

# BUSINESS PRACTICES PROTECTION

## CLAIMS & CIRCUMSTANCES DECLARATION

Named Organisation:

---

After specific enquiry of the Named Organisation, management and Employees, in the last five years has any Insured had any of the following:

a.	A <b>Notifiable Incident</b> under health and safety legislation, or any other incident that required <b>mandatory reporting</b> to any Regulatory Authority under any Act of Parliament?	Yes	No
b.	Any notification to any workers' compensation insurer, or scheme, of a claim or incident?	Yes	No
c.	A <b>penalty</b> or <b>enforceable undertaking</b> imposed by any court, tribunal or Regulatory Authority?	Yes	No
d.	Any Regulatory Authority attend the workplace of any Insured?	Yes	No
e.	A <b>request, notice, direction or letter</b> from any Regulatory Authority, to provide or produce any information, records or documentation?	Yes	No
f.	An <b>audit</b> by any Regulatory Authority?	Yes	No
g.	Attendance at any hearing, inquiry, prosecution or other commission?	Yes	No
h.	Any <b>Employment Practice Breach</b> issues, including allegations or complaints or any <b>Employment Practice Breach</b> , or attendance at a Fair Work conciliation, hearing, inquiry, prosecution or other commission?	Yes	No
i.	Any claim made against any person or party to this Insurance in their capacity as a Director or person of responsibility?	Yes	No
j.	Any act, error or omission that may give, or has given rise to a Claim under any Directors & Officers Liability insurance?	Yes	No
k.	Any claim or loss to the Named Organisation attributable to the fraud or dishonesty of any Employee?	Yes	No
l.	Any Tax Audit by the Australian Tax Office or any Office of State Revenue	Yes	No

If any of the above have been answered **Yes**, please attach comprehensive details of the circumstances.

### DECLARATION

It is important that the Named Organisation and all Subsidiaries/Controlled Entities thereof, and the authorised director/ Officer signing this declaration on their behalf, are fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact your broker as non-disclosure may affect an Insured's and/or the Named Organisation's right of recovery under the insurance or lead to avoidance.

I, the undersigned, being a director/executive and/or Officer of the Named Organisation, hereby declare that:

- I am authorised to complete this declaration on behalf of the Named Organisation as noted on the Proposal
- All answers to the questions contained in this declaration are, after enquiry, true to the best of my knowledge & belief; and
- I understand that submission of this declaration does not bind either the Insurer or the Named Organisation or any subsidiary companies/controlled entities thereof, to enter into a binding contract of insurance.

Signed:

Dated:

Capacity/Title: