

MANAGEMENT LIABILITY PORTFOLIO APPLICATION

PLEASE COMPLETE THIS FORM ELECTRONICALLY TO ENSURE THAT WE CAN RESPOND TO YOUR REQUEST QUICKLY.

1 Please state the name and address of the principal Company for whom this insurance is required.

| | | | |
|-----------------|----------------------|---------------------|----------------------|
| Company name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| City: | <input type="text"/> | Postcode: | <input type="text"/> |
| Telephone: | <input type="text"/> | Email address: | <input type="text"/> |
| Total Turnover: | <input type="text"/> | Number of employees | <input type="text"/> |

2 Please state when your company was established:

3 Please provide a full description of your business activities. *If you have a brochure, or company literature, please attach to this form.*

4 For Stamp Duty purposes please provide a percentage breakdown of your estimated revenue by State or Territory:

| | | | | | | | | | |
|-----|---|-----|---|-----|---|----------|---|-------|---|
| NSW | % | VIC | % | QLD | % | SA | % | WA | % |
| TAS | % | NT | % | ACT | % | Overseas | % | Total | % |

DIRECTORS & OFFICERS LIABILITY

5 Please state whether:

- a) you are an Australian registered limited company? Yes No
- b) your shares are listed on any stock exchange? Yes No
- c) you are a firm offering professional legal advice or a firm directly regulated by the Australian Securities and Investments Commission? Yes No
- d) your accountants has qualified their opinion in your latest annual report and accounts? Yes No
- e) you have made a profit in the last 12 months? Yes No
- f) you have a positive net worth in your latest annual report and accounts? Yes No
- g) you have assets in the USA or turnover generated in the USA? Yes No
- h) you have reviewed your health and safety policies and procedures in the last 12 months? Yes No

EMPLOYMENT PRACTICES LIABILITY

6 Please state whether:

- a) in the past 24 months has there or, in the next 12 months is it anticipated there will be, any employee layoffs, early retirements or redundancies? Yes No
- b) you have written grievance and disciplinary procedures which are communicated to all employees? Yes No
- c) you have employees outside of Australia? Yes No
- d) you are a recruitment consultant or staffing agency? Yes No
- e) you review and gain approval by HR or external legal advisors prior to employee terminations? Yes No

CYBER & PRIVACY LIABILITY

7 Please state whether:

- a) you have a written IT security policy in place that governs the handling and storage of sensitive information within your organisation? Yes No
- b) your internal IT systems comply with all of the following minimum security requirements:
- i. Anti-virus software is installed on all windows based desktops and servers (excluding database servers)? Yes No
 - ii. All external network gateways is protected by a firewall? Yes No
 - iii. All critical data are backed up on at least a weekly basis? Yes No
- c) you provide any of the following services to third parties for a fee:
- i. Adult content? Yes No
 - ii. Credit / background checking for third parties? Yes No
 - iii. Banking or payment processing services? Yes No
 - iv. Internet service provision? Yes No
 - v. Political activities? Yes No
 - vi. Online hosted file sharing services? Yes No
 - vii. Aviation systems (directly involved with; flight control, radar or flight path systems)? Yes No

CRIME

8 Please state whether:

- a) you have dual control procedures in place for the transfer of assets, funds, investments, disturbances and for the signing of cheques in excess of \$2,500? Yes No
- b) you have internal and/or external audits performed? Yes No

STATUTORY LIABILITY COVER

9 Only complete this section if you require statutory cover

- a) do you have an environmental policy that has been approved by the board of directors? Yes No
- b) do you have an environmental consultant to advise you on environmental issues? Yes No
- c) do you currently have pollution liability insurance in force? Yes No

INSURANCE REQUIREMENTS

10 Please provide details of your required limits:

CLAIMS INFORMATION

11 Have there been any claims made against any past or present director, officer, or employee acting in a dispute or supervisory capacity (including all employees regard to employment related disputes)?

Yes No

Have there been any claims made against the company or its subsidiaries?

Yes No

Have there been claims made against the company or its subsidiaries in relation to data protection or security actual or potential security violations or security breaches either currently or in the past five years?

Yes No

After enquiry, are you or any of your directors, officers or employees aware of any fact, circumstance, allergy incident that might give rise to claim under the proposed policy?

Yes No

DECLARATION

I declare that AFTER REASONABLE ENQUIRY the information provided in this application form is true and complete and that I have not missed or suppressed any material fact.

I agree that this application form, together with any other material information supplied by me, shall form the basis the contract of insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Full name:

Signature:

Position held at insured:

Date:

PLEASE NOTE: DO NOT PRINT AND SCAN THIS FORM. PLEASE COMPLETE THIS FORM ELECTRONICALLY, SIGN USING A DIGITAL SIGNATURE, SAVE A COPY FOR YOUR RECORDS, AND SUBMIT VIA EMAIL THIS WILL ENSURE WE PROCESS YOUR APPLICATION QUICKLY.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF INSURANCE, PLEASE IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES. THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORISATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED INTO THIS APPLICATION