

# EARLY CHILDHOOD SCHEME PROPOSAL FORM



**SPUA**  
Southern Pacific Underwriting Agency Limited

Please ensure all questions are answered fully. If not applicable, please explain why.

Please return form to Rothbury Wilkinson Insurance Brokers as soon as possible

YOUR DETAILS	
Name of Insured	
Address	

STAFF NUMBERS	
Full Time	
Part Time	
Contractors	
Temporary	
Volunteers	

FINANCIAL INFORMATION	
Turnover last financial year (including donations)	\$
Profit/Loss last financial year	\$ Profit <input type="checkbox"/> Loss <input type="checkbox"/>
Is your company able to meet its debts as they fall due?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If no, please provide details	

EMPLOYEE CHECKS	
Do you undertake criminal background and reference checks on all staff prior to employing?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If No, please provide details in the space provided below on what procedures you do undertake?	

CLAIMS AND CIRCUMSTANCES	
<i>Please answer this question in respect of all liability cover</i>	
After enquiry of all partners, principals, senior employees, officers and volunteers, have there <b>ever</b> been any claims made against you or have any circumstances occurred, or become known to you, that may give rise to a claim against any of you?	No <input type="checkbox"/> Yes <input type="checkbox"/>
After enquiry of all staff, have there <b>ever</b> been any investigational inquiries of any individual?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If You have answered Yes to the above, please provide details in the space provided below:	

### TYPE OF COVER REQUIRED

Liability Package Policy <input type="checkbox"/>	PL, SL, EL* <input type="checkbox"/>	Public Liability only* <input type="checkbox"/>
<b>*these options can only be taken up by Childcares and/or Playcentres</b>		

DECLARATION	
<p>I/We hereby declare that:                      The above statements are true, and I/We have disclosed all material facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/We shall give immediate notice thereof.                      I/We authorize Southern Pacific Underwriting Agency Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or the Insurance Claims Register.                      I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal Form.</p>	
Signature	
Date	