

## THE APPLICANT(S)

Insured's Name(s) in full

Trading Name (If Applicable)

Tax Status                      Registered Business      Yes      No      ABN                      Taxable %

Contact Numbers                      Home                      Mobile                      Fax

Postal Address

Suburb                      State                      Postcode

Email Address

Date of Birth                      /                      /                      Average Weekly Income \$

Policy Inception Date                      /                      /                      for 12 Months

Please note the policy will start from either the date above or the date the proposal form is received by our office, whichever is the later. It will be renewed automatically upon expiry unless written notification is sent to our office to advise that the policy is not required.

## JOB DESCRIPTION (You may select more than one)

Occupation	Description
<b>Nanny</b>	Child Minding Service looking after children in the child's home may include cooking and cleaning. Usually children from the same family. May live with the Family or Not.
<b>Nanny Share</b>	As per Nanny but this may include children from more than one family as long as there is no more than 7 children in care at any one time with a maximum of 5 being under the age of 5. May live with the Family or Not.
<b>Mummy Nanny</b>	As per Nanny but this may include children from more than one family and the Carers own Children as long as there is no more than 7 children in care at any one time with a maximum of 5 being under the age of 5.
<b>Babysitter</b>	Irregular child minding from the families home or their own (Private Service)
<b>Au Pair</b>	Short Term/Overseas Travellers living with a family to assist with childcare & domestic duties
<b>Mothers Helper</b>	Child Minding also some domestic chores for a family
<b>In Home Care (Home Based Care)</b>	Regular child minding from the carers home- Stand Alone Carers that are not registered with any local childcare service such as Family Day Care. May be licensed by the State Government regulatory body to care for a certain number of children
<b>Home &amp; Community Care</b>	As per nanny but for disabled/injured/ill adults who require assistance (Not Qualified)
<b>Aged Carer</b>	As per nanny but for the elderly who require assistance (Private Service)
<b>House Keeper</b>	General House Keeping Duties and/or chores (Domestic Only)
<b>Domestic Cleaner Caterer/Cook</b>	Regular cleaning of families homes and/or Provides private Catering/Cooking services to families (Domestic Only)
<b>Mothercraft Nurse</b>	Parenting Coach who is trained to care for children from birth to 5 years of age. They can assist with newborn care, breast feeding, routines for the baby, sleep & settling techniques, development milestones, toddler management & childhood diseases (Private Service)
<b>Doula</b>	Provide Emotional & Physical support to a women & partner before, during and after childbirth. Does not support the Mother in the medical role.
<b>Registered Nurse</b>	Qualified Registered Nurse
<b>Educators/Seminars</b>	1 on 1 Training or Group Presentation on a Childcare Related Topic
<b>Family Day Care</b>	Regular childcare from the carers home but the carer is registered with a local Family Day Care Office (Scheme) and this office provides training and monitoring
<b>Nanny Agency</b>	Please contact our office to discuss your requirements
<b>Other (Please Provide details)</b>	

## SUM INSURED (Please Select One)

\$10,000,000 Public & Products Liability	\$100,000 Goods in your Physical & Legal Control	\$250 Excess
\$20,000,000 Public & Products Liability	\$100,000 Goods in your Physical & Legal Control	\$250 Excess

## GENERAL INFORMATION

### 1. Have you in the last 5 years

- |   |     |    |
|---|-----|----|
| a. Had any claims made against you (whether insured or not)?  | Yes | No |
| b. Had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or special excess imposed by an Insurer? | Yes | No |
| c. Had any incident or accident occur which would have been covered by the proposed insurance policy?   | Yes | No |

### 2. Have you

- |  |     |    |
|--|-----|----|
| a. Ever been declared Bankrupt?  | Yes | No |
| b. Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration eg- Liquidation or Receivership? | Yes | No |
| c. Been convicted of any criminal offence within the past 5 years?   | Yes | No |

If you have answered "Yes" to any of the above questions, please give details below.

## DUTY OF DISCLOSURE

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also, prior to each instance you alter or renew the Policy. Each person named as the Insured has the same duty.

**Penalty for Non Disclosure:** If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by the policy.

**You don't need to tell us anything which:** reduces the risk; is common knowledge; we already know, or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

## DECLARATION & SIGNATURE

All answers and statements made in this application are true and accurate in every respect and no information which is likely to affect our decision about accepting this insurance has been withheld.

Applicants Signature

Name

Date / /

Referred By -

The Australian Nanny Association

Please provide your Member Number

Nanny Agency

Please Provide the Agency Name

## PAYMENT OPTIONS - Direct Debit via Bank Account or Credit Card (Please select Annual Payment or Monthly instalments)

The premium will be debited 21 days after the policy Inception date unless an alternate date is required, if so please advise a date.

Annual Payment

12 Monthly Instalments

Date to be Debited / /

Kindly complete the attached Direct Debit Request Form & Return it to our office together with the proposal form.

The policy will be issued upon receipt.

NannySure is a product of Finsura Insurance Broking (Australia) Pty Limited  
ABN 58 003 334 763 AFS Licence No. 243264 of 8 McMullen Avenue Castle Hill NSW 2154  
Po Box 686 Castle Hill NSW 1765

Email: [nannysure@finsura.com.au](mailto:nannysure@finsura.com.au) Ph: 02 9899 2999 Fax: 02 9680 3023 Website: [www.nannysure.com.au](http://www.nannysure.com.au)

This Policy is underwritten by QBE Insurance (Australia) Limited  
ABN 78 003 191 035, AFS Licence No. 239545 of 82 Pitt Street, Sydney 2000



# Direct Debit Request

To: The Manager,  
QBE Insurance (Australia) Limited

POLICY NUMBER  
(if available)

.....  
.....  
.....

## Authorisation

I/We (Name in full)	Surname	Given Name(s)		
	<input type="text"/>	<input type="text"/>		
Business Name (as applicable)	<input type="text"/>			
Address	<input type="text"/>			
		State	<input type="text"/>	Postcode
<p>authorise QBE Insurance (Australia) Limited (User No. 185156) to arrange for funds to be debited under the Direct Debit system from my/our account at the financial institution named below.</p> <p>This authorisation is to remain in force in accordance with the terms described in the Direct Debit Service Agreement, which has been read and understood.</p>				
Signature	1) <input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
	2) <input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please complete either section (1) or (2)

## (1) Financial Institution Account Details

Name of Financial Institution	<input type="text"/>			
Branch Name	<input type="text"/>			
Branch Address	<input type="text"/>			
		State	<input type="text"/>	Postcode
Account Name	<input type="text"/>			
B.S.B. No.	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Account No.	<input type="text"/>	
(Please note that not all accounts can be debited, e.g. passbook accounts. If in doubt please refer to your Financial Institution.)				

## (2) Credit Card Details

Card Type	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa Card
Cardholder's Name	<input type="text"/>	
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Signature	<input checked="" type="checkbox"/> <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

## QBE Insurance (Australia) Limited – Direct Debit Service Agreement

This agreement sets out the terms of the direct debit arrangements between you and us.

In this agreement these words have the following meanings:

'You' or 'Your' means the account holder whose details appear in the Direct Debit Request.

'Us', 'Our' or 'We' means QBE Insurance (Australia) Limited.

### Our Commitment to You

We will initiate Direct Debit Payments in the manner referred to in the Direct Debit Request (DDR).

We will not charge any fees for Direct Debit transactions. You should contact your Financial Institution to check if any charges apply.

We will give you at least 14 days written notice if we propose to vary details of this arrangement including frequency of payments or commencement date.

You may defer, alter or suspend this arrangement at any time by giving us at least 7 days written notice, prior to the due date of the payment. You may also stop any payment or cancel the DDR at any time by giving us at least 7 days written notice, prior to the due date of the payment.

### Your Commitment to Us

It is your responsibility to have sufficient cleared funds available in the account to be debited, to enable debit payments to be made in accordance with the DDR.

Where a direct debit is returned unpaid, you will have to arrange for immediate payment either by Electronic Funds Transfer or otherwise and we may pass onto you any resulting charges we incur.

You must ensure that the account details in the DDR are correct by checking them against a recent statement from the Financial Institution at which the account is held.

### General Information

Some Financial Institution accounts are not able to be debited. If in doubt, you should check with your Financial Institution before the DDR is completed.

Debit payments will be made when due. We will not issue individual confirmation of payments made.

Where the due date falls on a non-business day, we will draw the amount on the next available business day.

Any queries, including disputed debit payments must be directed to us in the first instance by calling QBE on (02) 9375 4656. Alternatively, you can write to us at QBE Insurance (Australia) Limited, Compliance Manager, GPO Box 82, Sydney, NSW 2001.

Except to the extent that disclosure is necessary to process debit payments, investigate or resolve disputed transactions or is required by law, we will keep your details and payments confidential.

## Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website [www.qbe.com](http://www.qbe.com) or contact the Compliance Manager on 02 9375 4656 or email [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com) for further information.