



Employment Practices Liability Insurance Proposal Form

- Answer all questions. Blanks &/or dashes, or answers 'known to underwriters or brokers' or 'N/A' are not acceptable & will delay consideration of this proposal.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form are part of this proposal.
- Where appropriate, please tick the yes or no box which best indicates your reply.

IMPORTANT

Cover is usually subject to co-insurance. This means that the employer will be liable for a percentage of any claim, which will be subject also to a minimum amount to be paid by the employer.

Employer Details

1. Name of Employer

Trading name(s)

2. Principal address

Postcode

3. Nature of business (including subsidiaries)

4. Date the Employer commenced the business (as referred to above)

5. Legal status of the Employer?

Listed Private Sole Trader Other Please specify

Unlisted Partnership Co-op/Mutual

Employee Details

6. Total personnel numbers as at June 30 for the last 3 years.

Personnel Category	200_	200_	200_
Full-time			
Part-time			
Temporary			
Contractors			
Total personnel			

7. Please state the annual number of staff turnover.

8. Please state the number of employees in the following salary ranges.

\$0 - \$35,000

\$35,001 - \$100,000

Over \$100,000

Employment Practices Details

9. Did the Employer trade profitably (net of tax) in the last 2 years?
No Yes
10. Did the Employer initiate any termination/s of employment of any staff within the last 2 years?
No Yes *Please state the reason for the terminations and the number of full-time and part-time employees terminated.*
11. Did the Employer have any office closures, consolidations, mergers or acquisitions in the last 2 years resulting in termination of employment of any staff?
No Yes *Please state the reason for the terminations and the number of full-time and part-time employees terminated.*
12. Does the Employer anticipate any of the events referred to in questions 10 and 11 above happening in the next 18 months?
No Yes *Please provide details.*
13. Are employment policies and procedures that have been reviewed and approved by an external consultant in place?
No Yes *When?*
14. Are employment application forms used during the hiring process?
No Yes
15. Are reference checks made of incoming employees and contractors?
No Yes
16. Are employment handbooks distributed to all employees?
No Yes
17. Are written workplace policies in place regarding the following matters?
(i) equal opportunity No Yes
(ii) sexual harassment No Yes
(iii) discrimination No Yes
(iv) procedures to be followed before the termination of employment of any staff member No Yes
18. Are documented procedures in place to facilitate resolution of a complaint raised by an employee?
No Yes

Claim Details

19. Have there been any claims made by or on behalf of a staff member against the Employer in the last 3 years?
No Yes *Please provide details.*
20. Is any person proposed for insurance aware, after enquiry, of any circumstance or incident which he/she believes could or might give rise to any future claim that would fall within the scope of the proposed insurance?
No Yes *Please provide details.*

Limit of Indemnity Details

21. Limit of indemnity required.

\$500,000 \$1,000,000 Other *Please specify*

Optional Extension

22. Please confirm whether you require Reinstatement of Aggregate Limit. Cover is limited to one reinstatement and an additional premium will be charged.

Yes No

23. For the purpose of computing the Stamp Duty of the insurance, please provide us with a breakdown of numbers of employees of the Corporation applicable to each State, Territory and Overseas.

NSW		VIC		QLD		SA		WA	
ACT		TAS		NT		Overseas		Total	

Declaration

I hereby declare that:

- the statements set forth herein are true and I have not suppressed or mis-stated any facts.
- enquiry has been made of all senior staff including directors or partners as may be applicable.
- I will give immediate notice should any of the information given by me alter between the date of this proposal and the inception date of the proposed insurance.
- I agree this proposal, together with any other information supplied by me, shall form the basis of any contract of insurance effected therefrom.
- I acknowledge receipt of the "Important Notice" which was attached to this proposal. I have read and understood the contents of that notice.
- I acknowledge signing of this form does not oblige the Employer or CGU Professional Risks Insurance to enter into a contract of insurance.
- I authorise CGU Professional Risks Insurance, a division of CGU Insurance Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I have provided information about another individual (for example, an employee, or client), I declare that the individual has been or will be made aware of that fact and the section in the Policy on "The way we handle your personal information".

Chief Executive Officer or Head of Human Resources (Please indicate name and title of signatory)

Name	Title	Signature	Date
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>

Please indicate the total number of additional pages attached to this proposal

Insurance Broker's Details

It is important the signatory to the Declaration is fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an insured's right of recovery under the policy or lead to it being voided.

Insurance broker's name	<input type="text"/>
Account number	<input type="text"/>
Address	<input type="text"/>
	<input type="text" value="Postcode"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Contact name	<input type="text"/>

Adelaide

80 Flinders Street Adelaide SA 5000
Tel (08) 8425 6650 Fax (08) 8425 6592

Brisbane

189 Grey Street South Bank QLD 4101
Tel (07) 3135 1566 Fax (07) 3135 1564

Melbourne

181 William Street Melbourne VIC 3000
Tel (03) 9601 8700 Fax (03) 9602 5255

Perth

46 Colin Street West Perth WA 6005
Tel (08) 9254 3750 Fax (08) 9254 3751

Sydney

388 George Street Sydney NSW 2000
Tel (02) 8224 4655 Fax (02) 8224 4030

Website:

www.cgu.com.au/professionallrisks



An Important Notice to the Applicant 'Claims Made' Contracts of Insurance

Please read and retain in your file

The proposed insurance is issued on a "claims made" basis.

This means that the policy responds to:-

1. claims first made against the insured during the policy period and notified to CGU Professional Risks Insurance during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. "claims circumstances" notified pursuant to Section 40 (3) of the *Insurance Contracts Act* which states:

"where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract".

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act*, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter -

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks Insurance shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

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