



# GJ INSURANCE CONSULTING PTY LTD

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## CHURCH INSURANCE PROPOSAL

Please answer the following questions on behalf of your organisation.  
If there is insufficient room please add additional sheets.

<b>Full Name of Organisation &amp; All Subsidiaries</b>	
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<b>ABN:</b>
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<b>Date Established:</b>
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<b>Your Current Insurer :</b>
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<b>Period of Insurance: From 4pm / / to 4pm / /</b>
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<b>Contact Name:</b>
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<b>Postal Address:</b>
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<b>Contact Phone Number:</b>	<b>Fax:</b>
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<b>Email:</b>
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Are you eligible for Stamp Duty Exemption (NSW & QLD only)	YES <input type="checkbox"/> NO <input type="checkbox"/>
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**If yes attached a copy of your exemption form**

**PUBLIC LIABILITY**

**Is this cover required?**

**YES  NO**

Please advise the number of people attending your place of worship, on a weekly basis, in the following categories: (i.e. – the size of your congregation)

Congregation in full (incl Satellite Churches) \_\_\_\_\_  
Ministers/Pastors/Preachers \_\_\_\_\_  
Number of Staff Full Time \_\_\_\_\_  
Number of Staff Part Time \_\_\_\_\_

Please advise the address where your place of worship is located. (Including addresses of Satellite Churches)

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

Do you operate from any other place as well? YES  NO   
If yes, please provide full details.

\_\_\_\_\_

Do you have a Risk Management Committee/Policy in place? YES  NO   
Do you have documented Incident Reporting procedures? YES  NO   
What is your annual income/turnover? \$ \_\_\_\_\_

Do you operate any other businesses – i.e. Op Shops, Crèches, Child Care, Café, Men's Sheds, School/Education Services, Care Arm Activities etc.? If yes, please provide full details. YES  NO

Do you operate a Work For The Dole Program - If yes, please provide full details. YES  NO

Do you own any premises which are leased to the public or used by community groups? YES  NO

If yes, Please describe the activities the venue will be hired for.

Does your premise/s have the following facilities?

Hall	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Kitchen with cooking facilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bar	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Training Rooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Showers	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Playgrounds	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Indoor Sports Courts	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Outdoor Sports Courts or fields	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Swimming or splash pool	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*If yes to Sports Courts or Pools please provide details?		

Are all of your facilities fully compliant with current Australian Standards and Government By-laws. YES  NO   
If no, please provide full details.

\_\_\_\_\_

Are your premises licensed to serve alcohol? YES  NO   
If yes, please provide full details of the license.

\_\_\_\_\_

Please advise the number of times and the number of participants that may be involved in the following activities, which are planned for the next 12 months.

Activity	No. of times held per year	No. of Participants per activity	Are the activities run by an external party?	Do they have their own liability insurance of at least \$10mil cover?	Do you have risk Management for this activity?
Fetes, Markets or similar			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Fundraising events			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Youth outings			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Events - 500+ people			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Camps – Live In			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Camps - Tents/Bush			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Abseiling			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Archery			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Caving			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Flying Foxes			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Horse riding			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Shooting			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Rock Climbing			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Climbing Walls			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Rafting			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Canoeing			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Beach activities			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Swimming			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Water Sports			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Ice Skating			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* BMX or Mountain Bikes			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Skateboarding			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Rollerblading			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Self Defence/Boxing/Martial Arts			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Organised games			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Ball Sports (Low impact)			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Ball Sports (High Impact)			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Jumping Castles/Inflatables			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Trampolines			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Any Other (Please Specify)			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Where activities are run by external contractors, do you always check that they have the appropriate insurances in place including Public Liability with a minimum \$10Mil cover to protect your members? YES  NO

For items marked \* above please provide more details below in terms of the specific activities being undertaken & equipment used where applicable.

Activity	Additional Information
Fundraising events	
Youth outings	

Events - 500+ people	
Camps – Live In	
Camps - Tents/Bush	
Beach Activities	
Water Sports	
BMX/Mountain Bikes	
Self Defence/Boxing/Martial Arts	
Organised games	
Ball Sports (Low impact)	
Ball Sports (High Impact)	
Jumping Castles/Inflatables	

Do you have any Activities outside Australia?

If Yes please provide details?

YES

NO

\_\_\_\_\_

Do you conduct any “Prayer Line” services at your Place of Worship?

YES

NO

If yes, please provide full details. \_\_\_\_\_

Number of services per year \_\_\_\_\_

Number of participants per service \_\_\_\_\_

Please fully describe the precautions taken to limit injury \_\_\_\_\_

## MOLESTATION/SEXUAL ABUSE COVER

**Is this cover required?**

**YES**  **NO**

**If yes, please answer the following questions.**

**If no, please skip this section.**

Do you have written procedures and protocols for Child & Vulnerable Person Protection (molestation)?  
Yes  No  If yes, please attach a copy to this declaration

Do your protocols include: Yes  No

- A Statement of Objectives in relation to the Protection of Children and Vulnerable People.
- Definitions of abuse including physical, sexual, emotional and neglect
- How to raise and report concerns of Child and Vulnerable Person abuse?
- Management responsibilities and guidance in relation to Children and Vulnerable Persons.
- Details on how the organisation will support staff and victims.
- Selection and Screening requirements of all staff, leaders and volunteers.

Does your organisation have knowledge of any known offenders within the congregation or within any roles within the church community? Yes  No  If yes, what specific measures are in place in respect to the known offenders to protect children and vulnerable adults? (Names should not be provided)

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Are known offenders accepted into your church community? Yes  No  if yes, what measures are taken at all times to protect children and vulnerable adults? (Please provide specific details)

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Does the organisation conduct training on Child & Vulnerable Person Protection, including indicators of abuse and notification procedures? Yes  No

Who within the organisation is involved in the training and how is it conducted?

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Do all volunteers, permanent and casual staff undertake a "working with children" and or Police check prior to working with children within the organisation? Yes  No

With the level of supervision of staff, relief staff and volunteers whilst with children, is there a two person rule and is this adhered to at all times? Yes  No

Is there a process for reporting suspicious or concerning relationships or behaviours? Yes  No

Have any of your venues ever had any (past or current) complaints or issues in relation to staff or, volunteers? Yes  No  (If yes, please provide detailed explanation)

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Are activities such as showering, changing and toileting children undertaken by the organisation? Yes  No  if yes, what are the guidelines on showering, changing or toileting children?

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Are there separate toilet facilities for children and adults at your facility? Yes  No

Do you organise camps or overnight activities that involve children or vulnerable adults? (If yes, please provide a detailed description)

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**PROPERTY INSURANCE**

Is this cover required?

YES  NO

Building Owner:
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**Mortgage/ Finance (if any)**

Company Name:
Address:

**The Situation of Risk**

	Address	Age	Building Construction Materials			Fire Protection? (Sprinklers, Hose Reels, Smoke Alarm, Extinguishers)	Security? (Locks, Alarm, Window locks etc.)
			Walls	Roof	Floors		
1							
2							
3							
4							

**Schedule of Assets (Continued from above)**

	DESCRIPTION OF USE	BUILDINGS	CONTENTS	TOTAL
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	\$

**Where buildings are over 30 years old please advise:**

Date of last inspection by qualified electrician or rewire \_\_\_\_\_

Date of last plumbing supply inspection \_\_\_\_\_

Heritage or Heritage Overlay YES  NO

Asbestos Audit/Register YES  NO

Do you have acreage YES  NO

If yes, how many acres \_\_\_\_\_ and is it used for anything (Farming etc)? please provide details.

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**PROFESSIONAL INDEMNITY & MANAGEMENT LIABILITY**  
Directors & Officers Liability, Employment Practices

**Is this cover required?**

**YES  NO**

Declaration: Claims/Circumstances

- a) If an insurance similar to that now being proposed has been or was now in effect, would any claim which had been made or which is now pending against any persons proposed for insurance, have fallen within the scope of such insurance?
- b) Is any person proposed for insurance aware after enquiry, of any circumstances or incident which he/she has reason to suppose might afford grounds for any future claim, such as would fall within the scope of the proposed insurance?
- c) Has there been or is there now pending any prosecution of the organisation or its subsidiaries under the Corporation Act, Trade Practices Act, or any other Statute?
- d) Has any Insurer ever declined, cancelled or imposed special conditions in relation to Professional Indemnity and Directors' & Officers' Liability Insurance?

If you have answered YES to any of the above questions, please provide full details on a separate sheet.

Do you have any newly acquired/created or disposed of/closed entities? **YES  NO**

**VOLUNTARY WORKERS PERSONAL ACCIDENT**

**Is this cover required?**

**YES  NO**

Approx. how many people volunteer annually? \_\_\_\_\_

In an average week, how many people volunteer? \_\_\_\_\_

**PREVIOUS HISTORY - Applicable to all sections**

Have you or your partner(s) the past 5 years

- (a) Been charged with any criminal offence during? **YES  NO**
- (b) Had any insurance cancelled, renewal refused, or special conditions imposed? **YES  NO**
- (c) Suffered any losses or made a claim on any Insurance company in relation to the risk proposed? **YES  NO**

IF YES, PLEASE GIVE DETAILS BELOW

YEAR	DETAILS	AMOUNT CLAIMED

**IMPORTANT INFORMATION**

**CLAIMS MADE CONTRACT**

This means the Policy will respond to:-

1. Claims first made against you and reported to the Insurer during the period of insurance, which will be specified in the Policy.
2. Events of which you became aware during the period of insurance which may give rise to a future claim provided you inform the Insurer in writing as soon as practicable, within the period of insurance, of such events.

The Policy will NOT cover you for liability resulting from:-

1. Events that occurred prior to the retroactive date, if any, specified in the Schedule of the Policy.
2. Events that were matters of claim or potential claim of which you were aware before the commencement of the period of insurance.

**SUBROGATION AGREEMENTS**

Where another person would be liable to compensate you for loss or damage otherwise covered by the Policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the Insurer will not cover you under the Policy for any such loss or damage.

**DECLARATION**

1. I/we declare that the sums insured are full value in the knowledge that the 85% Condition of Average will apply if they are not.
2. I/we declare that I/we have not been refused insurance or had special conditions imposed.
3. I/we declare that all information supplied is true and correct and I have not withheld any information that would be of value in assessing the risk or assessing the acceptance of this proposal for insurance, which is incorporated in and forms part of the policy of insurance.
4. I/we authorize my/our previous insurers to release full details of my/our insurance history to GJ Insurance Consulting Pty Ltd authorized representative of PSC Connect Pty Ltd.

**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 be reasonably expected to know, is relevant to the insurers 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 a 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 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.

**PRIVACY CONSENT:**

I/we agree to allow our personal information to be collected, used and disclosed to Insurers or any related corporation and/or related individual for the primary purposes of evaluating, affecting, managing and administering this or any other insurance cover or financial service or product provided to you.

Personal information about you, collected for the above primary purpose may also be disclosed to insurers &/or their service providers, claims consultants and the like.

Personal information about you may also be collected, used and disclosed by us for the secondary purpose of informing you of other products and services offered by us &/or related corporations.

You may however, at any time, withdraw your consent to the use of information about you for the secondary purposes by advising us at any time.

If you do not provide the requested personal information, we may not be able to evaluate, effect, manage or administer your insurance cover and you may breach your Duty of Disclosure.

**SIGNATURE OF PROPOSER(S)**

Signed: ..... Date ...../...../.....

Print Name: .....

Position: .....

**Please return to GJ Insurance Consulting Pty Ltd:-**

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