# **PROPOSAL FORM**

# **MANAGEMENT LIABILITY INSURANCE**

# **BENCHMARK**



All questions must be answered giving full and complete answers. Please ensure that this Proposal Form is Signed and Dated. All declarations to be in Australian dollars.



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## IMPORTANT

Please read these guidance notes before completing this Proposal Form. Please also see page 6 of 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notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.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:					
5.	Please describe the nature of the Company's operations and/or industry involved in:					
<ul> <li>6. Was the Company incorporated in Australia with limited liability more than 12 months ago?</li> <li>Yes No</li> </ul>						
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? <b>s No</b>					



8. Does the Company have an States of America?	y Employees of Locations (	or Assets of Shares of Funds of Subsidiary Comp	panies domiciled or incorporated in the United
Yes No			
f"Yes" to any part of question 8, ple	ase provide full details or a	ttach an addendum:	
	s in respect of legal liabiliti	es which fall within the legal jurisdiction of the U	Inited States of America?
Yes No			
	ss Receipts in the United St	ates of America that exceed 30% of the Company	y's total Gross Receipts?
Yes No			
<b>10.</b> Does the Company have ext	ernally prepared reports an	d accounts in the two latest, consecutive financia	al years which show:
) unqualified reports by independe	ent accountants or auditors	??	
Yes No			
) net profit (i.e. after tax, interest, e	tc)?		
Yes No			
) positive net worth (i.e. both balar	nce sheets show that assets	exceed liabilities)?	
Yes No			
I) no litigation or disputes or contin	igent or extraordinary liabi	lities?	
Yes No			
e) any and all of its debts can be pa	d as they fall due?		
Yes No	anna muartida full dataila.		
f"No" to any part of question 10, pl	ease provide fuil details:		
<b>11.</b> For the most recent, fully-co	mpleted financial year, plea	se 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 N	IOT AVAILABLE THEN ESTIMATED FIGURES ARE A	CCEPTABLE
		ne Proposer after full and reasonable investigation we members of the Company have any knowledg	
		nerged with any other entity or for there to be an	

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 12 months?

Yes No

c) Is the Proposer aware of any claim, or circumstance which may give rise to a claim, or of any disciplinary proceeding or any complaint 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:



independent third party?

Yes	No
	Can the Proposer confirm that the following operations are always segregated so that no individual person can control any operation from start to finish without referral to another person?
a) Cheo	jues being signed or payments being authorised above AUD\$10,000
Yes	Νο
b) Issui	ng funds transfer instructions
Yes	Νο
c) Ame	nding funds transfer procedures
Yes	Νο
d) Ope	ning new bank or supplier accounts
Yes	Νο
e) Refu	nd of monies or return of goods above AUD\$10,000
Yes	Νο
	Can the Proposer confirm that bank statements are always independently reconciled by persons who are not authorised to deposit and/or withdraw funds or issue funds transfer instructions?
Yes	Νο
	Can the Proposer confirm whether an independent physical count of stock, raw materials, work in progress and finished goods is undertaken and whether the count is then reconciled against recorded stock levels? (Please write "N/A" if this question is not applicable)
Yes	Νο
a) How	frequently is a count undertaken?
b) Were	there any discrepancies discovered during the most recent count?
Yes	
	to question 16 b), please provide full details or attach an addendum:
_	Does the Company have an approved suppliers list that is regularly updated and checked by the Directors or Officers?
Yes	Νο
18.	Can the Proposer confirm that all suppliers, service providers and outsourcing companies are:
a) vette	d for competency, financial stability and honesty before being approved?
Yes	Νο
b) appo	pinted under a written contract?
Yes	Νο
lf"No" t	o any part of question 18, please provide full details:
19.	Please answer the following:
a) Does	the Company have written procedures, contracts of employment, personnel files and an employee handbook?
Yes	Νο
b) Doe	s the Company minute all grievance and disciplinary hearings?
Yes	Νο
c) Does	the Company expect there to be any redundancies or other reductions amongst its employees in the next 12 months?
Yes	Νο
d) Has t	the Company had more than 10% of its employees resign or be made redundant or be dismissed during the last 12 months?
Yes	Νο

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



e) Does the Company plan to make any amendments to the employee benefits package in the next 12 months or has it done so during the last 12 months (salary increases excluded)?

Yes No				
f) Please state the number	r of employees the Company has	:		
g) Please state the numbe	r of employees that earn more th	nan AUD\$500,000 gross annually:		
lf "Yes" to question 19 c), d	l) or e), please provide further de	tails:		
20. Does any person of	r entity hold (beneficially or othe	rwise) more than 10% of the issued s	share capital of the Company?	
Yes No				
If "Yes," please provide the	e names of the shareholders and	the percentage of shares owned:		
				%
				%
				%
				%
<b>21.</b> Please select which	n of the following Limits of Indem	nity are sought for quotation:		
AUD\$500,000	AUD\$1,000,000	AUD\$2,000,000	AUD\$5,000,000	
AUD\$10,000,000	AUD\$20,000,000	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
	1							

# 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:	Name of Signatory:		
SIGN 📈			
	Date:	Position:	

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



#### **IMPORTANT NOTICES**

#### 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:

- (i) reduces the risk we insure you for; or
- (ii) is common knowledge; or
- (iii) we know or should know as an insurer; or
- (iv) 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.

#### **Claims Made**

This Proposal Form is for a Policy that operates on a claims made and notified basis. This means that the Policy provides cover for claims first made and notified during the period of insurance, subject to the terms and conditions of the Policy.

The Policy does not provide cover in relation to any known matters or facts nor any actual or alleged act, error, omission or event that occurred before the retroactive date (if any) specified in the Policy.

Where you give notice in writing to LAUW of any facts that might give rise to a claim against you (as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of insurance), you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of insurance. Those rights are in addition to any rights that you may have under the Policy.

#### **Privacy Notice**

LAUW and the Underwriters are committed to compliance with the provisions of the Australian Privacy Principles and the Privacy Act 1988 (Cth). In order for LAUW and the Underwriters to assess the risk of, and provide you with, insurance products and assess and manage any claims under those products, it is necessary to obtain personal information from you. If you do not provide that information, it may prevent LAUW and the Underwriters from providing you with the products or services sought.

If you provide LAUW and/or the Underwriters with information about someone else, you must obtain their consent to do so. LAUW and the Underwriters may disclose your information to other insurers, their reinsurers, an insurance reference service or other advisers used by the Underwriters (or LAUW on behalf of the Underwriters) such as loss adjusters, lawyers or others who may be engaged to assist in claims handling, underwriting or for the purpose of fulfilling compliance and/or regulatory requirements. These third parties will all be contractually required to adhere to LAUW's and the Underwriter's privacy obligations.

LAUW's privacy policy contains information about how you can:

- (i) access the information that LAUW holds about you;
- (ii) ask LAUW to correct that information;
- (iii) make a privacy related complaint.

You can obtain a copy of LAUW's privacy policy at http://lauw.com.au/privacy-policy.php

Should you require access to your personal information, LAUW may be contacted directly on (02) 8912-6400.