

# NannySure

INSURANCE FOR PROFESSIONAL  
NANNIES/CARERS & AGENCIES



Caring for young children is a high-risk occupation. You have to be constantly on guard against any potential danger. It takes a split second for an accident to occur and you could be held responsible.

NannySure Liability Policy protects your legal liability, providing you with peace of mind should you be found to be negligent.

## PERSONAL INJURY

Under the statute of limitations, in the event a child suffers an injury/illness in your care, legal action could be taken against you up to 21 years after the injury/illness occurred. Although you may not have any assets today your financial situation may change in the future and you could be jeopardising it by not insuring against your legal liability today.

Are you aware you could be held liable in these situations:

- You stumble and accidentally drop a child whilst walking down the stairs, leaving them with a permanent disability
- You leave a hot drink unattended for a moment and a child suffers burns and scarring
- You make an error whilst administering medication to a child, causing an adverse reaction or overdose (limited occupations, refer to occupations\* on occupations list).

In personal injury claims you could be held liable to pay medical costs including rehabilitation expenses.

Compensation could also be awarded to the family not to mention your legal fees on top of that. Without insurance all of these costs would come from your own pocket. Insurance cover provides a financial safety net in case something unforeseeable does happen.

## PROPERTY DAMAGE

Even though the family you are working for may have home and contents insurance that covers damage to their property caused by you, their Insurer may seek to recover the costs of the claim from you.

Are you aware you could be held liable in these situations:

- You are cooking dinner, leave the kitchen for a moment and return to find it on fire
- You put washing on, go out and come back to find the house has flooded
- You are playing with the children and damage a \$5,000 plasma TV
- You have taken the family's \$2,500 video camera out for the day and you lose it.

## OVERVIEW OF COVER

NannySure's Public & Products Liability Insurance Policy is designed specifically to protect you against these types of risks (subject to the Terms & Conditions of the Policy).

## OCCUPATIONS

We cover the following occupations:

- Agencies
- Aged Carer
- Nanny
- Home & Community Care
- Nanny Share
- Mothercraft Nurse\*
- Mummy Nanny
- Doula\*
- In Home Care
- Registered Nurse\*
- Home Based Care
- House keeper
- Au Pair
- Domestic Cleaner
- Mothers Helper
- Domestic Cater/Cook
- Babysitter

\* No cover for administering medication.

Please see our website for full definitions.

For Agencies, please contact us direct to discuss your requirements.



Finsura have been associated with the Nanny Industry for over 8 years, we are proud that we have been able to provide personal service and tailored insurance products that meet the needs of your industry.

The premium can be paid either annually or monthly for no additional cost.

#### \$10,000,000 Public & Products Liability

STATE	ANNUAL	MONTHLY
NSW	\$485.65	\$34.97
ACT	\$474.10	\$34.01
QLD	\$485.65	\$34.97
VIC	\$489.50	\$35.29
SA	\$493.35	\$35.61
WA	\$489.50	\$35.29
NT	\$489.50	\$35.29
TAS	\$489.50	\$35.29

#### \$20,000,000 Public & Products Liability

STATE	ANNUAL	MONTHLY
NSW	\$635.53	\$47.46
ACT	\$619.85	\$46.15
QLD	\$635.53	\$47.46
VIC	\$640.75	\$47.90
SA	\$645.98	\$48.33
WA	\$640.75	\$47.90
NT	\$640.75	\$47.90
TAS	\$640.75	\$47.90

Premiums are inclusive of government charges, ie. GST and Stamp Duty, which may be subject to change.

Above premiums do not apply to agencies.

Please note our Broker Fee of \$66.00 including GST will be debited in addition to the 1st instalment.

Whether you're a Nanny/Carer or an Agency, we have a wide range of products and services tailored to meet your needs.

Should the policy be cancelled mid-term there are no cancellation fees. You only pay for the period you are covered and the pro-rata premium will be refunded.

You can receive a discount on the above premiums if you become a member of the Australian Nanny Association.

## FEATURES & BENEFITS:

- Broad range of occupations covered
- Broad cover providing you with peace of mind in the event of a claim
- Competitive pricing
- Pay by the month at no additional cost
- Industry experience
- An experienced and dedicated service team to provide friendly advice
- A dedicated Claims Officer who will provide support and advice in any claim situation
- Global insurer with strong financial security.

## AUSTRALIAN NANNY ASSOCIATION

We are a proud member of the Australian Nanny Association. The association endeavours to educate the public about nannies, and to assist the sector to work toward professionalising the industry. ANA is the first Australian association to represent all sections of the nanny industry.

Members of the association can receive a discount on their insurance through Nannysure when obtaining a new policy or renewing an existing policy by just providing us with their membership number.

Please visit the Association at:

[www.australiannannyassociation.org](http://www.australiannannyassociation.org) for more information on their membership benefits.

Please read the Product Disclosure Statement available from the Association to decide if a product is right for you. Insurance issued by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence 239545.

**Whether you're a Nanny/Carer or an Agency, we have a wide range of products and services tailored to meet your needs.**

## HOW TO OBTAIN COVER

You can choose, go to either our NannySure website or to the association website and complete the application form and direct debit request form. Cover will be issued upon receipt of the application form and Direct Debit Request form.

Subject to policy terms & conditions and underwriting criteria.

## CONTACT US

### Head Office:

8 McMullen Avenue, Castle Hill NSW 2154

### Postal Address:

PO Box 686, Castle Hill NSW 1765

### Phone:

Free Call 1800 252 712

### Fax:

02 9680 3023

### Email:

[nannysure@finsura.com.au](mailto:nannysure@finsura.com.au)

### Our Website:

[www.nannysure.com.au](http://www.nannysure.com.au)

### The Association Website:

[www.australiannannyassociation.org](http://www.australiannannyassociation.org)

**QBE Insurance (Australia) Limited**

ABN 78 003 191 035 AFS Licence 239545



THE APPLICANT(S)

Insured's Name(s) in full \_\_\_\_\_

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.

BUSINESS DESCRIPTION (Please describe your occupation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIABILITY SUM INSURED (Please Select One) Excess \$250 Property Damage

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

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

PROFESSIONAL INDEMNITY SUM INSURED (Please Select One) Excess \$500

Cover Not Required  \$500,000  \$1,000,000  \$5,000,000

STATUTORY LIABILITY SUM INSURED (Please Select One) Excess \$Nil / \$250

Cover Not Required  \$250,000  \$500,000

GENERAL PROPERTY (Mobile Phones/Laptops) (Please Select One) Excess \$250

Cover Not Required  Quote Only Required (Complete below)  Cover Required (Complete below)

List the items & their replacement value below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COVERS

Please note we may require additional information in order to arrange the following covers. If you select any of the following we will be in contact shortly to discuss your requirements. See our website for more details.

Personal Accident & Illness  Home & Contents  Motor Vehicle & CTP  Private Travel

**GENERAL INFORMATION**

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

- a. Made any claim(s) on an insurer for loss or damage?  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. Suffered any loss or damage which would have been covered by the proposed insurance policy?  Yes  No

**2. Have you or your partner(s) or director(s) of the business:**

- 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 (other than minor traffic convictions)?  Yes  No
- d. Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?  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 the Insurers decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with Insurers, 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, Insurers may reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, Insurers 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.

**PRIVACY NOTICE**

We value your privacy. Our Privacy Policy sets out how we collect disclose and handle personal information under the Privacy Act and the Australian Privacy Principals. By providing us such information you consent to these practices unless you tell us otherwise. Our Privacy policy is available at [www.finsura.com.au](http://www.finsura.com.au) or by contacting us on 02 9899 2999.

**DECLARATION, AUTHORITY & 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.

**Agents Authority: an agent is a person you authorise to act on your behalf. Eg – Coordinating Unit/Agency**

I authorise \_\_\_\_\_ (agents name) to act as my agent in relation to my business insurances.

Applicants Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Referred By -  Coordination Unit / Agency Please provide the name Kiddo

Industry Association Please provide the Name/Membership Number \_\_\_\_\_

**PAYMENT OPTIONS - Direct Debit via Bank Account (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 together with the proposal form & return it to our office or to your Agent.**







# 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	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	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.