

## 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 does 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](http://www.standunderwriting.com.au), which includes the privacy notice of your insurer, Liberty Specialty Markets.<sup>1</sup>

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 GPO Box 1426, Brisbane QLD 4001

**DETAILS OF THE INSURED**

1. **Named Organisation:** \_\_\_\_\_  
 \_\_\_\_\_

2. **ABN:** \_\_\_\_\_

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

4. **Ownership:**  
 Private ('Pty Ltd')                       Publicly Listed (ASX)                       Publicly Listed (Overseas)  
 Public Unlisted                               Not For Profit                               Government Owned

5. **Country Domiciled:** \_\_\_\_\_

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

**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) Written computer and information systems policies and procedures, including control frameworks to monitor the performance of service providers?  Yes  No
- g) Written corporate-wide privacy policy?  Yes  No
- h) Disaster recovery, business continuity and incident response plans for network intrusions and virus incidents?  Yes  No

**11. State the details of other insurances currently in force:**

*Where a policy is noted please record if the intention of the listed policy is to be replaced by coverage under this insurance, or if the listed other insurance is to be intended to be an underlying policy.*

Type of Policy	Expiry Date	Policy Number	Limit	Insurer	Intention
Statutory Liability					<input type="checkbox"/> Prior policy <input type="checkbox"/> Underlying
Inquiry Costs					<input type="checkbox"/> Prior policy <input type="checkbox"/> Underlying
Directors & Officers Liability					<input type="checkbox"/> Prior policy <input type="checkbox"/> Underlying
Management Liability					<input type="checkbox"/> Prior policy <input type="checkbox"/> Underlying
Employment Practices Liability					<input type="checkbox"/> Prior policy <input type="checkbox"/> Underlying
Public & Products Liability					<input type="checkbox"/> Underlying
Professional Indemnity					<input type="checkbox"/> Underlying
Cyber					<input type="checkbox"/> Underlying

**POLICY DETAILS**

1. **Period of Insurance:** From: \_\_\_\_\_ To: \_\_\_\_\_

2. **Retroactive Date:** \_\_\_\_\_

3. **Prior & Pending Date:** \_\_\_\_\_

**4. 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**

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?  Yes  No  
*(where total assets are higher than total liabilities)*
  
3. **Has the Named Organisation been involved in a merger or acquisition over the last 10 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. 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
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

