

Management Liability Insurance

PROPOSAL FORM

IMPORTANT INFORMATION

Please read the following information before completing this proposal.

A. Obtaining a Quotation

To minimise delays in obtaining a quotation please provide complete answers to all questions in the proposal form and attach relevant financials, brochures, CV's etc that you believe will help us understand your business.

B. Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim, or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

C. 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.

D. 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.

E. Privacy Statement

The Privacy Act 1988 (as amended) applies to this proposal and requires us to advise you that:

Purpose of collection

W.R. Berkley Insurance Australia collects personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of:

- providing insurance services to you;
- evaluating your application;
- evaluating any request for changes to any insurance provided;
- issuing administering and managing the insurance provided after acceptance of an application;
- investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for secondary purposes related to those purposes listed above, but only if you would expect us to use or disclose the information for such secondary purpose. However, for sensitive information the secondary purpose must be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above W.R. Berkley Insurance Australia may disclose your personal information to and/or receive information from other companies within the same group, your insurance broker or our agent, government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You may request access to the personal information we hold about you by contacting W.R. Berkley Insurance Australia at the address shown below:

Contact Details

W. R. Berkley Insurance Australia
Level 7 / 1 Market Street, Sydney NSW 2000

Ph: 1300 800 772
Fax: 02 9006 1010

Level 18, 333 Ann Street, Brisbane QLD 4000

Ph: 07 3232 1166
Fax: 07 3232 1200

Web site: www.wrbaustralia.com.au

Email: australia@wrberkley.com

Part 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) Web Address:	
d) ABN:	
e) Contact Person and email address:	
f) Country of Registration:	
g) Date of Incorporation:	

Part 2: Description of Operations

a) Describe the Company’s business activities:

b) Does the Company have any overseas operations? Yes No

If “yes”, please provide full details including the country, nature of work undertaken and income derived.

Part 3: Financial Information

a) Most recent annual turnover:	\$
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Have there been (in the last 24 months) or are there proposed, any changes to the capital structure which may materially affect the performance of the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have 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.

Part 4: Employment Practices

a) Number of Directors		b) Number of Employees	
c) How many employees earn over \$100,000?			
d) Has the Company had any retrenchments in the last 12 months or do they anticipate any in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Does the Company have written employment procedures (eg. Employee Handbook) that are given to each employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 5: Location of employees (percentage split for Stamp Duty calculations)

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
%	%	%	%	%	%	%	%	%

Part 6: Fraud Controls:

a) Is there an annual audit of the Company's accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Is there an annual independent count of physical stock against inventory records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Are countersignatures required on all cheques?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Does the Company segregate duties so that no one person can 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Issuing funds transfer instructions above \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Refund of monies or return of goods above \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Is there controlled access to all locations / computer terminals?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 7: Internet Liability (optional):

a) Does the Company have a website? If YES, please provide the website address(es) www. www. www.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Does the Company have a privacy policy posted on all of its websites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Does the Company review and approve all content prior to it being uploaded to the website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Does the Company's website contain a blog or chatroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 7: Loss & 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 would have been covered under the proposed policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Has the Company or any person proposed for cover ever been refused, had cancelled or non-renewed any similar insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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Part 8: Limit of indemnity

a) Does the Company currently buy Management Liability Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current limit:	\$
Current Insurer:	
Please indicate the limit of indemnity required:	\$

Part 9: Declaration

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signature of Managing Director/Chief Executive Officer

_____ Dated: / /20

Signature

Please print name and office of person signing form