Initial Landcare Insurance Survey

The Landcare Association of South Australia (LASA) is now offering the Landcare SA Members Insurance Package, providing LASA member groups with **free Public Liability, Volunteer Personal Accident** and **Association Liability insurance policies**. This is delivered through LASA as the master policy holder, covering all registered member groups. The following survey will need to be completed annually, so that we can provide accurate and up-to-date data to the insurance provider.

What you'll need to fill out this survey:

- 1) Details of group composition (e.g., volunteer/member/staff numbers)
- 2) Group administrative information (e.g., ABN, DGR status etc)
- 3) Financials (2022/23, 2023/24 and estimated 2024/25 financial years)
- 4) List of all group activities
- 5) Details of group's recent insurance history
- 6) ~30 mins spare time

Completing this survey does not confirm the purchase of this insurance policy. You will receive written confirmation from LASA when you are covered by the Insurance Package. All information will be treated as confidential and shared only with the relevant insurance providers in an aggregated format.

Please contact Natalia Diaz, State Landcare Coordinator, if you have any questions or need assistance with the survey – coordinator@landcaresa.asn.au or 0408 967 216.

Survey closes 11.59pm Sunday 1 September 2024.

1.	Email *

Contact Details

* Indicates required question

2.	a. Group name *	
3.	b. Contact person's name *	
4.	c. Contact person's phone number *	
Se	ection 1 - Administrative Details	
5.	a. If your group has an ABN, please enter it	below.
6.	b. Is your group incorporated? * Mark only one oval.	
	Yes No	
7.	c. Is your group registered for GST? *	
	Mark only one oval.	
	Yes No	

8.	d. Is your group a registered charity with the Aust. Charities and Not-for-profits Commission (ACNC)?	*
	Mark only one oval.	
	Yes	
	○ No	
9.	e. Is your group deductible gift recipient (DGR) endorsed with the ATO? *	
	Mark only one oval.	
	Yes	
	◯ No	
10.	f. Which insurance policies are your group interested in taking out for <i>free</i> through the Landcare Association of South Australia? Please tick all that apply, including policies that you already hold but may be interested in changing provider for.	*
	Tick all that apply.	
	Public Liability - Covers claims made by third parties for injury or property damage (required for many grants)	
	Volunteer Personal Accident - Covers your volunteers for injury whilst undertaking authorised work for your group (required for many grants)	
	Association Liability - Covers the group and its committee or board members for claims against them while carrying out their duties for the group.	

Section 2 - Number of Volunteers/Members

This section relates to members and non-member volunteers of your group/organisation as of today.

Members = people that are financial or registered members of the group (including both active and inactive volunteers).

Non-member volunteers = people that participate infrequently and are not registered as a member.

11.	a. Total number of members *
12.	b. Total number of non-member volunteers participating annually *
13.	c. Does your group work with children under the age of 18 in any activity? * Mark only one oval.
	Yes No
14.	d. Number of office bearers (excluding general committee members) *
15.	e. Number of general committee members *
Se	ection 3 - Paid Workers
	is section relates to paid employees and contractors of your group/organisation as of day.
16.	Does your group/organisation currently have any paid employees or contractors?
	Mark only one oval.
	Yes
	No Skip to question 22

Section 3 - Paid Workers

This section relates to paid employees, staff and contractors of your group/organisation as of today.

17.	a. Number of full-time employees (35+ hrs/wk) (excluding contractors) *
18.	b. Number of part-time/casual employees (excluding contractors) *
19.	c. Total payroll value (\$) (excluding contractors) (2023-24 financial year) *
20.	d. Number of contractors hired *
21.	e. Total paid to contractors (\$) (2023-24 financial year) *

Section 4 - Overall Financials

This section relates to the financial information for your group for the 2022-23 financial year (1 July 2022 to 30 June 2023) and 2023-24 financial year (1 July 2023 to 30 June 2024). All information will be treated as confidential and shared only with the relevant insurance providers in an aggregated form.

Enter to nearest whole dollar, if nil enter '0' or 'nil', do not leave blank.

22.	a. Total income from all sources for the 2022-23 financial year (\$) *
23.	b. Total income from all sources for the 2023-24 financial year (\$) *
24.	c. Total expenditure for the 2023-24 financial year (\$) *
25.	d. Total value of assets as of today (\$) *
26.	e. Type of assets owned by group (e.g., vehicle, trailer etc.)
27.	f. Are there any foreseeable circumstances that might affect the ability of your group to meet all of its debts as they are due? Mark only one oval. Yes
	○ No

Section 5a - Financial Income Breakdown by Source (grants)

This section relates to the financial income of your group from grants in the 2023-24 financial year (1 July 2023 to 30 June 2024). All information will be treated as confidential and shared only with the relevant insurance providers in an aggregated form.

28.	Did your group receive any funding from grants in the 2023-24 financial year? *
	Mark only one oval.
	Yes No Skip to question 33
Se	ction 5a - Financial Income Breakdown by Source (grants)
fina and	is section relates to the financial income of your group from grants in the 2023-24 ancial year (1 July 2023 to 30 June 2024) . All information will be treated as confidential d shared only with the relevant insurance providers in an aggregated form. ter to nearest whole dollar, if nil enter '0' or 'nil', do not leave blank.
29.	a. Commonwealth/Federal Government Grants (\$) *
30.	b. State Government/Landscape Board Grants (\$) *
31.	c. Local Government/Council Grants (\$) *
32.	d. Other/LASA/non-government Grants (\$) *

Section 5b - Financial Income Breakdown by Source (grants)

This section relates to the *estimated* financial income of your group **from grants in the 2024-25 financial year (1 July 2024 to 30 June 2025)**. All information will be treated as confidential and shared only with the relevant insurance providers in an aggregated form.

33.	Has your group received funding from grants in the 2024-25 financial year <i>or</i> Does your group expect to receive any funding from grants in the 2024-25 financial year?
	Mark only one oval.
	Yes
	No Skip to question 38
	Unsure Skip to question 38
Sec	ction 5b - Financial Income Breakdown by Source (grants)
25 cor	is section relates to the estimated financial income of your group from grants in the 2024- financial year (1 July 2024 to 30 June 2025). All information will be treated as infidential and shared only with the relevant insurance providers in an aggregated form. ter to nearest whole dollar, if nil enter '0' or 'nil', do not leave blank.
34.	a. Commonwealth/Federal Government Grants (\$) *
35.	b. State Government/Landscape Board Grants (\$) *
36.	c. Local Government/Council Grants (\$) *

37.	d. Other/LASA/non-government Grants (\$) *
Se	ection 5c - Financial Income Breakdown by Source (other sources)
the fee	is section relates to the financial income of your group from all sources except grants in 2023-24 financial year (1 July 2023 to 30 June 2024) (e.g., sale of goods, membership es, fundraising etc). All information will be treated as confidential and shared only with the evant insurance providers in an aggregated form.
38.	Did your group receive funding/income from any sources other than grants in the 2023-24 financial year? For example, sale of goods, membership fees, fundraising etc.
	Mark only one oval.
	Yes
	No Skip to question 44
Se	ection 5c - Financial Income Breakdown by Source (other sources)
the fee rel	is section relates to the financial income of your group from all sources except grants in 2 2023-24 financial year (1 July 2023 to 30 June 2024) (e.g., sale of goods, membership es, fundraising etc). All information will be treated as confidential and shared only with the evant insurance providers in an aggregated form. ter to nearest whole dollar, if nil enter '0' or 'nil', do not leave blank.
39.	a. Total membership fees (\$) *
40.	b. Fundraising/donations (\$) *

c. Contracted services (\$) *	
d. Sale of goods (e.g., plants, publications, supplies etc) (\$) *	
e. Other sources (\$)	
is section relates to the <i>estimated</i> financial income of your group from all sources except ants for the 2024-25 financial year (1 July 2024 to 30 June 2025) (e.g., sale of goods, embership fees, fundraising etc). All information will be treated as confidential and shared y with the relevant insurance providers in an aggregated form.	
Has your group received any income from any sources other than grants in the 2024-25 financial year, or Does your group expect to receive income from any sources other than grants in the 2024-25 financial year? Mark only one oval. Yes No Skip to question 50 Unsure Skip to question 50	*
	d. Sale of goods (e.g., plants, publications, supplies etc) (\$) * e. Other sources (\$) ction 5d - Financial Income Breakdown by Source (other sources) s section relates to the estimated financial income of your group from all sources except ints for the 2024-25 financial year (1 July 2024 to 30 June 2025) (e.g., sale of goods, mbership fees, fundraising etc). All information will be treated as confidential and shared y with the relevant insurance providers in an aggregated form. Has your group received any income from any sources other than grants in the 2024-25 financial year, or Does your group expect to receive income from any sources other than grants in the 2024-25 financial year? Mark only one oval. Yes No Skip to question 50

Section 5d - Financial Income Breakdown by Source (other sources)

This section relates to the *estimated* financial income of your group from **all sources** *except grants* for the 2024-25 financial year (July 1st 2024 to June 30th 2025) (e.g., sale of goods, membership fees, fundraising etc). All information will be treated as confidential and shared only with the relevant insurance providers in an aggregated form.

Enter to nearest whole dollar, if nil enter '0' or 'nil', do not leave blank.

45.	a. Total membership fees (\$) *	
46.	b. Fundraising/donations (\$) *	
47.	c. Contracted services (\$) *	
48.	d. Sale of goods (e.g., plants, publications,	supplies etc) (\$) *
49.	e. Other sources (\$)	

Section 6 - Group Activities

This section is gathering information regarding the types and frequency of activities that the group currently undertakes.

50.	Referring to the number of activity/work hours, not the total volunteer/people * hours:
	a. On average, how many hours a week does your group operate (excluding formal meetings)?
51.	 b. On average, how many events does your group hold each year (including workshops, field days, plantings, forums etc.)?
52.	c. Please estimate how many hectares your group manages or cares for. *
53.	d. How many plants did your group plant in the last 12 months?
Sa	otion 6. Croup Activities

Section 6 - Group Activities

Please select ALL activities your group has undertaken in the past year and intends to undertake over the next year, including those by staff, volunteers and contractors.

For some activities LASA may contact you for more information.

54. Land and Pest Management *

	Tick all that apply.
	Application of fertilisers and/or herbicides
	Application of Schedule 7 1080 poison
	Burning for fire load reduction and/or pest management
	Chainsaw use
	Creation of firebreaks
	Erosion control
	Exclusion fencing
	Government approved biocontrol
	Litter removal and environmental clean-ups
	Pest animal management without using a firearm
	Pest animal with the use of a firearm
	☐ Planting or revegetation
	Pruning, mulching or vegetation management
	Trail or path management/maintenance
	Lopping/cutting/removal of trees taller than 5m
	Weed control (includes woody weeds)
	None of the above
55.	Monitoring and Sampling *
	Tick all that apply.
	Citizen science
	Drone use
	Mapping
	Soil sampling/assessment
	Species identification
	Water sampling/quality testing
	Weather monitoring
	Wildlife surveys (includes bird watching)
	None of the above

56. Education, Outreach and Communication *

	Tick all that apply.
	Bus trips
	Burning for cultural and/or educational purposes
	Conferences/forums/events
	Displays/stalls/exhibitions
	Field days
	Giving land management advice
	Guided site/paddock/farm tours
	Hiking trips
	Media liaison
	Professional services provided on a "fee for services" basis
	School excursions
	Social media
	Supplying alcohol at any time
	Workshops/training/demonstrations
	Organising events longer than 1 day
	Organising events with more than 250 attendees
	Organising events with more than 500 attendees
	Organising protests, marches, demonstrations or lobby groups
	Overnight excursions or camping
	None of the above
57.	Project Management and Governance *
	Tick all that apply
	Tick all that apply.
	Business administration and advice
	Fundraising
	Grants administration
	Meetings
	Policy analysis, advocacy and/or campaigning
	Project management and monitoring
	None of the above

58.

Production and Sales *

	Tick all that apply.
	Community gardening
	Local food co-operatives/produce sharing
	Making and/or selling foodstuffs
	Making and/or selling recycled products
	Plant propagation and/or sales
	Production and/or installation of nest boxes
	Seed collection/production and/or sales
	Other (manufacturing or selling any other products)
	None of the above
59.	Other/Miscellaneous *
	Tick all that apply.
	Animal rescue and/or rehabilitation
	Beekeeping
	Equipment hire
	Shallow water swimming/snorkelling
	SCUBA diving
	None of the above
60.	e. Are there any activities undertaken by your group that were not mentioned
	above? Please list all.

61.	twelve months? If yes, please provide details.	*
Se	ection 7 - Safety Measures	
	his section is collecting information on the safety measures and protocols that your group as in place. This will inform the level of risk associated with the insurance.	
62.	a. Does your group have the relevant procedures and policies for safe work in place? For example, risk assessments, personal protective equipment (PPE) and relevant licences, certifications and/or police clearances.	*
	Mark only one oval.	
	Yes - all in place	
	Yes - some	
	No - in development	
	No - none	
63.	b. If your group uses a chainsaw or firearm, are the people using them certified/licenced to do so?	*
	Mark only one oval.	
	Yes	
	No	
	◯ N/A	

c. Are financial duties segregated so that no one person can issue and draw cheques, withdraw or transfer funds in excess of \$1,000 in value without approval by another person?	*
Mark only one oval.	
Yes	
○ No	
d. When paying a new supplier is bank account information verified prior to initiating a financial transaction with them?	*
Mark only one oval.	
Yes	
○ No	
e. On receipt of any email request to change suppliers bank account details do you contact the supplier to confirm the change request?	*
Mark only one oval.	
Yes	
No	
	cheques, withdraw or transfer funds in excess of \$1,000 in value without approval by another person? Mark only one oval. Yes No No d. When paying a new supplier is bank account information verified prior to initiating a financial transaction with them? Mark only one oval. Yes No e. On receipt of any email request to change suppliers bank account details do you contact the supplier to confirm the change request? Mark only one oval. Yes

Section 8 - Insurance History

This section is to gather information about the history of insurance claims made by or against the group, including any claims that could have been made by the group had Association Liability, Public Liability and Volunteer Personal Accident policies been in place. All information will be treated as confidential and shared only with the relevant insurance providers in an aggregated form.

If you answer 'No' to any question below, please leave blank.

Note, if you answer 'Yes' to any of the below questions this will not necessarily disqualify you from taking out insurance through this package.

67.	a. Does your group maintain a record of incidents/events that may result in a claim against the group?
	If yes, how long are these records kept?
68.	Specifically relating to Association Liability, Public Liability and Volunteer Personal Accident policies:
	b. Has your group made a claim or suffered an uninsured loss in the past 7 years?
	If yes, please provide full details of the claim, date of loss, insurer, amount paid.
69.	c. Have any claims been made against the group during the past 5 years? If yes, please provide full details.
70.	d. Has your group been the subject of any complaint/suit/inquiry/notice of a hearing in the last 5 years? If yes, please provide full details.
71.	e. Has your group had any fine/penalty or infringement/improvement/ prohibition/enforcement notice by any Government or Regulatory Authority in the last 5 years? If yes, please provide full details.

72.	f. Has your group had a workplace fatality, serious injury or dangerous incident that either required notification to or investigation by a Regulatory Authority or a compulsory requirement to attend a hearing or similar in the last 5 years?
	If yes, please provide full details.
73.	g. Are you aware, after enquiry, of any circumstances which may result in any future claim against your group?
	If yes, please provide full details.
74.	Specifically relating to Association Liability, Public Liability and Volunteer Personal Accident policies:
	h. Has your group had any incidents which could have been the subject of a claim by your group under the above policy types had they been in place?
	If yes, please provide full details.
75.	Specifically relating to Association Liability, Public Liability and Volunteer Personal Accident policies:
	j. Has any insurer ever declined, cancelled or imposed special conditions in relation to the above insurance policy types?
	If yes, please provide full details.

76.	k. Has your group had any claims made against them for wrongful termination, discrimination, intimidation or sexual harassment within the last 5 years?
	If yes, please provide full details.

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