



**Palladium Management Liability**  
Insurance Proposal Form

# Important Notices

## Duty Of Disclosure

### 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, 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 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 a 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 its 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.

### Claims Made Policy

This declaration is for a 'claims made and notified' policy of insurance. This means that the Insuring Clause responds to:

- ▼ claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- ▼ written notification of facts pursuant to Section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the policy's period of cover has expired. If you give written notification of such facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, Section 40(3) of the Insurance Contracts Act 1984 is set out below:

"S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of insurance cover provided by the contract."

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period.

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

### Subrogation

The policy contains a provision that has the effect of excluding or limited the insurer's liability in respect of a claim where the insured had foregone, excluded or limited a right of recovery or contribution.

### Non-Renewable Policy

For the purposes of section 58 of the Insurance Contracts Act 1984, if a policy is issued, this policy is non-renewable and will expire at the conclusion of the policy period. Should the insured require coverage beyond the expiry of the policy period, the insured must complete a new proposal form and the insurer may provide a new contract, the terms and conditions of which will be negotiated at the time.

### Guidelines to help you complete this Proposal Form

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Proposal Form.
3. Reference to Proposer in this Proposal Form means:
  - the Association and all subsidiaries; and
  - the officer bearers of the Association and all subsidiaries.
4. Reference to "North America" in this Proposal Form means the USA and Canada and their respective territories and possessions.

## Privacy Statement

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website [www.quanta.com.au](http://www.quanta.com.au) or alternatively contact our Privacy Officer on 02 9225 4111.

## Returning Your Form

1. Have you read the Duty of Disclosure above?
2. Has each question in this Proposal Form been answered?
3. Have you given complete, true and accurate answers to all relevant questions in this Proposal Form?
4. Have you attached all necessary supporting documentation with this Proposal Form including the CV's of all directors principals and partners?
5. Return the complete Proposal Form and documents to your broker

## Contact Quanta

### Quanta Insurance Group Pty Ltd

ABN 29 118 886 927 ACN 118 886 927 AFSL 302520

[admin@quanta.com.au](mailto:admin@quanta.com.au) [www.quanta.com.au](http://www.quanta.com.au)

Level 12, 9 Castlereagh Street Sydney NSW 2000

Locked Bag 5273 Sydney NSW 2001

**P** 02 9225 4111 **F** 02 9225 4112

For the purpose of answering the below questions, please note that reference to "Company" includes all of its past and current subsidiaries.

**1 Name of Company**

**2 Legal structure of Company referred to in Question 1 above (please tick one box below)**

- Proprietary Company (Pty Limited)  
 Incorporated Association (Inc Association)  
 Public Company Limited by Guarantee  
 Co-Operative

**Please note: cover under the Palladium Management Liability Policy can only be considered in respect one of the above incorporated legal structures.**

**Details**

**3 Date of incorporation (DD/MM/YY)**

**4 ABN**

**5 Street Address**

Suburb

State

Postcode

**6 If the Company referred to in Question 1 is a Proprietary Company please tick one of the boxes below**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Retailers                | <input type="checkbox"/> Information Technology     | <input type="checkbox"/> Transport & Storage       | <input type="checkbox"/> Blue Collar Services   |
| <input type="checkbox"/> Wholesalers/Distributors | <input type="checkbox"/> Hospitality                | <input type="checkbox"/> Education                 | <input type="checkbox"/> Mining & Exploration   |
| <input type="checkbox"/> Manufacturers            | <input type="checkbox"/> Health & Community         | <input type="checkbox"/> Publishers & Broadcasters | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Professional Services    | <input type="checkbox"/> Construction / Development | <input type="checkbox"/> Entertainment             | <input type="checkbox"/> Finance Companies      |
| <input type="checkbox"/> Agricultural Producers   | <input type="checkbox"/> Other, please specify      |  |   |

**7 If the Company referred to in Question 1 is an Incorporated Association, Public Company Limited by Guarantee or Co-Operative please tick one of the boxes below**

**Not for Profit Incorporated Body (NFPiB)**

- |   |   |
|---|---|
| <input type="checkbox"/> Education          | <input type="checkbox"/> Professional Sports Club |
| <input type="checkbox"/> Political          | <input type="checkbox"/> Community Action Group   |
| <input type="checkbox"/> Health & Community | <input type="checkbox"/> Other, please specify    |
| <input type="checkbox"/> Union              |   |

**8 Company turnover last 12 months**

# Palladium Management Liability Proposal Form

## 9 Preferred Limit of Indemnity and Statutory Liability (Sub-Limit)

### Option 1

Limit of Indemnity - option 1

Optional Statutory Liability  
Sub-Limit

\$1,000,000

Not required

\$2,000,000

\$250,000

\$3,000,000

\$500,000

\$4,000,000

\$1,000,000

\$5,000,000

\$2,000,000

\$10,000,000

\$5,000,000

Please only select one Limit of Indemnity Option above

Please select up to two boxes above. Please note the Statutory Liability Sub-Limit cannot exceed the Limit of Indemnity

### Option 2

Limit of Indemnity - option 2

Optional Statutory Liability  
Sub-Limit

\$1,000,000

Not required

\$2,000,000

\$250,000

\$3,000,000

\$500,000

\$4,000,000

\$1,000,000

\$5,000,000

\$2,000,000

\$10,000,000

\$5,000,000

Please only select one Limit of Indemnity Option above

Please select up to two boxes above. Please note the Statutory Liability Sub-Limit cannot exceed the Limit of Indemnity

### Option 3

Would you like the limit of indemnity to be for each policy section?

Yes  No

### 10 Crime Sub-limit (please tick up to two boxes below)

Not required  \$100,000  \$250,000  \$500,000  \$1,000,000

### 11 Cyber Risks - Optional Extension (sublimit \$100,000)

Do you require this optional extension?

Yes  No

### 12 Current Insurance

Are you currently insured under a management liability policy?

Yes  No

If yes, please advise

(i) insurer

(ii) Expiry Date (DD/MM/YY)



### 13 Stamp Duty

Please provide a breakdown in the number of employees by location as follows

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please note that reference to “Company” includes all of its past and current subsidiaries.  
(please tick True or Not True)**

You can only qualify for terms if the following statements are True

- |           |   |                               |                                   |
|-----------|---|-------------------------------|-----------------------------------|
| <b>1</b>  | The Company does not conduct business, have representation, own assets in or derive revenue from North America.   | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>2</b>  | None of the former or current directors or officers of the Company (current or past) have ever been declared bankrupt.  | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>3</b>  | None of the former or current directors or officers of the Company (current or past) have ever been a director or officer of an organisation placed in receivership, liquidation or provisional liquidation.  | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>4</b>  | Since the last annual report and accounts was issued, there has been no significant change in the financial position, capital structure or operation of the Company which might materially affect the financial position in that annual report.   | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>5</b>  | None of the directors or officers are aware of facts or circumstances that might affect the ability of the Company to meet all its debts as and when they fall due.   | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>6</b>  | Other than directors, no employee is authorised to issue a cheque or any other bank instruments as a sole signatory, or to authorise any payment in excess of \$5,000 without authorisation by a supervisor or manager, process a refund to customers or accept any return of goods in excess of \$5,000 without authorisation by a supervisor or manager or reconcile any bank account through which that employee is authorised to deposit funds into or withdraw funds from. | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>7</b>  | The Company has not had a reduction in personnel affecting 5% or more of the workforce in a single location within the past 3 years.  | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>8</b>  | The Company does not anticipate any redundancies, staff reductions or facility closures in the next 18 months.  | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>9</b>  | The Company issues a written contract of employment to all employees.   | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>10</b> | In the past 5 years no claim has ever been made or civil, criminal or regulatory proceedings brought against the Company or any director, officer or employee (whether as directors, officers or employees of the Company or any other company), in respect of the risks of the kinds covered under the Management Liability policy.  | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>11</b> | In the past 5 years no director, officer or employee has received a notice to attend an official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body or institution, in respect of the risks of the kind covered under the Management Liability policy.  | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>12</b> | In the past 5 years the Company has not suffered any loss as a result of any dishonest or fraudulent act of any employee, in respect of the risks of the kind covered under the Management Liability policy.  | <input type="checkbox"/> True | <input type="checkbox"/> Not True |
| <b>13</b> | After enquiry, none of the directors or officers of the Company are aware of any act, omission, conduct, fact, event, circumstance or matter which might reasonably be expected to give rise to a claim or lead to civil or criminal proceedings against the Company or any director, officer, or employee, result in the Company or any director, officer or employee being required to attend an official investigation, examination, inquiry or other proceedings.           | <input type="checkbox"/> True | <input type="checkbox"/> Not True |




**For any ‘Not True’ response above, please complete the attached Qualifying Statements section for Insurers further consideration.**

SECTION B - STATUTORY LIABILITY STATEMENT

Please note that reference to "Company" includes all of its past and current subsidiaries.

You can only qualify for terms if the following statements are True  
(if cover sought please tick true or not true)

- 1 In the past five years the Company or any director, officer or employee (whether as directors, officers or employees of the Company or any other company) has not had any fine or penalty or infringement notice (other than for traffic offences) imposed by any Federal, State, Territory or local government or other regulatory authority.  True  Not True
- 2 In the past five years there have been no incidents or circumstances which could give rise to a fine or penalty (other than for traffic offences) being imposed on the Company or any director, officer or employee (whether as directors, officers or employees of the Company or any other company) by a Federal, State, Territory or local government or other regulatory authority.  True  Not True

 For any 'Not True' response above, please complete the attached Qualifying Statements section for Insurers further consideration.


OPTIONAL EXTENSION - CYBER RISKS

- 1 Does the Company have business continuity plan in place, which is tested annually and confirms you can be back up and running within 24hrs?  True  Not True
- 2 Does the Company have antivirus software installed on its network and PC's and are firewalls in place and are these regularly updated (at least quarterly)?  True  Not True
- 3 Does the Company ensure all web hosting is done by a third party service provider and that full rights of recourse are available under contract?  True  Not True
- 4 Does the Company allow Personal Information to be stored on portable media devices?  True  Not True

SECTION C - INSOLVENCY COVER STATEMENTS

If the following statements are True then an insolvency exclusion may not apply. Should you require removal of the Insolving exclusions, please provide Quanta with your company's most recently audited financial statements.

- 1 Since the last annual report and accounts was issued, there has been no significant change in the financial position, capital structure or operation of the Company which might materially affect the financial position in that annual report.  True  Not True
- 2 None of the directors or officers are aware of facts or circumstances that might affect the ability of the Company to meet all its debts as and when they fall due.  True  Not True
- 3 Based on the most recent set of consolidated financial statements for the Company, the ratio of current assets to current liabilities is at least 1:1.  True  Not True

 For any 'Not True' response above, please complete the attached Qualifying Statements section for Insurers further consideration.

Qualifying Statements please only complete in respect of a 'Not True' response to any

- > General Statement; or
- > Statutory Liability Statement

I the undersigned declare that

- ▼ I am authorised by each of the Insured to sign this Proposal Form; and
- ▼ the above statements are correct and complete; and
- ▼ I have read and understood the Notices which you have put before me and I understand the advice given in relation to the duty of disclosure; and
- ▼ I have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and
- ▼ I confirm that all the General Statements are correct; and
- ▼ I confirm that, if Statutory Liability cover is required, all the Statutory Liability Statements are correct.
- ▼ I confirm that all the Insolvency Cover Statements are correct; and
- ▼ I undertake to inform the Insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- ▼ I acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me in relation to this insurance; and
- ▼ Except where indicated to the contrary, I understand that any statement made in this Proposal Form will be treated by the Insurer as a statement made by all persons to be insured; and
- ▼ I have read the attached Privacy Statement within this Proposal Form, and consent to the use, disclosure and obtaining or personal information about the Insured's for the purposes shown in the Privacy Statement.

Signature

Date (DD/MM/YY)

Title

Company

Date (DD/MM/YY)

**NB: To be signed by the Chief Executive Officer, Company Secretary or Managing Director. We recommend that you keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this contract.**