

PrivateEdge Management Liability Proposal Form



Important Notices:

Claims-Made and Notified Insurance

This policy, issued by AIG Australia Limited (AIG) ABN 93 004 727 753 AFSL 381686, contains coverage on a claims-made and notified basis. This means that this policy only covers Claims (as defined) first made against you during the Policy Period (as defined) and notified to the insurer in writing during the Policy Period. This policy does not provide cover for any Claims made against you during the Policy Period if at any time prior to the commencement of the Policy Period you became aware of facts which might give rise to those Claims being made against you.

Section 40(3) of the Insurance Contracts Act 1984 provides that where you gave notice in writing to the insurer of facts that might give rise to a Claim against you as soon as was reasonably practicable after you became aware of those facts but during the Policy Period, the insurer cannot refuse to pay a Claim which arises out of those facts, when made, because it was made after the Policy Period had expired.

This policy does not cover Claims arising out of, based upon or attributable to any:

- a. actual or alleged fact or circumstance, that prior to the Continuity Date, may reasonably have been expected by an Insured to give rise to a Claim; or
- b. as of the policy inception, prior or pending Claim or circumstance reported under any policy of which this policy is a renewal or replacement, or the same, continuous, repeated or related facts as those alleged in such prior or pending Claim or such circumstance.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

Subject to the Non-Avoidance and Cancellation General Provisions in this Policy

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Subrogation

This policy contains provisions which have the effect of excluding or limiting the insurer's liability in respect of a loss where you have prejudiced the insurer's rights of subrogation where you are a party to an agreement which excludes or limits insurer's rights to recover the loss from another.

Privacy Notices

This notice sets out how AIG collects, uses and discloses personal information about:

- you, if an individual; and
- other individuals you provide information about.

Further information about our Privacy Policy is available at www.aig.com.au or by contacting us at

australia.privacy.manager@aig.com or
1300 030 886

How we collect your personal information

AIG usually collects personal information from you or your agents. AIG may also collect personal information from:

- our agents and service providers;
- other insurers;
- people who are involved in a claim or assist us in investigating or processing claims, including third parties claiming under your policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that you are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

Why we collect your personal information

AIG collects information necessary to:

- underwrite and administer your insurance cover;
- maintain and improve customer service; and
- advise you of our and other products and services that may interest you.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in AIG declining cover, cancelling your insurance cover or reducing the level of cover, or declining claims.

To whom we disclose your personal information

In the course of underwriting and administering your policy we may disclose your information to:

- entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of your policy;
- banks and financial institutions for policy payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- other entities to enable them to offer their products or services to you; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

Access to your personal information

Our Privacy Policy contains information about how you may access and seek correction of personal information we hold about you. In summary, you may gain access to your personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to your personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

Complaints

Our Privacy Policy also contains information about how you may complain about a breach of the applicable privacy principles and how we will deal with such a complaint.

Consent

Your application includes a consent that you and any other individuals you provide information about consent to the collection, use and disclosure of personal information as set out in this notice

Policyholder Details								
Policyholder:	Only one legal entity to be listed as the Policyholder. The Policyholder should not be listed as:							
	<input checked="" type="checkbox"/> a trading name <input checked="" type="checkbox"/> an individual person <input checked="" type="checkbox"/> a "Group of Companies" or <input checked="" type="checkbox"/> a Trust				ABN:			
					Date Established:			
Entity Type:	<input type="checkbox"/> Private Company (i.e. Pty Ltd) <input type="checkbox"/> Association <input type="checkbox"/> Not For Profit Organisation		<input type="checkbox"/> Public, Unlisted <input type="checkbox"/> Sole Trader* (Not appropriate for Private Edge Product) <input type="checkbox"/> Publicly Listed* (If ASX Listed, please complete a 'Gold Complete' Proposal)					
Is this an Australian Domiciled Company? (meaning the Policyholder is a Company Incorporated in Australia)							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:								
Stamp Duty Exempt:	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please attach your Stamp Duty Exemption Form					
Registered for GST:	<input type="checkbox"/> Yes <input type="checkbox"/> No		If you intend to claim an Input Tax Credit for the premium paid for this policy, please specify the percentage of the premium you will be claiming:				ITC _____%	
Is the Policyholder a Subsidiary of another company?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Parent Name in Full:			Country of Registration:		
Is the Company (including all subsidiaries, and entities deemed to this policy) currently under or anticipate being under External Administration in the next 12 months?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Note this includes: a) the appointment or likely appointment to any Company of any insolvency practitioner, including but not limited to any receiver, manager, creditor, liquidator or administrator; or b) where any Company has entered, or is likely to enter, a Deed of Company Arrangement								
Occupation/Industry:	<input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transport <input type="checkbox"/> Warehousing <input type="checkbox"/> Finance / Insurance Services		<input type="checkbox"/> Publishing/Broadcasting <input type="checkbox"/> Retail <input type="checkbox"/> Health & Medical <input type="checkbox"/> Information Technology <input type="checkbox"/> Timber & Hardware		<input type="checkbox"/> Professional Services <input type="checkbox"/> Hospitality <input type="checkbox"/> Jewellery and Diamond <input type="checkbox"/> Mining <input type="checkbox"/> Sport & Recreation <input type="checkbox"/> Other			
Business Activity:								
Consolidated Annual Turnover (include Subsidiaries, and any deemed entity):	Prior Year:		\$		Current Year (estimated):		\$	
	Percentage of Turnover derived from outside Australia or New Zealand:							
	Country:				%			
	Country:				%			
Country:				%				
For the purpose of Stamp Duty, please complete the NUMBER of Employees in each state:								
ACT	NSW	NT	QLD	SA	TAS	VIC	WA	O/S

Policy Details

Is this a Proposal to renew an existing AIG PrivateEdge Management Liability Policy?		<input type="checkbox"/> Yes, renewal date: ____/____/____ <input type="checkbox"/> No
Management Liability & Corporate Liability	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 million <input type="checkbox"/> \$2 million	<input type="checkbox"/> \$5 million <input type="checkbox"/> \$10 million <input type="checkbox"/> Other _____
Employment Practices Liability	<input type="checkbox"/> \$2 million <input type="checkbox"/> \$5 million <input type="checkbox"/> \$10 million	Superannuation Trustee Liability <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 million
Crime Protection	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 million	Statutory Liability <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 million

Additional Covers

Insolvency	Do you have financial statements for the Company which have been audited or reviewed by an external accountant in the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If greater than 25m in Turnover please provide latest Audited Financials to AIG</small>
	Current Assets: <i>(Cash and other assets that are expected to be converted to cash within a year)</i>	\$	
	Current Liabilities: <i>(Total amount due to be paid to creditors within twelve months)</i>	\$	
USA/Canada	Please answer the following if the Policyholder and/or its Subsidiaries has USA or Canada exposure;		
	i) Percent of Turnover arising from USA or Canada		%
	ii) Percent of Assets from USA or Canada		%
	iii) Number of Employees from USA or Canada		

Please complete below if you are involved in **Manufacturing, Transport, Construction, or Agriculture/Forestry**; and you require entity cover for OH&S:

Entity Occupational, Health & Safety	Do you have a safety management system in place that complies with AS/NZS4801?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have an audit program of its safety management system to ensure it remains effective and up to date in managing health and safety risks in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have an Effective hazard and incident reporting procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a dedicated OHS Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has there been any Workers Compensation or OHS Investigations (by External Authorities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Can you confirm all OHS induction is completed for all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide further information here:

Additional Entities This section enables you to apply for cover for certain entities that are related to the Policyholder. Please refer to the definition of "Subsidiary" in the AIG Australia PrivateEdge Policy Wording before applying as the entity may already be covered. For additional entities, please include the information table as a separate attachment.

Important Notice:

- Please do not include any Self-Managed Superannuation Funds (SMSF's) as we are unable to provide cover to such entities;
- Any entity that is unrelated to the Policyholder or a Subsidiary should seek their own Management Liability policy;
- Please do not include entities that have shareholding in the Policyholder as shareholding entities should arrange their own policy;
- When applying, please ensure that (i) the turnover and (ii) employee numbers of the entity are included as part of the Policyholder's consolidated information;
- To assist Underwriter review and consideration, please provide a copy of the corporate structure chart.

Name of Related Entity	
Date the entity was incorporated or commenced?	
Relationship to Policyholder	

Percentage of shareholding owned in this entity by the Director/s that are common to the entity and the Policyholder	%
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Please describe the activities of this related entity?	
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Are the directors or employees of the entity aware of any:		
I. any current or pending claims or proceedings commenced against the entity;	<input type="checkbox"/>	Yes
II. facts which might give rise to a claim being made against the entity or its directors or employees which may be covered under this policy if it commences; or	<input type="checkbox"/>	No
III. facts which would cause a reasonable person to think that the company might suffer a direct financial loss as a result of fraud or dishonesty by a staff member?		
If you have answered "Yes" to any of the above, please provide further details.		

Is this entity currently under external administration, or does it anticipate that it may to be under external administration in the next 12 months (including the appointment or likely appointment of any insolvency practitioner or officeholder, including but not limited to any receiver, manager, creditor, liquidator or administrator)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Claims Information Enquiry should be made of all relevant staff before answering these questions

1) In the Last 5 Years, have there been any claims made against the Company or its Directors or Employees which may have been covered under this policy if it were in force?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2) Has any Director or Officer of the Company ever had proceedings (civil or criminal) instigated against them alleging misconduct or breaches of the law in their capacity as a Director or Officer of a company?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3) In the Last 5 Years, has the Company suffered any Direct Financial Loss exceeding \$5,000 as a result of fraud or dishonesty committed by a staff member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4) Are any of the Directors or Employees of the Company aware of;				
a) any facts which might give rise to a Claim being made against the Company or its Directors or Employees which may be covered under this policy if it commences?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b) any facts which would cause a reasonable person to think that the Company might suffer a Direct Financial Loss as a result of Fraud or Dishonesty committed by a staff member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If Yes, please provide further details here or attach in a separate document including a brief summary of the matter including claimant, paid and reserve figures, whether the matter remains open or is closed, and details of any activity to prevent recurrence of similar event (where applicable);

Declaration

Please Note: Signing the Declaration does not bind the proposer or the Insurer to complete this insurance.

I declare that I have made all necessary inquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the **Important Notice** contained in this proposal and that I have read and understood the content of that Notice.

I confirm that I am authorised by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name:		Title:	
Signature:		Date:	