



## **Volunteering Australia**

**Volunteers General Insurance**

**Proposal Form**



# **AON**

*ABN: 17 000 434 720 AFSL No. 241141*

*GPO Box 4189  
Sydney NSW 2001  
Tel: (02) 9253 7000  
Fax: (02) 9253 7299  
Toll Free: 1800 806 584*

Name Of Insured: \_\_\_\_\_  
 Trading Name (If Applicable) \_\_\_\_\_  
 A.B.N. Number \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Address (If different to Street Address) \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name And Phone No: \_\_\_\_\_  
 Facsimile No: (If Applicable) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Website Address \_\_\_\_\_  
 Nature of Business \_\_\_\_\_

**Description Of All Activities Undertaken By Your Organisation including Paid Workers And Volunteers :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Period Of Insurance:** \_\_\_\_\_ To 1<sup>st</sup> May (Common Due Date Of All Policies On 1<sup>st</sup> May Each Calendar Year)

**NOTE:** A Minimum Of Two (2) Sections Of The Programme Must Be Taken In Order To Obtain Cover (One Being Section 1 – Property Damage)

**Please Tick  The Required Sections**

**COMBINED SPECIAL RISKS**  
*(Please Tick Box For Covers Required)*

**Location of property to be insured:**  
*(If More Than One Location, Please Attach List)*

<b>Construction</b>	Walls	Floors	Roof
<b>Fire Protection</b>	Hose reels Nos _____		
	Extinguishers Nos _____		
<b>Security</b>	Deadlocks on doors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If No, what locks? _____		

**Section 1 – Property Damage**

*(Please Tick Options Required)*

Building \$ \_\_\_\_\_  
 Contents Sum Insured  
 \$10,000  
 \$20,000  
 \$30,000  
 Other \$ \_\_\_\_\_

**Section 2 – Consequential Loss**

*(Please Tick Options Required)*

Gross Profit \$ \_\_\_\_\_  
 Fee Income \$ \_\_\_\_\_  
 Grants \$ \_\_\_\_\_  
 Rentals \$ \_\_\_\_\_  
 Increased Cost Of Working \$ \_\_\_\_\_

**Section 3 – Burglary Risks**

*(Please Tick Options Required)*

Sum Insured  
 \$15,000  
 Other \$ \_\_\_\_\_

**Section 4 – Glass**

*(Please Tick If Option Required)*

Replacement Value

**Section 5 – Money In Transit**

*(Please Tick Option Required)*

Sum Insured \$1,000  
 Other \$ \_\_\_\_\_

**Section 6 – Machinery Breakdown/Deterioration Of Stock**

*(Please Tick Option Required)*

Sum Insured \$2,000  
 Other \$ \_\_\_\_\_  
 Deductible - Each & Every Loss \$ 100  
 Deductible – Each & Every Loss \$ 250

Description Of Motor To Be Insured e.g. 2 Horse Power Fridge Motor

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Description Of Goods To Be Insured For Deterioration Of Stock, e.g. Frozen Meals

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**Section 7 – Deterioration of Stock Only**

Sum Insured \$ 2,000

**Section 8 – Special Contingency**

*(Please Tick Options Required)*

Sum Insured \$ 500  
 Other \$ \_\_\_\_\_

Description Of Goods To Be Insured

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**DEDUCTIBLES**

**Earthquake, Subterranean Fire Or Volcanic Eruption**

\$20,000 Or An Amount Equal To 1% Of The Total Declared Values At The Situation Where The Loss Or Damage Occurs Whichever Is The Lessor.

**Fire And Perils**

\$250 Each And Every Loss

**Business Interruption**

As Above

**Burglary**

\$250 Each And Every Loss

**Glass**

\$250 Each And Every Loss

**Money**

\$250 Each And Every Loss

**Machinery Breakdown**

\$100 Or \$250 Each And Every Loss *(Depending On Option Chosen)*

**Deterioration of Stock Only**

\$100 Each And Every Loss

**Special Contingencies**

\$200 Each And Every Loss

## **IMPORTANT NOTICES**

### **Insurance Contracts Act 1984**

#### **Disclosure**

You Have A Duty To Disclose To The Insurer Every Matter Known To You Which You Know (Or Could Reasonably Be Expected To Know) To Be Relevant To Their Decision To Provide Insurance And If So, On What Terms. If You Fail To Comply With This Duty, The Insurer May, Depending Upon The Circumstances, Avoid Or Adjust The Insurance Cover.

#### **Other Agreements**

The Policy Excludes Any Event Where You Agreed Not To Recover Monies From Persons Liable To Compensate For Loss.

#### **Declaration**

I Declare That All Answers And Statements In This Proposal Form And Any Attachments Are True And Correct. I Authorise SGIO Insurance Limited To Obtain From Other Insurers Or An Insurance Reference Bureau Any Information Relating To This Insurance Or Any Other Insurances Held By Me.

I Have Read The Notice About The Insurance Contracts Act 1984. I Agree To Be Bound By The Terms And Conditions Of The Policy And By The Limits Of The Cover That I Have Requested.

**Signature Of Applicant:**

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**Position:**

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**Date:**

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