



MANAGEMENT LIABILITY INSURANCE PROPOSAL FORM

BENCHMARK

IMPORTANT

Please read these guidance notes before completing this Proposal Form. Where further information is required please refer to your Broker.

PLEASE NOTE

This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to claims made against the Insured and notified to the Underwriters during the period of insurance.

- This Proposal Form must be typed or completed in ink and signed and dated by the Proposer. Please answer every question in full and sign and date the Declaration before returning it to your broker.
- It is the duty of the Proposer to disclose all Material Facts to the Underwriters, as failure to do so may render any Policy voidable, or severely prejudice your rights in the event of a claim.
- For the purpose of this Proposal Form and for all purposes relating to any policy issued pursuant to this Proposal Form, a 'Material Fact' shall be deemed to be one that would be likely to influence an Underwriter's judgment and acceptance of your Proposal Form. If you are in any doubt as what constitutes a Material Fact, you should consult your broker.
- Should there be any material change in the answers given to the questions contained in this Proposal Form prior to the inception of the Policy, the Proposer must notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
- Upon acceptance of the Underwriter's terms and conditions and payment of the premium, all information provided by the Proposer, including this Proposal Form, addenda (if applicable) and the guidance notes will be deemed to be incorporated in the contract between the Underwriters and the Insured and shall be deemed the basis of the contract of insurance.

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

1. Full Name of the Company: _____
2. Address of the Registered Office of the Company: _____
3. Company Website Address: _____
4. Company ABN: _____

London Australia Underwriting Pty Ltd

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100 Miller Street
North Sydney NSW 2060

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5. Please describe the nature of the Company's operations and/or industry involved in:

6. Was the Company incorporated in Australia with limited liability more than 24 months ago? Yes No

Please state the date of incorporation _____

7. Does the Company have any of its shares or other securities listed on any stock exchange or other securities market? Yes No

8. Does the Company have any Employees or Locations or Assets or Shares or Funds or Subsidiary Companies domiciled or incorporated in the United States of America? Yes No

If "Yes" to any part of question 8, please provide full details or attach an addendum:

9. Is insurance sought for claims in respect of legal liabilities which fall within the legal jurisdiction of the United States of America? Yes No

If "Yes," does the Company earn Gross Receipts in the United States of America that exceed 30% of the Company's total Gross Receipts? Yes No

10. Does the Company have externally prepared reports and accounts in the **two latest, consecutive** financial years, which show:

- a) unqualified reports by independent auditors or accountants? Yes No
- b) net profit (i.e. after tax, interest, etc)? Yes No
- c) positive net worth (i.e. both balance sheets show that assets exceed liabilities)? Yes No
- d) no litigation or disputes or contingent or extraordinary liabilities? Yes No
- e) any and all of its debts can be paid as they fall due? Yes No

If "No" to any part of question 10. please provide further details:

11. For the most recent, fully-completed financial year, please state the following figures.

Gross Total Receipts: AUD\$ _____ Gross Total Assets: AUD\$ _____

Net Profit (Loss) After Tax: AUD\$ _____ Gross Total Liabilities: AUD\$ _____

IF ACTUAL FIGURES ARE NOT AVAILABLE THEN ESTIMATED FIGURES ARE ACCEPTABLE



12. The following questions should only be answered by the Proposer after full and reasonable investigation has taken place to ascertain if the Company, Directors and Officers, employees, trustees or committee members of the Company have any knowledge relating to any of the events in question.
- a) Is there any intention for the Company to be acquired by, or merged with, any other entity, or for there to be any other material change in the ownership of the Company (including but not limited to, a management buy-out or an offering of its share capital or securities)? Yes No
 - b) Has any event of the sort referred to in question 12a) taken place in the last 24 months? Yes No
 - c) Is the Proposer aware of any claims or circumstances which may give rise to a claim or of any disciplinary proceedings or any complaints having been threatened or intimated or made (successfully or otherwise) against the Directors or Officers or the Company or the employees or the trustees or committee members of the Company in respect of the legal liabilities or loss to which this Proposal Form relates? Yes No

If "Yes" to any part of question 12. please provide full details or attach an addendum:

13. Can the Proposer confirm that all employee benefit and pension plans have no more than 5% of their investments in the shares or other securities of the Company and that these plans are adequately funded and are neither in deficit or 'run-off' and are approved without qualification by an appropriate independent third party? Yes No

14. Please answer the following:

- a) Does the Company have written procedures, contracts of employment, personnel files and an employee handbook? Yes No
- b) Does the Company minute all grievance and disciplinary hearings? Yes No
- c) Does the Company expect there to be any redundancies or other reductions amongst its employees in the next 24 months? Yes No
- d) Has the Company had more than 10% of its employees resign or be made redundant or be dismissed during the last 24 months? Yes No
- e) Does the Company plan to make any amendments to the employee benefits package in the next 24 months or has it done so during the last 24 months (salary increases excluded)? Yes No
- f) Please state the number of employees the Company has: _____
- g) Please state the number of employees that earn more than AUD\$500,000 gross annually: _____

If "Yes" to question 14 c), d) or e), please provide further details:



15. Does any person or entity hold (beneficially or otherwise) more than 10% of the issued share capital of the Company? Yes No

If "Yes," please provide the names of the shareholders and the percentage of shares owned:

		%
		%
		%
		%

16. Please select which of the following Limits of Indemnity are sought for quotation:

<input type="checkbox"/> AUD\$500,000	<input type="checkbox"/> AUD\$1,000,000	<input type="checkbox"/> AUD\$2,000,000	<input type="checkbox"/> AUD\$5,000,000
<input type="checkbox"/> AUD\$10,000,000	<input type="checkbox"/> AUD\$20,000,000	<input type="checkbox"/> Other (please state):	_____

STAMP DUTY

For the purpose of calculating Stamp Duty, please confirm the **number of employees** in each relevant location:

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas

DECLARATION

The Proposer declares and warrants that after full and reasonable enquiry and to the best of his/her knowledge and belief all statements and particulars contained in this Proposal Form and (if applicable) any addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable.

The Proposer further declares and warrants that he/she has been duly authorised by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Proposal Form and any ensuing Policy.

The Proposer understands that failure to disclose any Material Facts which would be likely to influence the acceptance and assessment of this Proposal Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect.

The Proposer hereby agrees and accepts that this Proposal Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.

The Underwriters are hereby authorised, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Proposal as they deem necessary.

For and on behalf of (name of Company):

Signature: _____ Date: _____

Name of Signatory: _____ Position: _____

Position should be the Chairman or Managing Director or Chief Executive of the Company.