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Headway Gippsland Inc
 16 Sinclair Street Drouin
 DROUIN VIC 3818

Date: 19/06/2024
 Invoice Number: 1195442
 Account Manager: Steven Bigham

Renewal Tax Invoice

Policy Coverage Business Insurance
Insurer Ansvar Insurance Limited
Insured Headway Gippsland Inc
Policy Description Business Insurance
Policy Number 03.240.0632903
Period of Insurance 30/06/2024 to 30/06/2025
Effective Date 30/06/2024

PREMIUM	EMERGENCY SERVICES LEVY	UNDERWRITER FEE	STAMP DUTY	BROKER FEE	GST	INVOICE TOTAL
\$21,975.24	\$0.00	\$0.00	\$2,417.30	\$250.00	\$2,222.54	\$26,865.08

PAYMENT OPTIONS



DEFT Reference Number
406405211954425

Pay by credit card or registered bank account at www.deft.com.au
 Credit Card payment attracts a surcharge

Name:	Headway Gippsland Inc
Client ID:	80665
Invoice No:	1195442
Due Date:	30/06/2024



*498 406405 211954425



Billers Code: 20362
Ref: 406405211954425

Payments can be made at any Post Office by cheque or EFTPOS.

Contact your participating financial institution to make BPAY payments using the biller code and reference number as detailed above

Total Due: **\$26,865.08**

Notes: Headway Gippsland Inc - Disability Care Insurance



RENEWAL INVITATION

Insurer	Ansvar Insurance Limited
Address	Level 5, 1 Southbank Boulevard, Southbank VIC 3006
Email	insure@ansvar.com.au
Broker	INSURANCE HOUSE PTY LTD
Address	LEVEL 1, 2 WELLINGTON PARADE EAST MELBOURNE, VIC 3002

Cover is proposed based on the details contained in this document. It is important you review all information to confirm it is current and accurate. Any changes should be made at least 14 days before the policy due date. You should notify us of any circumstances or claims of which Ansvar is currently unaware and which could result in a future claim.

Date of Issue	7 July 2023
Quote Reference	632903
Name of Insured	HEADWAY GIPPSLAND INC
ABN	16 523 652 920
Revenue	\$5,000,000
Policy Type	Business Pack
Cover Type	Disability Services Care

Period of Insurance	From 4:00pm on 30/06/2024 (Local Standard Time)
	To 4:00pm on 30/06/2025 (Local Standard Time)

Coverage Summary

Cover	Cover Taken
PART A: PROPERTY AND BUSINESS INTERRUPTION	
Property Protection	Not insured
PART B: GENERAL LIABILITY	
General Public Liability	Insured
General Products Liability	Insured
Counsellors Liability	Insured
Sexual Abuse Liability	Insured
PART C: ORGANISATION LIABILITY	

Professional Indemnity	Insured
Management Liability	Insured
Directors and Officers	Insured
Entity Liability	Insured
Entity Reimbursement	Insured
Employment Practices Liability	Insured
Trustees Liability	Insured
Statutory Liability	Insured
Internet Liability	Insured
Entity Crisis Cover	Insured
Employee Fidelity	Insured
Third Party Fidelity	Insured
Tax Audit	Insured
PART D: PERSONAL ACCIDENT	
Category A – Voluntary Workers	Insured
Category B – Students/Children	Not insured
Category B – Members	Insured

Operations

Your operations are described as:

At home care (aged or disability care)

Total number of full and part time employees (not volunteers): 76

Staff turnover in last two years: 0% - 10%

Business type: Incorporated association

Amount paid to sub contractors per annum: \$0

Do you manufacture, import or export any products? No

Operations History

In the past five years, has your entity or any partner or director:

Been convicted of a criminal offence?

No

Been insolvent, declared bankrupt or placed into liquidation or receivership?

No

Had an insurance policy declined or cancelled or any other conditions imposed?

No

PART B: GENERAL LIABILITY

General Public & Products Liability

Limits of Liability

Public Liability	\$20,000,000
Products Liability	\$20,000,000
Advertising Injury	\$20,000,000

Sublimits

Property in care, custody and control	\$250,000
Public Relations	\$100,000

Automatic Extensions

Counsellors Liability	\$1,000,000
Indemnifiable Fines and Penalties	\$100,000 (Nil Excess)

Optional Extensions

Sexual Abuse Limit of Liability (Any one claim and in the aggregate during the period)	\$5,000,000
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Replacement Wages of Stood Down Staff	\$20,000 (Nil Excess)
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Geographic Limits:	As per policy wording
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Retroactive Date

Additional Terms and Conditions

Physical and Sexual Abuse Excess

Physical and Sexual Abuse Excess is \$25,000 for each and every loss, and not otherwise noted on the policy.

Events

Events with over 500 attendees away from location	Not Insured
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Excess

Claims for property damage each and every claim	\$2,500
Claims for personal injury each and every claim	\$2,500
Claims for personal injury to labour hire, subcontractors or contractors	\$10,000
Claims for Sexual Abuse each and every claim	\$10,000 in respect of any claim of personal injury

General Liability – High Risk Activities

Do you engage in any of the following activities?

Activity	Engage in?	Activity run by?
Abseiling	No	
Archery	No	
Caving or canyoning	No	
Climbing walls	No	
Flying fox / giant swings	No	
Gladiator games, martial arts or boxing	No	
Gymnastics	No	
Horse riding (excluding speed contests)	No	
Jet skiing	No	
Leap of faith / pamper pole	No	
Rides – mechanical or involving animals	No	
Motor races, motor speed tests, dune buggies or go karts	No	
Paintball / skirmish	No	
Parachuting, hang gliding, para gliding or hot air ballooning	No	
Rifle / firearms shooting / gel blasting	No	
Rock climbing – with ropes	No	
Rock climbing – unsupported	No	
Rope courses	No	
Scuba diving	No	
Sea kayaking	No	
Skateboarding using ramps	No	
Snow skiing / boarding	No	
Surfing	No	
Trail bikes, motor bikes or Motorcross	No	
Vertical or horizontal bungee jumping	No	
Water sports with power boards	No	
White water canoeing, rafting or kayaking – up to class two rapids	No	
White water canoeing, rafting or kayaking – above class two rapids	No	

General Liability – Other Activities

Does your premises have a skate board park on site which does not comply with Australian Standards	No
Is the skate board available for unsupervised use	No
Does your premises have a swimming pool that is available for unsupervised use?	No
Do you engage in any other hazardous activities not already disclosed? (If yes, details listed below)	No

Client Protection Policy

When was your Client Protection Policy first implemented?	30/06/2017
Has your Client Protection Policy been reviewed and updated in the last 24 months?	Yes
Do you undertake regular training to ensure employees, contractors and volunteers understand and act in accordance with the Client Protection Policy?	Yes
Do you comply with all relevant State vulnerable people protection legislation?	Yes
Does your Client Protection Policy require:	
Formal interviews and analysis of all candidates, volunteers or contractors for positions involving work with vulnerable people, including reference checks and past experience of such work?	Yes
You obtain a Working With Children/Vulnerable People check prior to employment and undertake reasonable ongoing monitoring of its validity?	Yes
You prohibit the employment or engagement of any person from working in your organisation if they have prior convictions relating to violent or sexually related offences?	Yes
You are committed to an environment where victims, employees, contractors and volunteers feel able to report physical or sexual abuse?	Yes
The appointment of a person, independent of the alleged incident, to investigate?	Yes
The automatic suspension of an employee from work or other duties if they are under investigation internally or by the police?	Yes
Encouragement of employees and/or volunteers to report reasonable suspicion of physical or sexual abuse, including to police and your insurer?	Yes
The details of those reporting physical or sexual abuse will kept private and confidential?	Yes
Past Incidents:	
In the past 10 years, have there been any incidents reported to you relating to alleged physical or sexual abuse of persons in your care?	No

PART C: ORGANISATION LIABILITY

Professional Indemnity

Limits of Liability

Limit of liability:	\$5,000,000 any one claim
Aggregate limit of liability:	\$10,000,000 any one period of insurance
Geographic Limits:	As per policy wording

Retroactive Date

Retroactivity allowed to: 30/06/2021

This retroactive date is allowed from the information supplied to us provided we receive evidence of prior uninterrupted insurance coverage. Retroactive date will be the start date of the policy if there was no previous or non-continuous cover in place.

Excess

Excess – Any one claim \$2,500

Management Liability

Limits of Liability and Excess

<i>Insuring clauses</i>	<i>Limit of liability</i>	<i>Aggregate limit of liability</i>	<i>Excess</i>
Directors and Officers Liability	\$10,000,000	\$10,000,000	Nil
Entity Liability	\$10,000,000	\$10,000,000	\$1,000
Entity Reimbursement	\$10,000,000	\$10,000,000	\$5,000
Employment Practices Liability	\$2,000,000	\$2,000,000	\$10,000
Trustees Liability	\$1,000,000	\$1,000,000	\$1,000
Statutory Liability	\$2,000,000	\$2,000,000	\$1,000
Internet Liability	\$500,000	\$500,000	\$1,000
Entity Crisis Cover	\$100,000	\$100,000	\$1,000
Employee Fidelity	\$100,000	\$100,000	\$5,000
Third Party Fidelity	\$100,000	\$100,000	\$5,000
Tax Audit	\$20,000	\$20,000	\$1,000

Do entity assets exceed liabilities?	Yes
Are work, health and safety procedures in place in accordance with legislation?	Yes
In the past two years, has the entity had any matters taken to Fair Work Australia? (If yes, details listed below)	No
In the past five years, has the entity been the subject of any investigation or audit or been issued with any improvement notices by any regulatory or government body? (If yes, details listed below)	No
Is there an annual external audit of cash, accounts, inventory and stock at principal locations operated by the insured?	Yes
Have there been any adverse findings in the external auditor's report?	No

Retroactive Date

Retroactivity allowed to:

30/06/2021

This retroactive date is allowed from the information supplied to us provided we receive evidence of prior uninterrupted insurance coverage. Retroactive date will be the start date of the policy if there was no previous or non-continuous cover in place.

Geographic Limits

Please note the geographic limits of this section are:

Anywhere in Australia:

Optional Extensions Employee Fidelity and Third-Party Fidelity, Insuring Clause 4. Employment Practices Liability and Insuring Clause 6. Statutory Liability
All other Insuring Clauses

Geographic Limits:

As per policy wording

PART D: PERSONAL ACCIDENT

Category A – Voluntary Workers

Capital Benefit	\$250,000
Medical Aggregate Limit	\$250,000
Personal Accident Aggregate Limit	\$2,000,000

Weekly Bodily Injury Benefits	Sum Insured	Deferral Period	Indemnity Period
	\$1,000	1 week(s)	104 weeks
Number of Volunteers	2		

Is a volunteer management programme in place? Yes

Type Of Work Volunteers Are Engaged In	Heavy Manual	Light Manual	Clerical
	0%	100%	0%

Category B – Members

Capital Benefit	\$100,000
Medical Aggregate Limit	\$250,000
Personal Accident Aggregate Limit	\$2,000,000

Weekly Bodily Injury Benefits	Sum Insured	Deferral Period	Indemnity Period
	\$1,500	1 week(s)	52 weeks
Number of Members	850		

Personal Accident – High Hazard Activities

Do you engage in any of the following high hazard activities?

Activity	Engage in?
Abseiling	No
Archery	No
Caving or canyoning	No
Climbing walls	No
Cycling or mountain bike riding	No

Flying fox / giant swings	No
Fun runs	No
Gladiator games, martial arts or wrestling	No
Gymnastics	No
Hang gliding, hot air ballooning, parachuting or para gliding	No
Horse riding (excluding speed contests)	No
Jets skiing or power boarding	No
Leap of faith / pamper pole	No
Motor races, motor speed tests, dune buggies or go karts	No
Mountaineering, cliff or rock climbing with ropes	No
Paintball / skirmish	No
Polo	No
Power boating (excluding speed contests)	No
Rock climbing – unsupported	No
Rope courses	No
Scuba diving	No
Sea kayaking	No
Skateboarding	No
Snow or ice sports (excluding speed contests)	No
Snorkelling – up to 3 metres depth	No
Surfing	No
Trail bikes / motor bikes / Motocross / quad bikes	No
Vertical or horizontal bungee jumping	No
Water skiing (excluding speed contests)	No
White water canoeing, rafting or kayaking – above class two rapids	No

Special Terms and Conditions

For any insured person under the age of 18 years or over the age of 75 years, the maximum capital benefit is \$50,000 or the amount shown on your certificate of insurance, whichever is the lesser, and the maximum weekly bodily injury benefit is \$1,000 or the amount shown on your certificate of insurance, whichever is lesser.

Our total liability for any one accident in respect of one insured person in respect of the Automatic Extensions shall not exceed \$20,000.

For all claims resulting from any one occurrence, we will not be liable for any amount in excess of the aggregate limit of liability stated in the certificate of insurance for all insured persons under all Sections of Part D: Personal Accident of this policy in the event that all benefits payable exceed the aggregate limit of liability, benefits will be payable in respect of each insured person on a pro rata basis.

Your duty of disclosure

Before you enter into or renew a contract of insurance, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our 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.

When offering to renew your contract of insurance, 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 have these duties until we agree to insure you or renew the contract.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Conditions applicable to policies paid by monthly instalments

You may pay your premium by monthly instalments direct from a financial institution. If your first monthly instalment is dishonoured by your financial institution however, this policy will not operate at all. This means you will not be covered in the event of a claim. You cannot claim under the policy if, at the date of loss, any monthly instalment has remained unpaid for 14 days or more.

If a monthly instalment remains unpaid for 30 days after its due date, the policy will be cancelled and you will be notified in accordance with the Insurance Contracts Act 1984.

If you have a total loss or we settle your claim by paying the full sum insured, we shall deduct the instalments for the remaining period of insurance from the settlement amount.

Should the financial institution holding your account return or dishonour a direct debit payment due to lack of funds in your account, we will charge you for any direct or indirect costs which we incur arising from the payment being returned or dishonoured.

If you have a complaint

Ansvar is committed to resolving any complaint you may have in relation to our products, services or handling of your personal information. Our process has 3 key stages.

1. Talk to us

Discuss your complaint with us by calling 1300 650 540 or sending an email outlining your concerns to insure@ansvar.com.au and one of our team members will assist you. The team member will refer you to a manager if they are unable to resolve the matter for you. If you are not satisfied with the response, please go to step 2.

2. Contact our service centre

You may request a review of your complaint by our Disputes Resolution Committee.

Contact us on 1300 650 540, or by email: insure@ansvar.com.au or post: Ansvar Disputes Resolution GPO Box 1655, Melbourne, Victoria 3001.

When we receive your complaint, it will be acknowledged within one business day. We will update you regarding your complaint every five business days, until we reach a resolution or other arrangement.

3. Refer to external dispute resolution

If we are unable to resolve your complaint, you may seek advice from the Australian Financial Complaints Authority (AFCA).

Website: www.afca.org.au

Phone: 1800 931 678 (free call)

Interpreter services

Phone: 1300 650 540

Our consultants have access to over 300 languages through independent interpreter services. If you require Interpreter Services, please let us know one of our team members will assist you. www.ansvar.com.au/customer-complaints

Privacy

We value the privacy of the information we collect about you and your business. Our privacy policy sets out how we collect, use, disclose and protect your information. Our policy is available on our website ansvar.com.au and in the Product Disclosure Statement (PDS) that accompanies this document.

General Advice Warning

Ansvar, or one of our representatives, may give you general advice about this product which does not take into account your personal needs to financial objectives. Before acting on any advice it is important that you read and consider the information provided in the Product Disclosure Statement (PDS) to decide if the product is right for you.

Duty on Insurance Policies

Government charges or duties may apply to this insurance policy. Ansvar is responsible for paying any duty applied to an insurance policy, to the relevant State Revenue Office. Where a duty is payable on the premium, you are required to pay Ansvar the duty together with the premium payable on the insurance policy. Should you or your organisation have a current exemption from paying such charges or duties you must provide formal evidence of that current exemption to Ansvar together with the premium payable.



Financial Services Guide

This Financial Services Guide (FSG) is an important document that we are required to give to you under the requirements of our Australian Financial Services Licence. It is designed to help you make an informed decision about whether to use us.

It includes details about the financial services we are able to provide to you, the remuneration that may be paid to us and other relevant persons for providing those services, associations or relationships we may have, how any complaints are dealt with and arrangements we have in place to compensate clients for losses.

The information in the FSG is current at the preparation date.

In this FSG, the words “we”, “our” or “us” is a reference to GippsInsure and Insurance House. “You” and “your” refer to you as our client or the insured person.

If you use our services, we provide those services on the terms set out in this FSG. Unless you tell us otherwise in writing, we assume that you agree with these terms. If there are any alterations to these terms, we will advise you in writing.

In addition to this FSG, we may provide you with additional information depending on the type of product or service you choose. You may receive from us a Product Disclosure Statement (PDS), policy wording and other additional information. The PDS and or policy wording contains information about the particular product and will assist you in making an informed decision about that product.

If you need more information or have any questions, please feel free to contact us.

Who is GippsInsure?

GippsInsure is an Authorised Representative 1007947 of Insurance House Pty Ltd ABN 33 006 500 072 AFSL 240954.

Insurance House Pty Ltd holds an Australian Financial Services Licence (AFSL 240954) and is regulated by the Australian Securities & Investments Commission (ASIC). Insurance House Pty Ltd conducts business under the name Insurance House. Insurance House Pty Ltd and its related body corporates are referred to as the Insurance House Group.

GippsInsure is authorised by Insurance House to provide financial services on their behalf including to advise and deal in general insurance products to wholesale and retail clients.

Steven Bigham ABN 29 408 489 322
trading as GippsInsure
AFS Representative Number 1007947
23 Loch Park Road, Traralgon VIC 3844
PO Box 291, Traralgon VIC 3844
Phone: (03) 5181 6085
Email: steven@gippsinsure.com.au
Web: www.gippsinsure.com.au

What services can GippsInsure supply?

We offer a range of services.

These include:

- Arranging and renewing insurance contracts
- Arranging Premium Funding (if required)
- Assisting with insurance claims.

We will do this for you as your broker unless we tell you otherwise.

When you ask us to recommend an insurance policy for you, we will usually only consider the policies offered by the insurers or insurance providers that we deal with regularly. In giving you advice about the costs and terms of recommended policies we have not compared those policies to other policies available, other than from those insurers we deal with regularly.

Not Independent

We have arrangements with our related entities, insurers (product issuers) and other product providers. Under these arrangements we may receive commission, volume-based payments, gifts or benefits or other remuneration from them when we arrange insurance or premium funding with them or issue insurance policies on their behalf.

We may act under a binder or agency from the insurer. When we act under a binder or agency we will be acting as the agent of the insurer. This means that we represent and act for the insurer, not for you. We will tell you when we act under a binder or agency when issuing insurance and or handling and settling claims on their behalf.

Code of Practice

Insurance House is a member of the National Insurance Brokers Association (NIBA). As a member of NIBA, we subscribe to the Insurance Brokers Code of Practice (Code).

The Code sets out the minimum service standards you can expect when you use an insurance broker and outlines what you need to do in the unlikely event you have a complaint to make.

The Code sets out our commitment in a number of areas including:

- Managing conflicts of interest
- Explaining what our services will be
- Acting for you diligently, competently, fairly and with honesty and integrity
- Informing you how we are paid for the services we provide
- Ensuring our staff are competent and adequately trained
- Providing an opportunity to resolve complaints and disputes

A copy of the Code can be obtained from the NIBA website (niba.com.au).



Relationships, Associations and Conflicts of Interest

When you do business with GippsInsure you will usually deal with our employees.

In some cases, we may refer you to or, advise you to use, the services of companies within the Insurance House Group or joint venture arrangements that Insurance House may enter into from time to time.

Services provided by another member of the Insurance House Group to you are provided on an arm's length basis. Conflicts of interest are circumstances where some or all of your interests are inconsistent or diverge from some or all of our interests. Conflicts of interest are managed in accordance with the Code.

We hold a binding authority from a number of insurers to issue contracts of insurance and to deal with or settle claims on their behalf. When we arrange insurance or deal with claims under one of these binders, we will be acting as the agent of the insurer, not as your agent. We will always tell you when this is the case.

GippsInsure and Insurance House Pty Ltd are Steadfast Group Ltd ABN 98 073 659 677 (Steadfast) network brokers. Steadfast is the largest general insurance broker network and the largest underwriting agency group in Australasia. We have access to various Steadfast network member services. Steadfast has exclusive arrangements with some insurers and premium funders under which Steadfast will receive remuneration which may help fund some of the member services used by us.

Remuneration of GippsInsure, Insurance House, Employees and other Authorised Representatives

Insurance House will pay an Authorised Representative an amount based on the level of remuneration received by Insurance House for insurance arranged by them. The Authorised Representative may also charge a fee based on the nature of services provided.

Our employees are paid by salary that includes superannuation benefits. The amount of salary varies according to the employee's position. Bonuses or incentives may be payable depending upon a number of factors including performance and the achievement of company goals.

Our remuneration includes:

- We may be paid commission by the relevant insurers when we arrange insurances on your behalf. As a general rule, the insurer will pay us an amount based on a percentage of the base premium. The rate of commission ranges between 5% and 35%.
- We may also charge you a fee.
- Alternatively, we may rebate all commissions to you and charge you a fee based upon the nature of the service we provide.

- We may earn a commission from the premium funder and or receive remuneration based on contractual arrangements specific to a premium funder. The commission for premium funding is in the range of 0% to 4.5% of the amount funded.
- We may be paid commission by any company with which we have a joint venture arrangement. The rate of remuneration depends on contractual arrangements.
- We will provide you with specific information about the basis and amount you will be charged before or at the time we arrange your insurance. Our charges include GST. Some of our charges may be tax deductible.
- If we hold your money in trust pending payment to the insurer, we also receive any interest earned.

You may ask for further information about our remuneration relevant to the products and services provided to you. All requests must be received within a reasonable timeframe following the provision of the products and services to you.

Fees we pay to Referrers

If a person has referred you to us, we may pay them 0% to 75% of our commission and or a fee based on the nature of the referral. This will not increase the amount you pay us.

How do you pay your Premiums?

Invoices

We will invoice you for the premium, statutory charges (e.g. stamp duty, fire services levy etc) and any fees we charge for arranging your insurance. You must pay us by the payment due date noted in the invoice or, in the case of a renewal, before the expiry date of the contract of insurance.

The methods of payment will be outlined on the invoice.

If you do not pay the premium on time, the insurer may cancel the contract of insurance and you will not be insured. The insurer may also charge a short-term penalty premium for the time on risk.

Premium Funding

Premium Funding products enable you to pay your premiums by instalments. Although they do not usually require any security, premium funders do charge interest and a fee.

Credit Card Fees

If you pay by credit card we may charge you a credit card fee which is always disclosed to you. This fee is not refundable.

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What if you change your mind and do not want the Policy?

Cooling Off Period - Retail Insurance Products only

If you decide that you do not need a contract of retail insurance which has been arranged on your behalf, you have a minimum of 14 days from the earlier of the date you receive confirmation of the contract and the date it was arranged to change your mind. You must tell the insurer in writing that you wish to return the insurance contract and have the premium repaid. If you do so, the insurance contract will be terminated from the time you notified the insurer and the premium will be returned. The insurer may retain its reasonable administration and transaction costs and a short-term premium. If a contract of insurance is cancelled before expiry of the period of insurance, we will refund the net premium we receive from your insurer. We will not refund our fees or commission for arranging the insurance.

Duty of Disclosure

In order to make an informed assessment of the risk and to calculate the appropriate premium, your insurer needs information about the risk you are asking it to insure.

Your Duty To Take Reasonable Care Not To Misrepresent – Consumer Products

When purchasing insurance wholly or predominantly for personal, domestic or household purposes, you have a duty to take reasonable care not to make a misrepresentation to the insurer. This means that it is essential that you answer questions honestly and to the best of your knowledge, including when you confirm or update information when you enter into, vary, extend, reinstate or renew a Policy.

The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the policy. If you answer questions on behalf of others, the insurer will treat your answers or representations as theirs.

If You do not meet the above Duty

If You do not meet the above Duty the insurer may refuse or not fully pay your claim and/or cancel your policy. If the misrepresentation was deliberate or reckless, the insurer may refuse to pay a claim and treat your policy as if it never existed.

Your Duty of Disclosure – Products Other than Consumer Products

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 to disclose to your 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 and, if so, on what terms. The duty applies when you enter into, vary, extend, reinstate or renew a contract of insurance.

You do not have to disclose anything that:

- Reduces the risk to be undertaken by the insurer
- Is common knowledge
- Your insurer knows, or in the ordinary course of business, ought to know or

If you do not comply with your duty of disclosure

If you do not comply with your duty of disclosure your insurer may be entitled to reduce its liability in respect of a claim or may cancel your contract of insurance. If the non-disclosure was fraudulent, the insurer may be able to avoid (or cancel) the contract of insurance from its beginning. This would have the effect that you were never insured.

If you have any questions about whether information needs to be disclosed, please contact us

Material Changes

You must also notify your insurer of any significant changes which occur during the period of insurance. If you do not, your insurances may be inadequate to fully cover you. We can assist you to do this and to ensure that your contract of insurance is altered to reflect those changes.

Privacy

Your privacy is important to us. Our Privacy Policy explains how we use and disclose your personal information in accordance with the Australian Privacy Principles. Our Privacy Policy is available at insurancehouse.com.au or upon request when contacting us.

Sums Insured - Average and Co-Insurance

Some insurance contracts require you to bear a proportion of each loss or claim if the sum insured is inadequate to cover the amount of the loss. These provisions are called 'average' or 'co-insurance' clauses. If you do not want to bear a proportion of any loss, you must ensure that the amount for which you insure is adequate to cover the full potential of any loss at the time you arrange or renew your contract of insurance. If you insure on a 'new for old basis', the sum insured must be sufficient to cover the new replacement cost of the property insured.

Interest of Other Parties

Some insurance contracts do not cover the interest in the insured property or risk of anyone other than the person named in the contract. Common examples are where property is jointly owned or subject to finance but the contract only names one owner or does not name the financier. Please tell us about everyone who has any interests in the property insured so that we can ensure that they are noted on the contract of insurance.

Waiver of Rights

Some insurance contracts seek to limit or exclude claims where the insured person has limited their rights to recover a loss from the person who was responsible for it e.g. by signing an agreement which disclaims or limits the liability of the other party. Please tell us about any contracts of this type which you have or propose to enter into.

Unusual Terms

If an insurer wants to rely on a term in a contract of insurance which is not usually included in contracts that provide similar cover, they must clearly inform you in writing of that term. They may do so by providing you with a copy of the insurance contract.



Making a Claim

Please contact us immediately if you need to lodge a claim.

We may handle or settle claims on behalf of insurers under a claims handling and settling service agreement. When we handle claims under one of these agreements we will be acting as the agent of the insurer, not on your behalf. We will tell you when this is the case.

If any claims are outstanding when you terminate our appointment as your insurance broker, we will provide details of the claim(s) to your new insurance broker so that they may continue to negotiate settlement on your behalf.

Cancellation

If you wish to cancel your insurance policy before the expiry date, we require written instructions from a person(s) who is authorised to represent each of the insured parties.

The amount refunded is subject to the policy type, claims paid during the policy period and or the unused portion of premium.

We will not refund our fees previously paid by you or commission received and may charge a cancellation fee to cover the associated administrative costs and lost commission. Any fee will be disclosed separately from the refunded premium on the invoices we provide.

Complaints

Please talk to us first.

If you have a complaint, please contact us and we will do our best to resolve it quickly. Your complaint will be handled according to our Complaints Handling procedures which can be found on our website, at insurancehouse.com.au or upon request when contacting us.

Contact details for Insurance House are:

Phone: 1300 305 834

Email: ih@ihgroup.com.au

Mail: Level 3, 100 Wellington Parade
East Melbourne VIC 3002

Web: www.insurancehouse.com.au

If we are unable to resolve your complaint to your satisfaction, you may refer your complaint to the Australian Financial Complaints Authority (AFCA).

You can contact AFCA by:

Phone: 1800 931 678

Email: info@afca.org.au

Mail: Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

Web: afca.org.au

If you have a complaint about a policy that we arrange under a binder and we are unable to satisfactorily resolve your complaint, we will refer your complaint to the insurer for review.

If the insurer is unable to resolve your complaint to your satisfaction, you may refer your complaint to the Australian Financial Complaints Authority (AFCA).

Client Compensation

Insurance House holds a Professional Indemnity Policy (PI policy). The PI policy covers us and our representatives (including our authorised representatives) for claims made against us and our representatives by clients as a result of the conduct of us, our employees or representatives in the provision of financial services.

Our PI policy covers us for claims relating to the conduct of representatives who no longer work for us and satisfies the requirements for compensation arrangements under Section 912B of the Corporations Act 2001

IMPORTANT NOTICES & INFORMATION

Important notices & information

We have prepared this document to assist you to understand important issues relating to your insurances. Please contact your Relationship Manager if you have any questions or require further advice/assistance.

General Advice Warning

This advice has been prepared without taking into account your personal objectives, financial situation or needs. You should therefore consider the appropriateness of the advice, in light of your objectives, financial situation or needs before following the advice. Please obtain a copy of, and consider the Product Disclosure Statement (PDS) applicable to the general insurance product before making any decision.

Financial Services Guide (FSG)

Our FSG is provided above, we recommend that you read this document carefully as it is designed to help you make an informed decision about whether to use our services. It includes details about the financial services we are able to provide to you, the remuneration that may be paid to us and other relevant persons for providing those services and how any complaints are dealt with. We also recommend that you download and retain a copy of this document for future reference.

Essential reading of your policy documents

Your insurance documents include a Product Disclosure Statement and/or policy wording and the policy schedule. These documents outline what you are covered for and what you are not covered for (exclusions and conditions). You should read these documents carefully and make sure they cover the risks you want to cover. Please contact us if you identify any errors or have any concerns about the extent of your cover.

In order to make an informed assessment of the risk and to calculate the appropriate premium, your insurer needs information about the risk you are asking it to insure.

Your Duty To Take Reasonable Care Not To Misrepresent – Consumer Products

When purchasing insurance wholly or predominantly for personal, domestic or household purposes, you have a duty to take reasonable care not to make a misrepresentation to the insurer. This means that it is essential that you answer questions honestly and to the best of your knowledge, including when you confirm or update information when you enter into, vary, extend, reinstate or renew a Policy.

The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the policy. If you answer questions on behalf of others, the insurer will treat your answers or representations as theirs.

If you do not meet the above Duty, the insurer may refuse or not fully pay your claim and/or cancel your policy. If the misrepresentation was deliberate or reckless, the insurer may refuse to pay a claim and treat your policy as if it never existed.

Your Duty of Disclosure – Products Other than Consumer Products

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 to disclose to your 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 and, if so, on what terms. The duty applies when you enter into, vary, extend, reinstate or renew a contract of insurance.

You do not have to disclose anything that:

- Reduces the risk to be undertaken by the insurer
- Is common knowledge

- Your insurer knows, or in the ordinary course of business, ought to know or
- The insurer has waived your obligation to disclose

If you do not comply with your duty of disclosure, your insurer may be entitled to reduce its liability in respect of a claim or may cancel your contract of insurance. If the non-disclosure was fraudulent, the insurer may be able to avoid (or cancel) the contract of insurance from its beginning. This would have the effect that you were never insured. If you have any questions about whether information needs to be disclosed, please contact us.

Duty of utmost good faith

Each party to the insurance contract - the policyholder, the insurer and a third party beneficiary (a person who is entitled to the benefits of the insurance policy) - must act with fairness and honesty in their dealings with one another. This includes policyholder's acting honestly and in good faith when answering questions or providing information in line with their duty of disclosure. Insurers must also act honestly and in good faith when responding to a claim made under a policy.

Average or Co-insurance

Some policies contain an Average or Co-insurance clause. This means that if you insure for less than the full value of the property, your claim may be reduced in proportion to the amount of the under-insurance. Some business interruption policies contain an Average/Co-Insurance clause which has a different application. Check your policy and contact us with any questions.

Contracts or leases you sign

If you sign a contract with an indemnity, "hold harmless" or release, it can invalidate your insurance – unless you obtain the Insurer's consent in advance. These clauses are often found in leases and other contracts you sign from time to time relating to your business. Do not sign a contract or lease without contacting us and/or taking legal advice as to whether the contract terms will prejudice your policy.

Additional insurances and Interested Parties

If a person is to be named on your policy or insured as a co-insured or joint insured, notify us immediately so we can request this in advance from the insurer. Your property and liability policies will not provide automatic cover for the insurable interest of other parties (e.g., mortgagees, lessors). Check with us whether the insurer will include someone else as an insured or note their interests before you agree to this in a contract or lease. We cannot guarantee that an insurer will agree to include someone as an insured under your policy or to note their interests on your policy.

Claims occurrence policies

Most of your policies do not provide indemnity in respect of events that occurred before the insurance commenced. They cover events that occur during the policy period. All claims should be reported promptly.

Claims made policies

Some policies (e.g. professional indemnity insurance) provide cover on a "claims made" basis. This means that claims first advised to you (or made against you) and reported to your insurer during the policy period are insured under that policy, irrespective of when the incident causing the claim occurred. If you become aware of circumstances which could give rise to a claim, notify the insurer during the policy period. Report all incidents that may give rise to a claim against you to the insurers immediately after they come to your attention and before the policy expires.