

# 2009

## INSURANCE GUIDE

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### Statement of Intent

This document is provided to assist staff and students in understanding what insurance cover is in place for those students engaged in a work experience or community placement program whilst under the direction or control of an entity other than the University of Adelaide in connection with a course or approved research work undertaken with the knowledge and consent of the University.

Legal & Risk  
Division of Services & Resources

STUDENT WORK - EXPERIENCE

## 1. SCOPE OF COVER

1.1 The student is provided with:

1.1.1 Public Liability insurance to a limit of \$20,000,000 per any one event for act or omission on the part of the student that results in injury loss or damage to the host organisation.

1.1.2 Travel insurance providing that the distance travelled is in excess of 50 kilometres from the student's home or the University campus and includes an overnight stay.

1.1.3 Personal accident insurance.

## 2. CONDITIONS OF THE ABOVE INSURANCE ARE:

2.1 The student is not to be employed by the entity where the workplace experience or community placement is being undertaken.

2.2 The student receives no remuneration for the work performed.

2.3 The workplace experience is relevant or part of the conditions of the program of the student's course of study.

2.4 Participation has been endorsed by the Head of School.

2.5 The University is not liable for any negligent act or omission on the part of the host organisation that results in injury to, or loss or damage of personal property of a student.

## 3. STUDENT PLACEMENT

3.1 The Head of School is responsible for:

3.1.1 Providing the host organisation with a copy of the Student Placement Agreement Form, with a request that the host organisation complete *Part 'C'* and return a copy to the School administration.

3.1.2 Providing to the host organisation, proof of insurance for Public Liability. (the cover is not on behalf of the student it is the University accepting liability for the action of the student).

## 4. ATTACHMENTS

4.1 Student Placement Agreement

4.2 Public Liability Insurance Certificate of Currency

4.3 Student Personal Accident Certificate of Currency

## STUDENT PLACEMENT PROGRAM AGREEMENT

### Part A - Student Details

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Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Student ID # \_\_\_\_\_ Student Phone # \_\_\_\_\_

Degree/Program enrolled \_\_\_\_\_

Faculty \_\_\_\_\_ Campus \_\_\_\_\_

#### *Emergency contact*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile # \_\_\_\_\_

#### *School Contact*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

As a student on work placement, I agree

1. To attend the workplace to which I have been assigned at the agreed times and days stated below.
2. To notify both my workplace supervisor (named below) and the School Contact above if I am unable to attend for reasons of ill health or any other reason.
3. To present myself in an appropriately dressed fashion ensuring I am wearing any protective clothing which may be required by the Host Organisation.
4. Obey all lawful directions of the workplace to which I have been assigned.
5. To work to my full capacity, with due regard for my legal responsibilities in the workplace.
6. To comply with all Occupational Health & Safety requirements required by the host organisation.
7. To inform the host workplace supervisor and the School administration office of any accident or injury in which I am injured or in which I have injured another party.
8. In the event of an emergency I will contact the School administration office.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B – Host Organisation**

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Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Street address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax# \_\_\_\_\_

Location of placement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date of placement: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Hours of work: (Start) \_\_\_\_\_ (Finish) \_\_\_\_\_

Description of task to be performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Conditions (Clothing, safety equipment, parking) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Part C – Conditions**

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We agree to accept the named student on work placement and to plan an appropriate program for their placement.

All reasonable precautions will be taken in the workplace to ensure the occupational health safety and welfare of the student in a non-discriminatory and harassment free working environment. The School administration office will be notified by our organisation in the case of a student's illness, injury or unexplained absence. The student will not receive any form of reward or stipend for work performed during and placement and will not be used to replace paid workers or be used during any form of industrial dispute. The student is not to be required to undertake any task prohibited by the University, Legislation or insurance requirements.

It is understood by all parties that the University, the host organization or the student may without notice cancel the work placement.

The host organization agrees that they have Occupational Health & Safety procedures in place and the student will receive a safety and workplace induction that will prepare them to safely undertake the tasks and duties of the work placement.

## **Part D – Insurance**

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The University maintains a Public Liability insurance policy that will indemnify the host organisation for any negligence act, error or omissions by the student during the period of the work placement. A Certificate of Insurances for Public Liability is enclosed with this Placement Agreement Form.

The host organization agrees to indemnify the University and the student for any injury, loss or damage to student or to University property being used by agreement with the host organisation, resulting from any negligent act or omission by its employees, agents or contractors.

The host organisation agrees to provide 'proof of insurance' for the period of the work placement to the School administration office. The student is not to commence the work placement until the proof of insurance has been sighted.

Host Organisation Authorising Officer Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part E - Authorisation

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I grant permission for the above named student to undertake a work placement with the above named host organisation in accordance with the conditions and guidelines above:

*Head of School*

Signature

Date

\_\_\_\_\_

### *Distribution*

1. School administration office
2. Host organisation
3. Student

## 5. PROOF OF INSURANCE

Certificates of insurance enclosed

**Issue Date:** 31 December 2008

Telephone: +61 8 8223 1200  
Fax: +61 8 8223 7223  
Website: www.willis.com

TO WHOM IT MAY CONCERN

**Re: Confirmation of Insurance – General Public & Product Liability**

In our capacity as Insurance Broker to the Named Insured shown below, we confirm having arranged the following insurance, the details of which are correct as at the Issue Date:

**NAME OF INSURED** : The University of Adelaide and various incorporated and unincorporated entities as declared by the University from time to time

**SITUATION** : World Wide

**CLASS OF INSURANCE** : General Public & Product Liability

**PERIOD OF INSURANCE** : 31<sup>st</sup> December 2008 to 4:00pm 31<sup>st</sup> December 2009

**INSURER/S** : Lloyds of London syndicate – Newline Underwriting Management Limited and others

**POLICY NO.** : B0576MMM8191

**INTEREST INSURED** : Legal liability for property damage and bodily injury limited to \$20,000,000 any one occurrence and in the aggregate in regards to Products Liability based on "occurrence" wording



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Signed for and on behalf of  
**Willis Australia Limited**

**Disclaimer:**

This document has been prepared at the request of our client and does not represent an insurance policy, guarantee or warranty and cannot be relied upon as such. All coverage described is subject to the terms, conditions and limitations of the insurance policy and is issued as a matter of record only. This document does not alter or extend the coverage provided or assume continuity beyond the Expiry Date. It does not confer any rights under the insurance policy to any party. Willis Australia Limited is under no obligation to inform any party if the insurance policy is cancelled, assigned or changed after the Issue Date.

**Issue Date:** 31 December 2008

Telephone: +61 8 8223 1200  
Fax: +61 8 8223 7223  
Website: www.willis.com

TO WHOM IT MAY CONCERN

**Re: Confirmation of Insurance – Personal Injury – Undergraduate Work Experience**

In our capacity as Insurance Broker to the Named Insured shown below, we confirm having arranged the following insurance, the details of which are correct as at the Issue Date:

**NAME OF INSURED** : The University of Adelaide and various incorporated and unincorporated entities as declared by the University from time to time

**SITUATION** : Anywhere in Australia

**CLASS OF INSURANCE** : Personal Injury – Undergraduate Work Experience

**PERIOD OF INSURANCE** : 31<sup>st</sup> December 2008 to 4pm 31<sup>st</sup> December 2009

**INSURER/S** : Accident & Health International Underwriting Pty Ltd as agent for Allianz Australia Insurance Limited, Melbourne

**POLICY NO.** : 0021675

**INTEREST INSURED** : Students undertaking work experience  
Death and Capital Benefits commencing at \$100,000  
Weekly accident benefit \$300 subject to earnings  
Subject to lesser limits where applicable



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Signed for and on behalf of  
**Willis Australia Limited**

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