



**Business Practices
Insurance Policy**
PROPOSAL FORM

libertyspecialtymarkets.com.au



Liberty
Specialty Markets

Important Notices

Trade sanctions

Liberty will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom, United States of America or other applicable jurisdiction.

Subrogation

If Liberty grants indemnity under this policy, then Liberty shall be subrogated to all of the Insured's rights of recovery against any person, trustee, company or entity whether or not a payment has in fact been made and whether or not the Insured or Insured Person has been compensated in full for their loss. The Insured must, at its own cost, provide all reasonable assistance to Liberty (including, but not limited to giving information, signing documents and giving evidence) to help enforce those rights. The Insured must not do anything that may prejudice Liberty's position or potential or actual rights of recovery against any parties.

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, reported or which can be reported to an insurer under any insurance policy entered into before 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 claim 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.

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, 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 matter:

- ▶ 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 from its beginning.

Business Practices Insurance Policy

Important: Please answer all questions fully. All questions will be deemed to be answered in respect of all entities and persons to be insured under this policy. If the space provided is insufficient include attachments on your company letterhead.

1. DETAILS OF THE PROPOSERS

a. Name of the Company:

b. Address of the principal office (provide a street address only):

Street

City

State

Country

Postcode

c. Contact details:

Name

Telephone

Email

d. Company details:

Country of Registration

ABN

Date established

Website address

e. Describe the nature of the business operations

Please be aware: With effect from 1 January 2018, unless Liberty or its agents receive a Small Business Declaration from you, at the time of entering into the contract of insurance, Liberty will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property.

f. In respect of the Company and its Subsidiaries, advise the following for the last 12 months:

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Overseas
%	%	%	%	%	%	%	%	%

g. What was the Proposer's revenue for the last completed financial year, please state the year and amount in AU\$?

Year

Amount

Part A Statutory Liability Insurance

Please answer the following questions **only** if Statutory Liability Insurance is sought:

- a. State the details of liability insurance currently purchased. (Insert "Nil" if insurance not purchased)

	Insurer	Policy No.	Limit	Excess/ Deductible	Policy Period
Directors & Officers Liability					
D&O Supplementary Legal Expenses					
Management Liability					
Professional Indemnity					
General Liability (only where it includes a Professional Indemnity Extension)					
Employment Practices Liability					
Environmental Liability					
Cyber Liability					
Other (Marine, Aviation etc.)					

Please provide a copy of the relevant policy wording as part of this proposal

2. RISK MANAGEMENT

Please Note: It is critical that you make appropriate enquires of all persons and entities intending to be insured under this insurance before you answer Questions 2a - 4a.

a. Does the Company and its Subsidiaries have any of the following risk management policies and procedures in place? (If unknown, select "No")

1. Formal Quality Assurance Certification to ISO 9000 series?	Yes	No
2. A Workplace or Occupational Health & Safety Manager, Department or Coordinator?	Yes	No
3. Workplace or Occupational Health & Safety Procedures Manual?	Yes	No
4. Environmental Protection Procedures Manual?	Yes	No
5. Procedure Manual ensuring compliance with Statutory requirements relating to your business?	Yes	No
6. Written computer and information systems policies and procedures, including control frameworks to monitor the performance of service providers?	Yes	No
7. Written corporate-wide privacy policy?	Yes	No
8. Disaster recovery, business continuity and incident response plans for network intrusions and virus incidents?	Yes	No
9. Policies and procedures to ensure compliance with all other legislation specific to the activities of the Company and its subsidiaries	Yes	No

b. Does the Company or its Subsidiaries manufacture or use any toxic chemicals or hazardous substances? Yes No
If "Yes", provide details.

c. Does the Company or its Subsidiaries have any marine or aviation operations or activities within Australia, including Australian Coastal Waters? Yes No
If "Yes", provide details.

b. On the last Workers Compensation renewal, was the Company and its Subsidiaries rated at the industry standard rate or did any discount or loading to the industry standard rate apply? If you are uncertain how to correctly answer this question, please attach a copy of your last Renewal Notice. Yes No
If "Yes", provide details.

c. In respect of the Company and its Subsidiaries, state the number of:

1. Directors (Main Board)
2. Executive Officers (being persons concerned with or participating in management of the Company or its Subsidiaries – including company supervisors, line managers, foremen and supervisors)
3. All other employees / contractors / subcontractors:
 - a. White Collar
 - b. Blue Collar

3. CLAIM HISTORY

- a. In the last five years, and after specific enquiry of the Company and its Subsidiaries, their directors, officers and employees, has any proposed Insured had any of the following:
- | | | |
|--|-----|----|
| 1. A fine, penalty or infringement notice in relation to the Business imposed by Federal, State, Local Government or other Statutory Authority? | Yes | No |
| 2. Workplace or Environmental incidents that warranted investigation by a Regulatory Authority? | Yes | No |
| 3. An audit by any Regulatory Authority, including but not limited to any Government transport authority, Occupational Health & Safety authority and / or Environmental Protection authority? | Yes | No |
| 4. A Compulsory Requirement to attend any hearing, inquiry, prosecution or other commission in relation to the Business? | Yes | No |
| 5. Any incident or circumstance which could give rise to a fine or penalty in relation to the Business by Federal, State, Local Government or other Statutory Authority? | Yes | No |
| 6. Any claims or complaints which could give rise to a fine or penalty with respect to allegations of invasion of or injury to privacy, identity theft, theft of information, breach of information security or notification to individuals (by law or own volition) due to an actual or suspected disclosure of personal information? | Yes | No |

If "Yes" to any of the above, provide date and details, including outcome.

4. PRIOR INSURANCE

- a. Does the Company currently have a statutory liability insurance or similar insurance? Yes No

If "Yes", provide the following details:

Insurer Limits	Deductible	Policy Period
\$	\$	

Part B Inquiry Representation Costs

Please answer the following questions **only** if Inquiry Representation Costs Insurance is sought:

5. CLAIM HISTORY

Please note that Questions 5a - c relate to all parties seeking cover under this insurance policy and enquiries should be made of all those parties prior to answering these questions.

- | | | |
|--|-----|----|
| a. Have any of the directors, officers or employees of the Company or its Subsidiaries ever been the subject of any disciplinary proceedings? | Yes | No |
| b. Has the Company, its Subsidiaries, or its directors, officers or employees ever received a written notice legally requiring them to attend or comply with an Inquiry in connection with a business? | Yes | No |
| c. Is the Company, its Subsidiaries, or its directors or officers aware of any facts which might give rise to an Inquiry Costs claim? | Yes | No |

If the answer is "Yes" to any of the above, provide further details of the facts or the claim including the claimant, current status, amounts paid and insurer reserve amounts in the space provided below.

6. PRIOR INSURANCE

- | | | |
|---|-----|----|
| a. Does the Company currently have inquiry representation costs insurance or similar insurance? | Yes | No |
|---|-----|----|

If "Yes", provide the following details:

Insurer Limits	Deductible	Policy Period
\$	\$	

Part C Employment Practices Liability

Please answer the following questions **only** if Employment Practices Liability Insurance is sought:

7. RISK MANAGEMENT

- | | | |
|---|-----|----|
| a. Does the Company or its Subsidiaries have employees in the United States of America? | Yes | No |
| If "Yes", specify the number of employees. | | |

- | | | |
|--|-----|----|
| b. Does the Company and its Subsidiaries use outside employment counsel for employment advice? | Yes | No |
| If "No", how is this function handled? | | |

- | | | |
|--|-----|----|
| c. Does or has the Company including its Subsidiaries: | | |
| 1. Conducted any retrenchments or staff reductions during the last 6 years?
If "Yes", attach full details. | Yes | No |
| 2. Anticipate any retrenchments or staff reductions?
If "Yes", attach full details. | Yes | No |
| 3. Have a written employment contract with any employee?
If "Yes", how many? | Yes | No |
| 4. Distribute an employee handbook to all employees?
If "No", explain why. | Yes | No |
| 5. Have a manual of its human resource procedures?
If "Yes", indicate the date it was last revised. | Yes | No |
| 6. Provide formal training for its supervisors in administering these procedures? | Yes | No |
| 7. Have a written policy against discrimination, bullying or harassment including sexual harassment?
If "Yes", how is it communicated to employees? | Yes | No |
| 8. Have a grievance procedure for dealing with discrimination, bullying or harassment claims? | Yes | No |

- | | | |
|---|-----|----|
| 9. Use any tests (e.g. psychological, drug etc.) for screening applicants or for continued employment?
If "Yes", attach full details. | Yes | No |
| 10. Have a written progressive disciplinary program? | Yes | No |
| 11. Provide outplacement for terminated employees?
If "Yes", describe. | Yes | No |
| | | |
| 12. Have an established termination procedure?
If "Yes", describe. | Yes | No |
| | | |
| 13. Have an established severance policy?
If "Yes", describe. | Yes | No |
| | | |
| 14. Obtain advice from a human resource manager prior to terminating an employee?
If "No", attach details of how terminations are handled. | Yes | No |
| 15. Have a policy on how employee personal information is collected and handled?
If "No", explain why. | Yes | No |

d. Who has the authority to:

1. Hire employees?
2. Terminate employees?

8. CLAIMS HISTORY

a. Please attach a listing of all employment practices claims or legal actions as well as administrative proceedings commenced during the past 3 years. Describe the type of allegation, the court or government agency involved and any determination, judgment, defence cost or settlement for each.

b. Is the Company or its Subsidiaries presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment? Yes No
 If "Yes", attach a copy.

c. Is the Company, its Subsidiaries, or its directors or officers aware of any facts which might give rise to an employment practices claim? Yes No
 If "Yes", provide details.

d. Has the Company, its Subsidiaries or any Insured Person given written notice under the provisions of any prior or current employment practices liability policy or directors and officers liability policy of specific facts or circumstances which might give rise to a claim being made against any Insured? Yes No
 If "Yes", attach details.

9. PRIOR INSURANCE

a. Does the Company currently have employment practices liability insurance or similar insurance? Yes No
 If "Yes", provide the following details:

Insurer	Limits	Deductible	Policy Period
\$		\$	

10. ADDITIONAL INFORMATION

- a. Enclose with this proposal form:
1. The latest Audited Annual Report.
 2. Most recent employee handbook.
 3. Functional organisation chart depicting Human Resource Department position.

Parts A, B & C – Limit of Liability and Excess sought

a. Limit of Liability sought:

	Part A	Part B	Part C
1.			
2.			

b. Aggregate Limit of Liability sought (If more than one Part is sought, do you require each Part to have a separate Limit of Liability or should the Limit of Liability be shared across all Parts?)

Aggregate Limit

- 1.
- 2.

c. Excess sought:

	Part A	Part B	Part C
1.			
2.			

11. DECLARATION

(To be signed by a chairperson and an executive officer.)

We, the undersigned, declare and acknowledge:

- that we are, after enquiry, authorised by all persons and 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, we are obliged to inform Liberty Specialty Markets of any changes to any information supplied or of any new information that is relevant;
- that we understand Liberty Specialty Markets relies on the accuracy of the information and documentation supplied in proposing for this insurance;
- that we have read and understood the Important Notices which form part of this proposal;
- that we 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 Liberty Specialty Markets, if any;
- that I am a small business owner with a turnover of less than \$2 million in the last financial year, and I have provided a small business declaration in accordance with the Duties Act 1997 (NSW) (strike out if not applicable).

Signature

Name (print)

Title: Chairperson

Date

Signature

Name (print)

Title: Executive Officer

Date

Privacy notice

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