



# MANAGEMENT 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 mark the "Yes" or "No" box which best indicates your reply.
- For the purposes of the Proposal, all subsidiaries of the Insured Entity shall be deemed the Insured Entity and responses must take into account all Insured Entities.

## Documents To Be Attached Checklist

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a. The audited consolidated financial statements and annual reports of the Insured Entity for the past two financial years. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. The current audited accounts of the ultimate holding company of the Insured Entity (if applicable).                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. The latest interim financial statements if the accounts referred to above are more than 9 months old.                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Organisational chart noting all subsidiaries and Ultimate Parent (if applicable).  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

## Your Details

### 1. Name

Full legal name of each incorporated entity to be insured (collectively referred to in this Proposal Form as the Insured Entity) as well as any business or trading names.

a. Number of Years Trading

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

b. Are you registered for GST purposes? No  Yes  What is your ABN?

### 2. Address

a. Principal Address:

Telephone no.  Facsimile no.  Mobile

Email address  Website address

b. Other Locations

### 3. What is the legal status of the Insured Entity?

a. Private  b. Not-for-profit  c. Co-operative or mutual  d. Public – Listed

e. Public – Unlisted  f. Other (please specify below)

## Business Details

### 4. What is the nature of the business activities of the Insured Entity?

### 5. Has there been any acquisition or disposal, merger or takeover undertaken by the Insured Entity, in last 24 months?

No  Yes   Please provide details below.

### 6. Is there any subsequent information of a material nature not disclosed in the attached financial statements or elsewhere in the proposal form (refer to above Checklist) that could affect the financial position, capital structure or operation of the Insured Entity?

No  Yes   Please provide details below.

### 7. In the absence of providing financial statements (refer to above Checklist), the following minimum disclosure of financial information is required of the Insured Entity:

	Current 12 months	12 months previous
a. Revenue / Turnover	\$ <input type="text"/>	\$ <input type="text"/>
b. Net Profits Before Tax	\$ <input type="text"/>	\$ <input type="text"/>
c. Total Assets	\$ <input type="text"/>	\$ <input type="text"/>

#### d. For Stamp Duty purposes, please provide a percentage breakdown of the Revenue/Turnover disclosed in (a) above by State or Territory.

ACT	%	NSW	%	VIC	%	QLD	%	SA	%
WA	%	TAS	%	NT	%	Overseas	%	Total	%

#### e. Are you a small business eligible for the exemption from the requirement to pay NSW duty on certain types of insurance? (Generally speaking, you are a small business if your aggregated turnover is less than \$2 million.)

For more information, visit [www.revenue.nsw.gov.au/taxes/insurance/exemptions](http://www.revenue.nsw.gov.au/taxes/insurance/exemptions)

Yes  No

### 8. Please provide the following staffing details of the Insured Entity:

Location	Current 12 months	12 months previous	24 months previous
<b>a. Australia &amp; New Zealand</b>			
Directors and officers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full-time employees (excluding above)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part-time and casual employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary employees and contractors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary workers & seconde	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>b. United States</b>			
All categories of staff specified in <b>a.</b> above	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>c. Overseas (excluding United States)</b>			
All categories of staff specified in <b>a.</b> above	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**9. Does the Insured Entity have:**

- a. A Work Health & Safety (OH&S) Manager? No  Yes
- b. Work Health & Safety procedures manuals (including a risk register reviewed by an external consultant or legal practitioner)? No  Yes
- c. Environmental protection manuals reviewed by an external consultant or legal practitioner? No  Yes

If "No" to any of the above, please provide details of the alternative controls or procedures in place.

**10. Do any director, officer or employee of the Insured Entity currently serve as a director, officer or trustee of a for-profit entity (other than the Insured Entity) at the Insured Entity's specific request?**

- No  Yes  Please provide a list of the external organisation(s) together with their most recent audited consolidated accounts and full details with respect for each external organisations claims details and D&O/Management Liability insurance details.

**Insurance History**

**11. Is the Insured Entity currently insured for any of the below specified covers ?**

- No  Yes  Please complete the table below.

Type of Cover	Name of Insurer	Sum Insured	Excess	Date since continually held this Cover
D&O / Company Reimbursement	<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"/>
Company / Entity Liability	<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"/>
Employment Practice Liability	<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"/>
Statutory Liability	<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"/>
Crime / Fidelity Cover	<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"/>
Cyber Liability	<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"/>
Superannuation Trustee Liability	<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"/>

**12. Have the Insured Entity ever had an insurer decline a proposal, decline to renew, cancel an insurance policy, or imposed special terms?**

- No  Yes  Please provide details below.

## Claim and Circumstances

Please answer the following questions after enquiry within your organisation.

### 1. Has there been, or is there now pending against any person /entity being proposed for insurance within this proposal:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a. Any claim or loss which falls for indemnity under a policy similar to that proposed for (or would have fallen for indemnity under such a policy had such a policy been in effect)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Any circumstance or incident which might potentially give rise to a claim under the scope of cover of the policy for which this proposal is being completed?                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Any prosecution of any entity to be insured (or any person proposing for insurance) under the Corporations Act, the Competition and Consumer Act or any other statute?             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If "Yes" to any of the above, please provide full details.

### 2. Has the Insured Entity:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| a. Suspected any fraud or dishonesty or other criminal acts that might result in a direct financial loss?                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Discovered or suffered a direct financial loss of over \$5,000 as a result of fraudulent, dishonest or other criminal acts? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If "Yes" to any of the above, please provide full details, including the largest single direct financial loss in the last 5 years.

### 3. Has any person being proposed for insurance within this proposal ever been:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a. Subject to disciplinary proceedings for misconduct with respect to the operation of any Entity?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Declared bankrupt or entered into a deed of assignment, composition or a scheme of arrangement with creditors?                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. a director of an organisation placed into administration, a scheme of arrangement, receivership, liquidation or provisional liquidation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. fined under a statute regarding a matter to do with the operation of the Insured Entity?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If "Yes" to any of the above, please provide full details.

## Requested Cover


### 4. Please specify the Aggregate Policy Limit, applicable Section Limits and applicable Sections Excess' cover is required for?

	Aggregate Policy Limit (Compulsory)	Separate Section Limits (only complete if applicable)	Separate Section Excess (only complete if applicable)
a.	Aggregate Policy Limit (Compulsory)	\$	
b.	Section 3 – D&O / Company Re. (Compulsory)	\$	\$
c.	Section 4 – Insured Entity Liability (Compulsory)	\$	\$
d.	Section 5 – Employment Practices Liability (Optional)	\$	\$
e.	Section 6 – Statutory Liability (Optional)	\$	\$
f.	Section 7 – Crime Cover (Optional)	\$	\$
g.	Section 8 – Cyber Liability (Optional)	\$	\$
h.	Section 9 – Super Trustees Liability (Optional)	\$	\$


**N.B. The Aggregate Policy Limit, Section Limits and Section Excess' are subject to maximums & minimums respectively.**

## D&O / Company Reimbursement and / or Insured Entity Liability – Optional Extensions


### 5. Is USA Jurisdiction cover required in respect of the D&O / Company Reimbursement section of the Policy?

No  Yes   Further information may be required.


### 6. Is Securities Liability cover required in respect of the D&O / Company Reimbursement section of the Policy?

No  Yes   Further information may be required.


### 7. Is Shareholder Pollution Liability cover required in respect of the D&O / Company Reimbursement section of the Policy?

No  Yes   Further information may be required.


### 8. Is Pre Acquisition Liability cover required in respect of the D&O / Company Reimbursement section of the Policy?

No  Yes   Further information may be required.


### 9. Is Multi Year Run-Off after Merger or Consolidation cover required in respect of the D&O / Company Reimbursement section of the Policy?

No  Yes   Further information may be required.

### 10. Is Securities Liability cover required in respect of the Insured Entity Liability section of the Policy?

No  Yes   Further information may be required.

### 11. Is Shareholder Pollution Liability cover required in respect of the Insured Entity Liability section of the Policy?

No  Yes   Further information may be required.

## Employment Practices Liability (Section 5 of the Policy)

**ONLY ANSWER THE QUESTIONS IN THIS SECTION OF THE PROPOSAL FORM IF, SECTION 5 “EMPLOYMENT PRACTICES LIABILITY” IS REQUIRED**

**1. Please provide the following staffing details of the Insured Entity:**

	Current 12 months	12 months previous	24 months previous
a. Number of resignations and retirements	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of employee terminations	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of employee redundancies	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Number of salaries over \$100K p.a.	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. Does the Insured Entity have a human resources or personnel department?**

Yes  No  ► How are the functions of a human resources or personnel department handled?

**3. During the next 12 months, is the Insured Entity contemplating undergoing any employee redundancies, outsourcing, layoffs or early retirement (including resulting from any type of company restructure, acquisition, divestment, office or plant closure)?**

No  Yes  ► Please provide details below.

**4. Does the Insured Entity have a written human resources manual, employee handbook or equivalent written employment guidelines that are reviewed by an external consultant or legal practitioner and includes the following?**

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| a. Equal opportunity, harassment and discrimination                               | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| b. Procedures to be followed before termination of employment of any staff member | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| c. Procedures to be followed before employment of any staff member                | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| d. Formal performance evaluation systems / internal dispute resolution procedures | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

If “No” to any of the above, please provide details of the alternative procedures in place.

**5. Are all staff of the Insured Entity:**

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| a. Provided with a copy of a written employment contract and the human resources manual / employee handbook or equivalent written employment guidelines?          | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| b. Provided with training in relation to the policies and procedures in the human resources manual/employee handbook or equivalent written employment guidelines? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

If “No” to any of the above, please provide details of the alternative controls or procedures in place.

**6. Are decisions regarding the termination of employment of any staff always subject to prior review by the Insured's Entity:**

- a. Human Resources or Personnel Department? No  Yes
- b. Internal Legal Department? No  Yes
- c. External Legal Counsel? No  Yes

If "No" to all of the above, please provide details of the alternative controls or procedures in place.

**Statutory Liability (Section 6 of the Policy)**

**ONLY ANSWER THE QUESTIONS IN THIS SECTION OF THE PROPOSAL FORM IF, SECTION 6 "STATUTORY LIABILITY" IS REQUIRED**

- 1. Does the Insured Entity have a written privacy policy?** Yes  No

If "No" to the above, please provide details of the alternative controls or procedures in place.

**2. If the answer to Q2 is "Yes", does the written privacy policy:**

- a. Get reviewed regularly by an external consultant or legal practitioner? No  Yes
- b. Clearly state how someone with a privacy query or complaint can contact the Insured Entity? No  Yes
- c. Clearly disclose who the personally identifiable information is shared with? No  Yes
- d. Highlight to staff their responsibilities according to the Australian Privacy Principles (*Privacy Act 1988*)? No  Yes

If "No" to any of the above, please provide details of the alternative controls or procedures in place.


**3. Has a third party audited the Insured Entity privacy practices in the last 5 years?**

No  Yes   Please provide details of the outcome of the audit.


**4. Have the Insured Entity insured conducted a review to determine what personally identifiable information is handled and where it is stored?**

No  Yes   Please provide details of the outcome of the review.

**5. Does the Insured Entity share personally identifiable information with third parties for business purposes?**

No  Yes   Please give details of the type of information and with whom it is shared with.

**6. Does the Insured Entity require an indemnity from third parties with which it shares personally identifiable or confidential information with respect to any legal liability arising out of the release of such information due to the fault of negligence of the third party?**

Yes  No   Please provide details of what alternative arrangements are in place.

**7. Please confirm if the Insured Entity:**

- a. Did have a penalty adjustment to their Workers Compensation premiums at the last renewal? Yes  No
- b. Has a licence to dispose of or manufacture or use any toxic chemicals or hazardous substances. Yes  No
- c. Has workers engaged in hazardous manual activities (including work in confined spaces, mining, electrical work, etc). Yes  No

If "Yes" to any of the above, please provide details.

**Crime Cover (Section 7 of the Policy)**

**ONLY ANSWER THE QUESTIONS IN THIS SECTION OF THE PROPOSAL FORM IF, SECTION 7 "CRIME COVER" IS REQUIRED**

**1. Does the Insured Entity obtain a reference from previous employers and/or request a police check of all staff as part of the recruitment process?**

If "No" to the above, please provide details of the alternative controls or procedures in place.

**2. Please confirm if the Insured Entity has any of the following controls?**

- a. All employees are required to take an uninterrupted holiday of at least 2 weeks (or half their annual entitlement whichever is the lesser) in each calendar year. Yes  No
- b. A complete inventory of stocks and equipment is independently and physically checked and independently verified at least annually. Yes  No

All financial records are balanced and checked by an independent auditor at least annually. Yes  No

If "No" to any of the above, please provide details of the alternative controls or procedures in place.

**3. Is there segregation of duties in place for the following activities so that no one staff member has sole control from commencement to completion, of any of the following tasks?**

- a. Signing cheques above \$5,000. Yes  No
- b. Refunding monies or return of goods above \$5,000. Yes  No
- c. Amending credit terms, disbursing loans (including loans to employees) or approving borrowings. Yes  No
- d. Opening new bank accounts. Yes  No
- e. Make payments (including cheque and electronic transfer) and reconcile bank statements / client & vendor accounts. Yes  No
- f. Add or delete employees to the payroll or amend payroll records and reconcile salary payments. Yes  No
- g. Disbursement of assets or funds of any Superannuation Fund. Yes  No
- h. Appointing new suppliers or awarding contracts (tender process). Yes  No



If "No" to any of the above, please provide details of the alternative controls or procedures in place.

**4. What method(s) of Funds Transfer does the Insured Entity undertake?**

For the purposes of this proposal form "Funds Transfer" is any instruction, other than cheques given to a financial institution to pay or deliver funds.

- a. Written (including by email or SMS). Yes  No
- b. Electronic website. Yes  No
- c. Electronic- dedicated banking system. Yes  No
- d. Telephone. Yes  No
- e. Other (please specify in full below). Yes  No

**5. Does the Insured Entity have the following controls in place?**

- a. Payment instructions cannot be made to an account which has not been pre-agreed. Yes  No
- b. The financial institution is required to authenticate the instruction before payment is released. Yes  No

If "No" to any of the above, please provide details of the alternative controls or procedures in place.

**6. If financial statements have not been provided, please confirm maximum value (\$) of the following items at any one time:**

**Cash:**

- a. On the Insured Entity's premises? \$
- b. In the Insured Entity's bank accounts? \$
- c. Other? \$

**Inventory:**

- a. On the Insured Entity's premises? \$
- b. Other? \$

**7. Does the Insured Entity have the following controls in place?**

- a. Access to all premises is security controlled. Yes  No
- b. All premises are fitted with intruder alarms and such alarm systems connect with a central monitoring station. Yes  No
- c. An IT officer or other director, officer or suitably qualified staff member is designated to control all IT passwords. Yes  No
- d. Access to the Insured Entity's computer system is gained only by authorised staff with unique individual passwords which are changed regularly. Yes  No
- e. All access passwords and log-in details of staff are cancelled and are not re-issued when such staff member leaves the Insured Entity's employment. Yes  No
- f. All amendments to computer programs are approved independently of those staff members making the amendments. Yes  No

If "No" to any of the above, please provide details of the alternative controls or procedures in place.

**8. Does the Insured Entity have the following governance principals in place:**

- a. A director, officer or suitably qualified staff member is responsible for the general risk management of the Insured Entity and reports to the board of directors. Yes  No
- b. The director, officer or staff member specified in (a) above is responsible for the following:
  - i. Due diligence around the appointment of the independent auditor. Yes  No
  - ii. Runs or oversees an internal audit team / audit process. Yes  No
  - iii. Oversight of all changes to current controls and procedures. Yes  No
  - iv. Oversight & control responsibility of all staff members in key control areas, including IT Officer, Financial Controller / Accountant & Purchasing Officer. Yes  No
- c. The Insured Entity acknowledged and complied with all recommendation of the independent, external Auditor. Yes  No

If "No" to any of the above, please provide details of the alternative controls or procedures in place.

**Cyber Liability (Section 8 of the Policy)**

**ONLY ANSWER THE QUESTIONS IN THIS SECTION OF THE PROPOSAL FORM IF, SECTION 8 "CYBER LIABILITY" IS REQUIRED**

Only answer Questions 1 to 6 if the equivalent questions in the Statutory Liability section of this Proposal (i.e. Questions 1 to 6) have not been answered.

**1. Does the Insured Entity have a written privacy policy?** Yes  No

If "No" to the above, please provide details of the alternative controls or procedures in place.

**2. If the answer to Q2 is "Yes", does the written privacy policy:**

- a. Get reviewed regularly by an external consultant or legal practitioner? No  Yes
- b. Clearly state how someone with a privacy query or complaint can contact the Insured Entity? No  Yes
- c. Clearly disclose who the personally identifiable information is shared with? No  Yes

If "No" to any of the above, please provide details of the alternative controls or procedures in place.


**3. Has a third party audited the Insured's Entity privacy practices in the last 5 years?**

No  Yes  Please provide details of the outcome of the audit.


**4. Has the Insured Entity conducted a review to determine what personally identifiable information is handled and where it is stored?**

No  Yes  Please provide details of the outcome of the review.

**5. Does the Insured Entity share personally identifiable information with third parties for business purposes?**

No  Yes   Please give details of the type of information and with whom it is shared with.

**6. Does the Insured Entity require an indemnity from third parties with which it shares personally identifiable or confidential information with respect to any legal liability arising out of the release of such information due to the fault of negligence of the third party?**

Yes  No   Please provide details of what alternative arrangements are in place.

**7. Does the Insured Entity:**

- a. Distribute written computer, information systems policies and procedures to all staff members? Yes  No
- b. Use a third party provider to store computer data? Yes  No
- c. Encrypt all sensitive information that is transmitted, processed and stored on the computer network? Yes  No
- d. Regularly monitor the computer network & systems for security weaknesses and breaches of data security? Yes  No
- e. Use anti-virus protection, intrusion prevention stems on all computer systems, mobile devices, websites, desktops, email systems and services? Yes  No

If "No" to any of the above, please provide details of the alternative controls or procedures in place.

**8. Does the Insured Entity have the following:**

- a. A disaster recovery plan? Yes  No
- b. A business continuity plan? Yes  No
- c. An incident response plan for network intrusions and virus incidents? Yes  No
- d. A regular review and testing programme of the above plans by independent third parties? Yes  No

If "No" to any of the above, please provide details of the alternative controls or procedures in place.

**Superannuation Trustees Liability (Section 9 of the Policy)**

**ONLY ANSWER THE QUESTIONS IN THIS SECTION OF THE PROPOSAL FORM IF, SECTION 9 "SUPERANNUATION TRUSTEES LIABILITY" IS REQUIRED**

**1. Name of the Trust (Superannuation Fund)**

Date(s) of Commencement

DD / MM / YY  
DD / MM / YY


**2. Is the Trust**

- a. Accumulation Fund? Yes  No
- b. Defined Benefits Fund? (If "Yes" please specify below the amount (\$) of funds under management) Yes  No
- Other? (please provide further details) Yes  No

**3. Please provide the following:**

	Current 12 months	12 months previous
a. Total Number of Members	<input type="text"/>	<input type="text"/>
b. Total Fund Size	\$ <input type="text"/>	\$ <input type="text"/>

**4. Do any directors, officers, employees or other staff members act in the capacity as a Trustee of a trust (Superannuation Fund) which is administered by the Insured Entity?**

No  Yes   Please provide additional information of the qualifications and experience of the persons acting in the capacity as a Trustee.

**5. In respect to the Trust:**

- a. Are its funds considered adequate to meet its future obligations? Yes  No
- b. Does it have a current investment strategy which complies with Section 52(2) part (f) of the SIS Act? Yes  No
- c. Is the investment strategy reviewed and updated regularly? Yes  No
- d. Are any of its assets invested in any one entity equal to 5% or more of the Total Assets of the Trust? Yes  No

If "No" to (a) to (c), **OR** "Yes" to (d), please provide further details.

**6. Has the Trust ever received a notice of non-compliance with relevant legislation?**

No  Yes   Please provide further details.

**7. What was the date of the last actuarial valuation of the Fund?**

 /  / 

**8. Please provide the name(s) of the investment managers(s) of the Trust and the percentage of funds they manage:**

**9. Please provide the name(s) if the following service providers:**

- a. Administrator:
- b. Superannuation Consultant:
- c. Solicitor:

**10. Additional Documentation Required:**

- |   | Attached                     |                             |
|---|------------------------------|-----------------------------|
| a. Latest annual financial statement / report distributed to members                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Latest financial statements for Sponsoring Employer(s) (if not already provided) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Latest ISC Return Form   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediately notice thereof.

Enquiry has been made of all directors and senior staff.

I/we acknowledge signing of the form does not oblige the Entity(s) or persons proposing for insurance or CGU Insurance to enter into a contract of insurance.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy), including for processing this Proposal form and providing me/us with cover.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and I/we complete this Proposal form on their behalf.

### Who is Required to Sign the proposal form declaration:

- a. Only one Signatory being that of the Chief Executive Officer (Managing Director) is required for all Not-For-Profit and Private Corporations.
- b. Two Signatories being that of the Chairman, Chief Executive Officer (Managing Director), Chief Risk Officer and/or another Director are required for all Public Corporations (Unlisted), Co-operatives and Mutual Corporations.
- c. Two Signatories being that of the Chairman, Chief Executive Officer (Managing Director), Chief Risk Officer and/or Chief Financial Officer are required for all Public Corporations (Listed).

Name  Position

Signature  Date   /  /

Name  Position

Signature  Date   /  /

Name  Position

Signature  Date   /  /

It is important the signatory/signatories to the Declaration is/are 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 avoided.

## Insurance Broker's Details

Broking Firm Name

Contact Name

Phone

Fax

Email

**Enquiries** 13 24 81      **Mailing address**  
**Claims** 13 24 80      GPO Box 9902 in your capital city

**Sydney**  
388 George St  
Sydney  
NSW 2000

**Melbourne**  
181 William St  
Melbourne  
VIC 3000

**Brisbane**  
189 Grey St  
South Bank  
QLD 4101

**Perth**  
46 Colin St  
West Perth  
WA 6005

**Adelaide**  
80 Flinders St  
Adelaide  
SA 5000



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# 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 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.

**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 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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