

MANAGEMENT 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, 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 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

SECTION 1 – DETAILS OF THE PROPOSER

Please note: the entity must be “Pty Ltd”, “Limited by Guarantee” or “Incorporated” to qualify for Management Liability.

- | | |
|--|--|
| a) Full Name of Company
(including any trading names) | |
| b) Principal address of
Company: | |
| c) Website address: | |
| d) ABN: | |
| e) Contact Person and email
address: | |
| f) Country of Registration: | |
| g) Date of Incorporation | |

SECTION 2 – DESCRIPTION OF OPERATIONS

- a) Describe the Company’s business activities:

- b) Does the Company have an Australian Financial Services Licence? No Yes - AFSL# _____
- c) Does the Company use, intend to use or supply Labour Hire? No Yes If yes, do you ensure that the correct licenses are held under Labour Hire Legislation? No Yes
- d) Does the Company have any overseas operations?

No Yes If yes, please provide full details including the county, nature of work undertaken and income derived:

SECTION 3 – FINANCIAL INFORMATION

- | | | |
|---|-----------|--|
| a) Most recent annual turnover/revenue: | This Year | |
| | Last Year | |
- b) Are there any facts or circumstances which may affect the ability of the Company to meet its debts as and when they fall due? No Yes
- c) Have there been (in the last 24 months) or are there proposed, any changes to the capital structure of the Company? No Yes

If you answered “YES” above, please provide full details.

The policy contains an Insolvency Exclusion, however, We may consider removing this on receipt and review of the last annual financial statements.

SECTION 4 – EMPLOYMENT PRACTICES

- a) Number of Directors: b) Number of Employees:
- c) How many employees earn over \$100,000?
- d) How many employees or directors have left the Company in the last 12 months?
 i) Number of Directors: ii) Number of Employees:
- e) Has the Company had any retrenchments in the last 12 months or do they anticipate any in the next 12 months? No Yes
 If yes, please provide details:
- f) Does the Company have written employment procedures (eg. Employee Handbook) that are given to each employee? No Yes
- g) Does the Company only use labour hire companies which are appropriately licensed under applicable Labour Hire Legislation? No Yes

SECTION 5 – FRAUD CONTROLS

- a) Is there an annual audit of the Company's accounts? No Yes
- b) Is there an annual independent count of physical stock against inventory records (where the count is performed by a person who is not the same person performing the inventory check)? No Yes
- c) Is dual authorisation required on all payments (including but not limited to cheques, EFT, refunds)? No Yes
- d) Does the Company segregate duties so that the same person cannot control any of the following activities from commencement to completion without referral to others (ie. Financial Controller, Directors)?
 i. Signing cheques, preparing cheque requisitions or reconciling bank statements No Yes
 ii. Issuing funds transfer instructions above \$5,000 No Yes
 iii. Refund of monies or return of goods above \$5,000 No Yes
- e) Is there controlled access to all locations / computer terminals? No Yes
- f) Does the Company maintain a master list of authorised suppliers? No Yes
- g) Does the Company verify new customer or supplier bank account information (including name, address and bank account number) prior to initiating any financial transaction with such supplier or customer? No Yes
- h) Does the Company have call-back procedures with customers or suppliers to authenticate any fund transfer instructions greater than \$50,000 prior to transfer? No Yes
- i) Upon receipt of any email requests to change supplier or customer bank account details (including account number, email address, contact information, bank routing number), do you:
 i. Have direct call-back procedures in place (i.e. other than responding via email) to the contact phone number in place prior to receipt of the change request? No Yes
 ii. Require internal dual signoff from a supervisor or authorised person prior to initiating the change request? No Yes

SECTION 6 – WORPLACE HEALTH & SAFETY

- a) Does the Company have a safety management system in place? No Yes
- b) Has the Company's safety management system been reviewed by an independent third party and received AS/NZ 4801 certification? No Yes
- c) Does the Company have effective hazard and incident reporting procedures? No Yes
- d) Does the Company have procedures in place to identify and notify officers on duty under WH&S laws? No Yes
- e) Does the Company have a system that recognises contractors, volunteers, work experience and labour-hire employees as workers? No Yes
- f) Does the Company have an audit programme of its safety management system to ensure it remains effective and up to date in managing health and safety risks in the workplace? No Yes
- g) Please provide further details of any information that is relevant to your WH&S obligations:

SECTION 7 – INTERNET LIABILITY (OPTIONAL)

- a) Does the Company have a website? No Yes
 If yes, please provide the website address(es) www. _____
 www. _____
 www. _____
- b) Does the Company have a privacy policy posted on all of its websites? No Yes
- c) Does the Company review and approve all content prior to it being uploaded to the website? No Yes
- d) Does the Company's website contain a blog or chatroom? No Yes

SECTION 8 – LOSS AND INSURANCE HISTORY

Please consult your insurance broker if you are unsure how to answer these questions or what the proposed insurance policy covers.

- a) Has the Company or any person proposed for cover suffered any loss which could have been covered under the proposed policy? No Yes
- b) Is the Company or any person proposed for cover aware of any facts, circumstances, acts or omissions which may give rise to any future claims under the proposed policy? No Yes
- c) During the last three years, has the Company or any person proposed for cover been the subject of any complaint, suit, inquiry or notice of a hearing from any State, Territory or federal regulatory body, or any other party? No Yes
- d) Has the Company of any person proposed for cover ever been refused, had cancelled or non-renewed any similar insurance cover? No Yes

If you have answered yes to the above, please provide full details:

SECTION 9 – LIMIT OF INDEMNITY

Does the Company currently buy Management Liability Insurance?

No Yes

Current limit:

\$

Current Insurer:

Please indicate the limit of indemnity required:

\$

SECTION 10 – LOCATION OF EMPLOYEES (PERCENTAGE SPLIT FOR STAMP DUTY CALCULATIONS)

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.

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

Sydney

Tel. (02) 9275 8500
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Melbourne

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