

BALANCE SHEET PROTECTION PROPOSAL



IMPORTANT INFORMATION

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* (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the 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 matters:

- + that diminishes the risk to be undertaken by the insurer;
- + that is of common knowledge;
- + that your insurer knows or, in the ordinary course of its 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 their 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 altogether.

CLAIMS MADE INSURANCE

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- + acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the Policy;
- + any claim made, threatened or intimated against you prior to the commencement of the policy period;
- + any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- + any claim arising out of any fact you are aware of before the commencement of the policy period;
- + any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the *Insurance Contracts Act 1984* (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claims which do arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

PRIVACY NOTICE

Your privacy is important to us. This privacy statement provides information about the personal information that Stand Underwriting Pty Ltd ("we") collects, and the ways in which we use this personal information.

Why do we collect your information?

We may need to collect your personal information so that we can provide you with the insurance services you are seeking from us.

Using Personal Information

We may use your personal information to:

- + arrange insurance and provide a claims service;
- + send to you statements and invoices;
- + collect payments from you; and
- + send you marketing communications.

Disclosure of Personal Information

Where we disclose your personal information to our agents or partners for these purposes, the agent or partner in question will be obligated to use that personal information in accordance with the terms of this privacy statement.

In addition to the disclosures reasonably necessary for the purposes identified elsewhere above we may disclose your personal information to the extent that it is required to do so by law, in connection with any legal proceedings or prospective legal proceedings, and in order to establish, exercise or defend its legal rights.

Securing Your Data

We will take reasonable technical and organisational precautions to prevent the loss, misuse or alteration of your personal information. We will securely store all the personal information you provide.

Further Information

If you would like further information, please review our full Privacy Policy available on our website, www.standunderwriting.com.au, which includes the privacy notice of your insurer, Liberty Specialty Markets.¹

If you have any questions about this privacy policy or our treatment of your personal information, please write to us:

- + by submitting our contact form on this website; or
- + by mail to Suite 1, Level 18, 201 Kent St, Sydney, NSW 2000

DETAILS OF THE INSURED

1. **Named Organisation:** _____

2. **ABN:** _____

3. **Principal place of business:**
 Street: _____
 City: _____ State: _____ Postcode: _____

4. **Ownership:**

<input type="checkbox"/> Private ('Pty Ltd')	<input type="checkbox"/> Publicly Listed (ASX)	<input type="checkbox"/> Publicly Listed (Overseas)
<input type="checkbox"/> Public Unlisted	<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Government Owned

5. **Country Domiciled:**

<input type="checkbox"/> Australia	<input type="checkbox"/> Other: _____
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6. **Industry:**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Airlines
<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Conglomerate (multi-industry)
<input type="checkbox"/> Construction	<input type="checkbox"/> Education
<input type="checkbox"/> Electronics	<input type="checkbox"/> Energy
<input type="checkbox"/> Financial Services- Hedge Funds or REITs	<input type="checkbox"/> Financial Services – Insurance or Banking
<input type="checkbox"/> Financial Services – Other	<input type="checkbox"/> Food & Beverage
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Hotels
<input type="checkbox"/> IT Services	<input type="checkbox"/> Logistics or Transport
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Manufacturing Semiconductors
<input type="checkbox"/> Mining	<input type="checkbox"/> Mining Exploration
<input type="checkbox"/> Non-Profit Association	<input type="checkbox"/> Oil & Gas
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Power – Coal
<input type="checkbox"/> Power – Renewable Energy	<input type="checkbox"/> Power – Other
<input type="checkbox"/> Property	<input type="checkbox"/> Retail
<input type="checkbox"/> Tobacco Services, Manufacture or Refinement	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Utilities excluding Telecommunications	
<input type="checkbox"/> Other (please describe): _____	

7. **Business Description:** _____

8. **Turnover (prior 12 months):** \$ _____

9. **Provide the number of Employees, Contractors & Labour Hire staff by location:**

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Overseas

Note: Contractors refers to any individual directly employed by the Named Organisation under a contract for service and working under the Named Organisation's supervision. Contractors do not include Independent Contractors.

10. Does the Named Organisation and its Subsidiaries have any of the following risk management policies and procedures in place:

If unknown, select "No." Where "No" is selected please provide further information.

- a) Formal Quality Assurance Certification to ISO 9000 series? Yes No
- b) A Workplace or Occupational Health & Safety Manager, Department or Coordinator? Yes No
- c) Workplace or Occupational Health & Safety Procedures Manual? Yes No
- d) Environmental Protection Procedures Manual? Yes No
- e) Procedure Manual ensuring compliance with Statutory requirements relating to your business? Yes No
- f) A cyber incident response plan, and written procedures for data backup or data recovery? Yes No
- g) Written corporate-wide privacy policy? Yes No

11. State the details of Other Insurance policies currently in force:

Policies noted below will act as an underlying policy where possible.

Type of Policy	Expiry Date	Policy Number	Limit of Liability	Insurer
Directors & Officers Liability				
Management Liability				
Employment Practices Liability				
Public & Products Liability				
Professional Indemnity				
Cyber				

POLICY DETAILS

1. **Period of Insurance:** From: _____ To: _____

2. **Retroactive Date:** _____

3. **Is the insurance to be arranged on an Aggregate Limit or Separate Limits of Liability?**

Aggregate Limits of Liability: \$1 million \$2 million \$5 million \$10 million \$20 million

OR

Separate Limits of Liability are required:

Statutory Liability \$1 million \$2 million \$5 million \$10 million \$20 million
 Employment Practices Liability \$1 million \$2 million \$5 million \$10 million \$20 million
 Directors & Officers \$1 million \$2 million \$5 million \$10 million \$20 million
 Organisation Liability \$1 million \$2 million \$5 million \$10 million \$20 million

EMPLOYMENT PRACTICES LIABILITY

1. **Cover Required?** Yes No

2. **What percentage of staff were terminated in the past 12 months?**
 < 1% of staff 1-10% of staff 11-25% of staff > 26% of staff

3. **Does the proposed Named Organisation, including Subsidiaries:**
Where "No" is selected please provide further information.
 - a) Have a written employment contract with every employee? Yes No
 - b) Distribute an employee handbook to all employees? Yes No
 - c) Have a regularly updated manual of its human resource procedures? Yes No
 - d) Have a written policy against discrimination, bullying or harassment including sexual harassment, including a grievance procedure for dealing with such claims? Yes No
 - e) Have a written progressive disciplinary program? Yes No
 - f) Have established termination and severance procedures? Yes No
 - g) Have a policy on how employee personal information is collected and handled? Yes No

DIRECTOR & OFFICERS LIABILITY

1. **Cover Required?** Yes No

2. **Company assets:**
 - a) Total assets for the last financial year: \$ _____
 - b) Do you have positive net assets in the business?
(where total assets are higher than total liabilities) Yes No

3. **Has the Named Organisation been involved in a merger or acquisition over the last 5 years?**
If "Yes" please provide further information. Yes No

ORGANISATION LIABILITY

1. **Cover Required?** Yes No

CLAIMS AND CIRCUMSTANCES

In the last five years, and after specific enquiry of the Named Organisation including its Subsidiaries, Management and Staff, has any proposed Insured had any of the following:

Where "Yes" is selected please provide further information.

1. Suffered any loss, whether covered by insurance or not, that would have fallen within the scope of the proposed coverage? Yes No
2. Any incident or circumstance which could give rise to a fine, penalty, infringement notice, inquiry costs claim or employment practices claim in relation to the Business? Yes No
3. A fine, penalty or infringement notice imposed? Yes No
4. Workplace or Environmental incidents that warranted investigation by a Regulatory Authority? Yes No
5. A Compulsory or Voluntary Requirement to attend any hearing, inquiry, prosecution, or other commission in relation to the Business? Yes No
6. *If Employment Practices Liability has been requested - Any employment practices claims or legal actions, or are presently subject to any judicial or administrative order, decree, judgment, or conciliation agreement relating to employment?* Yes No Not Applicable
7. Has the Named Organisation, its Subsidiaries or any of its directors, officers or employees ever been the subject of any disciplinary proceedings? Yes No

FURTHER INFORMATION

DECLARATION

To be signed by a partner or director only

I, the undersigned, declare and acknowledge:

- + That I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- + That after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, I am obliged to inform the insurer of any changes to any information supplied or of any new information that is relevant;
- + That I understand the insurer relies on the accuracy of the information and documentation supplied for the proposed insurance;
- + That I have read and understood the Important Notices which form part of this proposal;
- + That I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by the insurer, if any;

Signed: _____

Print Name: _____

Title: _____

Dated: _____