 **Public Liability Insurance:** \$10,000,000 **Volunteers Insurance:** Not Insured **Directors Insurance:** \$1,000,000 \$5,000,000 **Professional Indemnity Insurance:** 

We advise that should you decide to proceed with this insurance, Edgewise Insurance Brokers Pty Ltd (ACN 120 673 261 AFSL 307654) will be acting under an authority given to them by Ansvar Insurance Limited (ABN 21 007 216 506, AFSL 237826). In this respect only, Edgewise will be effecting the contract as agent for Ansvar.

# **Insured Details**

Name of organisation to be insured

(include any subsidiaries):

Dads Group Incorporated

**Contact Phone Number:** 0424907249

**Client Email:** tom@dadsgroup.org

**Business Commenced:** 08/2014 ΔRN: 60596515334

Policy start date: 31/08/2017

## **Insurer Questions**

■ Do you undertake any of the following activities? Farming Risks

Medical Research, development, experimentation or testing

**Animal Testing** 

Emergency/crisis housing, homeless shelter/refuge

Human Fostering/adoption agency

Detention centre

Childcare

Any risk requiring sexual abuse cover

Answer: NO

Over the next 12 months, do you intend to organise any events, exhibitions or festivals held at premises NOT permanently occupied by you where the expected number of attendees would exceed 1000 people at one time? (Do not

Printed on: 08/01/2025 08:18:27 Page: 1 include any 3rd party events where you will be attending as an exhibitor/guest).

Answer: NO

■ Do you engage the services of Labour Hire and/or Subcontractors (excluding volunteers) to perform activities on your

behalf? **Answer:** YES

Further details: Volunteers and consultants work for DGI to help grow our programs RC 11/10/17 - Approved by

Ansvar refer emails in OIT

Do you manufacture, import or export any Products?

Answer: NO

### **Insurance History**

Do you provide any of the following services?

Legal advice

Financial services including insurance services

Evaluation or setting standards for the qualification and performance of others or the quality of products manufactured or sold

Funds management or property management

Gaming **Answer:** NO

Have you been subject to any investigation or tax audit by any Commonwealth, State or Territory department in the last

12 months? **Answer:** NO

#### **Claims Experience**

Have any Claims been made against the organisation in the last 5 years?

Answer: NO

 After enquiry is the Proposer or any of the Principals, Partners, Directors, or Employees aware, of any circumstances or incident, which may give rise to a Claim against the Organisation or any present or former Principals, Partners, Directors

or Employees? **Answer:** NO

### General

- Has the organisation or any directors or officers:
- Ever been convicted of a criminal offence?

Answer: NO

Ever been declared bankrupt?

Answer: NO

Ever become insolvent or placed in liquidation or receivership?

Answer: NO

Do you perform any activities outside Australia?

Answer: NO

Do any of the Organisations to be insured listed in this application currently have any insurance policies in place

covering the same risks?

Answer: NO

#### **Declaration**

COMPLETING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

I/we declare that the answers given and statements made are to the best of my/our knowledge, true and correct and that I/we have not withheld any information likely to affect the acceptance of this declaration or the terms on which it is accepted. I/we acknowledge that I/we have read and understood the Ansvar Insurance <a href="Product Disclosure Statement/Policy Wording">Product Disclosure Statement/Policy Wording</a> setting out the terms and conditions which apply to this insurance. I am/we are aware that I/we have twenty one days to read the policy and if I am/we are not satisfied with the conditions I/we can cancel this insurance in writing and receive a full refund of any premium paid (less any Broker Fees paid).

TO BE AGREED ON BEHALF OF THE ORGANISATION FOR WHOM THIS INSURANCE IS INTENDED:

First Name: Thomas
Last Name: Docking