

Proposal Form



Crisis Solution (Corporate Kidnap & Ransom)



Bring on tomorrow



Important Notices

Losses Discovered Insurance

This policy is issued on a "Losses discovered and reported" basis. This means that the policy only covers you for Loss (as defined) discovered during the Policy Period (as defined) and reported to be insurer in writing during the Policy Period. This policy does not provide cover for any Loss discovered during the Policy Period if at any time prior to the commencement of the Policy Period you had actual or constructive knowledge of any event, series of the events or circumstance(s) which might give rise to that Loss being discovered. To the extent (if any) that any of the cover provided by this policy has the effect that the policy is determined to be a contract of liability insurance, 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 apply to any loss, claim or circumstance arising out of, based upon all attributable to or involving any matter: (i) which an Insured had actual or constructive knowledge of prior to the policy inception date; (ii) occurs after an Insured has knowledge of an Insured Event or deviation in the production, preparation or manufacturing of Insured Products, or circumstances which have or are likely to result in such deviation or Insured Event, and the Insured fails to take reasonable corrective action; (iii) an Insured could have reasonably expected to produce a loss under this policy.

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 Cancellation provision 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.

Surrender of Any Contribution or Indemnity Rights

Where another person or company would be liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by the Contract, but you have agreed with that person or company either before or after the inception of the Contract that you would not seek to recover any loss or damage from that person or company, you are not covered under this Contract for any such loss or damage.

Code of Practice

AIG is a signatory to the General Insurance Code of Practice. This aims to raise the standards of practice and service in the insurance industry, improve the way that claims and complaints are handled and help people better understand how general insurance works. Information brochures on the Code are available upon request.

Dispute Resolution

We are committed to handling any complaints about our products or services efficiently and fairly. If you have a complaint:



Contact your insurance intermediary and they may raise it with us.

If your complaint is not satisfactorily resolved you may request that the matter be reviewed by management by writing to:

The Compliance Manager
AIG Australia Limited
Level 12, 717 Bourke Street
Docklands VIC 3008

If you are still unhappy, you may request that the matter be reviewed by our Internal Dispute Resolution Committee ("Committee"). We will respond to you with the Committee's findings within 15 working days.

If you are not satisfied with the finding of the Committee, you may be able to take your matter to an independent dispute resolution body, Financial Ombudsman Services Limited (FOS). This external dispute resolution body can make decisions of which AIG are obliged to comply. Contact details are:

Financial Ombudsman Services Limited
Phone: 1800 780 808 (local call fee applies)
Email: info@fos.gov.au
Internet: www.fos.org.au
GPO Box 3 Melbourne, VIC 3001

Privacy Consent Acknowledgement

You consent to AIG collecting, using and disclosing personal information as set out in AIG's privacy notice in the Crisis Solution (Corporate Kidnap & Ransom) Policy Wording.

If you have provided or will provide information to AIG about any other individuals, you confirm that you are authorised to disclose his or her personal information to AIG and also to give the above consent on both your and their behalf.



Details of Proposed Policyholder

- 1. Name of Policyholder to be Insured under this policy _____
- 2. Address of Head Office _____

- 3. ABN _____
- 4. Nature of Operations _____
- 5. Annual Sales \$ _____
- 6. Total Assets \$ _____
- 7. Total Number of Employees in Australia: _____
in overseas locations: _____

Risk Analysis

- 8. (a) Please list all countries the Policyholder and its subsidiaries have operations in or expect to have operations in during the Policy Period:

Country	# of expatriate residents:	# of local employees:

- (b) Please describe the security precautions taken to ensure the safety of directors, officers, employees, and their dependents living in the overseas locations above:



9. (a) Please list all countries the Policyholder, its subsidiaries, or any of their directors, officers, or employees, or their dependents, intend to travel to during the Policy Period:

Country	Average # of trips per year	Average # of people per trip	Average # of days per trip

- (b) Please describe the security precautions taken to ensure the safety of directors, officers, employees, and their dependents travelling to the overseas locations above:

10. Has the Policyholder or its subsidiaries engaged security consultants? Yes No

If "Yes", please provide details:

11. Does the Policyholder or its subsidiaries own or operate any ships or other waterborne vessels, or know of any persons for whom it seeks coverage under this insurance that will work or travel on any ships or other waterborne vessels? Yes No

If "Yes", please provide details:

Limit of Liability

12. Indicate the Limit of Liability required:

\$1,000,000 \$2,000,000 \$5,000,000

Other – please state: \$ _____



Claims Information

- 13. Has the Policyholder or its subsidiaries ever been declined this type of insurance, or had this type of insurance cancelled or issued with special conditions imposed? Yes No
- 14. Has there ever been an actual, attempted, or threatened kidnapping, extortion, hijacking, or detention (wrongful or otherwise, including detention by the government of any country), against the Policyholder, its subsidiaries, or their directors, officers, employees, or their dependents? Yes No
- 15. Does the Policyholder, its subsidiaries, their directors, officers, or employees, or any other known person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed Policy? Yes No
- 16. Are there any other matters which are material to the risk to which this Proposal relates that should be disclosed? Yes No

If "Yes" to any of the above questions, please provide full details:

Stamp Duty Information

17. For the purpose of calculating GST and Stamp Duty please state the location of all employees:

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Overseas

Declaration

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 acknowledge receipt of the Important Notice and confirm that I have read and understood the content of this notice. I confirm that I am authorised by the Proposed Policyholder to complete, sign and submit this Proposal on behalf of the Policyholder.

Signature:

Name:

Title:

Date:

Head Office

Sydney

Level 19, 2 Park Street Sydney NSW 2000
GPO Box 9933 Sydney NSW 2001

Melbourne

GPO Box 9933 Melbourne VIC 3001

Brisbane

GPO Box 9933 Brisbane QLD 4001

Perth

GPO Box 9933 Perth WA 6848

Australia wide

T 1300 030 886

F 1300 634 940

International

T +61 3 9522 4000

F +61 3 9522 4645

www.aig.com.au



Bring on tomorrow