

DIRECTORS & OFFICERS LIABILITY INSURANCE PROPOSAL FORM

IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL

A. Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

B. Claims Made and Notified Policy

This proposal form is for Professional Indemnity Insurance on a “Claims made and Notified” basis. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. It does not provide cover for:

- claims arising from an event which occurred before the policy’s “retroactive date” where such a date is specified in the schedule;
- claims made after the period of cover expires (even where the event giving rise to the claim occurred during the period of cover);
- claims made, threatened or intimated before the period of cover commenced;
- claims arising from facts or circumstances of which you first became aware before commencement of the policy and which you knew or ought reasonably to have known, had the potential to give rise to a claim under the policy of any previous policy;
- claims arising from circumstances noted on the proposal form or any previous proposal form.

C. Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the insurance, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the Insurer will not cover you under the insurance for such loss or damage.

D. Privacy Statement

Berkley Insurance Australia handles your personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth).

Consent

By requesting us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure of personal information you have provided to us for the purposes set out in our Privacy Policy.

How we collect your personal information

Generally we collect personal information from you or your agents. Personal information may also be collected by us from our agents and service providers; other insurers and insurance reference bureaus; third parties who may claim under your policies; service providers who assist us in investigating, processing and settling claims; third parties who may be arranging cover for a group that you are part of; statutory, regulatory and law enforcement bodies and from publicly available sources.

Why we collect personal information

The personal information we collect enables us to provide our products and services. This may include processing and settling claims; offering products and services that may be of interest to you and conducting market research for products and services that may be relevant to you.

You can choose not to receive product or service offering from us by calling (02) 92758500 Eastern Standard Time 9am to 5pm Monday to Friday inclusive. For further information, you can access our Privacy Policy at www.berkleyinaus.com.au

Who we disclose your personal information to

Your personal information may be disclosed to other parties with whom we have business arrangements for purposes set out in the paragraph above. These parties may include insurers, intermediaries, reinsurers, related companies, our advisers and parties involved in claims assessment, processing, investigation and settlement. Where required by law, we may also disclose information to government, law enforcement, dispute resolution and statutory or regulatory bodies.

Personal information about others

Where you provide personal information about others, you represent to us that you have made them aware that you will do so, the types of third parties we may disclose it to together with the purposes we and our third parties use it for, how they can access such information and how complaints can be made

Where you provide sensitive information about others, you represent to us that you have obtained their consent. If you have not, and will not do so, you must tell us before you provide the sensitive information.

Overseas Disclosure

Your personal information may be disclosed to other companies in the Berkley group, reinsurers and service providers that may be located in Australia and overseas. The countries this information may be disclosed may vary from time to time but may include the United States of America and other countries where the Berkley group has a presence.

Any information disclosed may only be used for the purposes detailed above.

Accessing your personal information and dealing with complaints

You may request access to the personal information we hold about you by calling us at any time.

Our Privacy Policy details how you can make a complaint about a breach of the privacy principles as set out in the Privacy Act 1988 (Cth) and our complaints process.

Our Privacy Policy is available at www.berkleyinaus.com.au

Contact Details

Berkley Insurance Australia

Level 7, 321 Kent Street

SYDNEY NSW 2000

Ph: 02 9275 8500

Fax: 02 9261 2773

Email: australia@berkleyinaus.com.au Web site: www.berkleyinaus.com.au

SECTION 1 – DETAILS OF THE PROPOSER

1. Name of Company and ABN (or ACN):
2. Principal address of the Head Office:
3. Country and state of registration:
4. Company web address:

5. Description of business carried out by the Company:

6. Company establishment date:
7. Type of Company (public, private, incorporated, etc):

8. If the Company is a subsidiary of another company, please state the name and address of the ultimate Holding Company:

9. Is the Company or any of its subsidiaries listed on any stock exchange, or is its stock traded in any way?

No Yes If yes, please provide full details:

10. Total Revenue for Last Complete Financial Year \$ _____ FYE ____ / ____
11. Total Assets for Last Complete Financial Year \$ _____ FYE ____ / ____
12. a) Number of shares issued:
- b) Number of shareholders:
- c) Name of any Director or Officer who controls or owns more than 5% of the share capital of the company:
- d) Name of any shareholder or group of affiliated shareholders who control or own more than 10% of the share capital of the Company:

13. a) Is the Company considering a public offering of securities within the next 12 months? No Yes

b) Is the Company or its Directors aware of any proposition by any company or person to acquire the Company or merge with the Company? No Yes If yes please provide full details:

14. Have any Directors resigned or left the company in the last 12 months? No Yes If yes please provide details:

15. Has the Company ever conducted any business in the United States of America or Canada?

No Yes If yes, please provide the following:

- a) Assets held in the United States or America or Canada:
- b) Revenue derived from the United States of America or Canada:
- c) Names of subsidiary companies in the United States of America or Canada:

16. Does the Company currently hold Directors' & Officers' Liability Insurance?

No Yes If yes, please provide the following:

- a) Insurer:
- b) Limit of Liability:
- c) Deductible:
- d) Expiry Date:

17. What Directors & Officers Liability Insurance Limit is sought?

18. Has the Company or its Directors ever been refused or had cancelled Directors & Officers Liability Insurance or any similar type of insurance? No Yes

19. After Inquiry, is the Company or any past or present director, officer, company secretary or employee of the Company, aware of any fact, circumstance, act or omission which may give rise to a claim?

No Yes If yes, please provide full details:

20. After Inquiry, have any claims ever been made or notified, fines or penalties imposed, prosecution commenced, or inquiry instigated, against the Company or any past or present director, officer, company secretary or employee of the Company?

No Yes If yes, please provide full details:

21. Please provide the **number of Company employees** based in the following locations:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S

DECLARATION

I declare that I am authorised to complete this Proposal Form (Proposal) on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Proposal are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Proposal is entered into (up to an including the policy inception date).

By completing and signing this Proposal you acknowledge, accept and agree that in underwriting and issuing a policy (including replacement policies) BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

____ / ____ / 20____

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

Sydney
Tel. (02) 9275 8500
sydney@berkleyinaus.com.au

Melbourne
Tel. (03) 8622 2000
melbourne@berkleyinaus.com.au

Brisbane
Tel. (07) 3220 9900
brisbane@berkleyinaus.com.au

Perth
Tel. (08) 9380 8327
perth@berkleyinaus.com.au

Adelaide
Tel. (08) 8232 2767
adelaide@berkleyinaus.com.au